

# **Exploring the lived experiences of teenagers in a children's home participating in a choir: A community music therapy perspective**

ANRIE VAN ROOYEN AND ANDELINE DOS SANTOS

University of Pretoria

## **Abstract**

This study explored the lived experiences of teenagers in a children's home who participated in a choir that was facilitated from a community music therapy perspective in Pretoria, South Africa. Sixteen weekly choir sessions were held. These included a variety of interactive vocal techniques. A performance marked the end of the process, where songs selected by the teenagers were performed. Qualitative data were collected through fourteen semi-structured individual interviews at the end of the process. All interview transcripts were analysed through utilizing interpretative phenomenological analysis. The study concluded that participation in this community music therapy choir offered the teenagers perceived meaningful intra- and interpersonal experiences. At an intrapersonal level, the participants experienced discovering their musical voices; accessing inner strength to take action both in the here-and-now and in the future; increased self-awareness, self-esteem and self-confidence; as well as expressing and regulating emotions. In terms of interpersonal experiences, the teenagers experienced growth in relationships; improved social skills; and greater connection with the broader community.

**Keywords:** teenagers; children's home; community music therapy; choir; interpersonal growth; intrapersonal growth

According to the National Adoption Coalition South Africa (2014), 5.2 million of the 18.5 million children (up until the age of 18) in South Africa reside with neither parent. This number has increased by 30 per cent over the course of the last decade. Approximately 13,000 of these children and adolescents currently live in residential care facilities. According to the Child Care Act of 1983 (which is the latest revision), a children's home is any home or residence where six or more children or teenagers are housed, protected, cared for and raised apart from their parents. While some children and teenagers may experience residing in a children's home positively (in relation to being able to access educational opportunities that may not be available elsewhere, for example), research has also shown detrimental effects, particularly in terms of cognitive, emotional and social development (Roche 2019).

Chikwaiwa et al. (2013) studied the intrapersonal wellness of teenagers who had been orphaned and were otherwise vulnerable in community-based settings in Zimbabwe. These authors found that intrapersonal wellness could be shaped through the type of residence and perceptions of feeling safe and cared for. Children who had experiences of safety and care in their environment showed higher levels of self-esteem and contentment. This study concluded that intrapersonal wellness influences a child's physical, psychological and social development. Depleted motivation was also highlighted amongst children who had been orphaned, which could possibly be caused by deprivation of parental care. Foster (2002) and Gürsoy et al. (2012) concluded that teenagers who have been orphaned display lower self-esteem than those who reside with their parents. In a mixed-method study of about 60 South

African teenagers' identity development, Reyland et al. (2002) found that participants who did not live with their parents experienced greater self-doubt, isolation and unhealthy identity development. Another South African study regarding vulnerable teenagers' psychosocial well-being was conducted by De Witt and Lessing (2010). They reported that teenagers who had been orphaned, abused or neglected experienced greater interpersonal struggles with self-control and assuming responsibility. Poor self-control often leaves children feeling helpless and may ultimately decrease their sense of willpower (Stewart 2012).

While facing intrapersonal struggles, vulnerable children may also experience resilience (Hauser et al. 1985), understood as the inner strength to cope and recuperate after adverse life experiences (Evans 2005). Werner (1997) conducted a 40-year longitudinal study tracking 2000 children at high risk through adolescent years into adulthood in Hawaii. Most of the teenagers in the study who had insufficient coping skills demonstrated improved self-efficacy in their thirties. More than a third of the participants became competent and loving adults who exhibited a high quality of life. Teenagers who are at risk and are exposed to protective factors (Grossman et al. 1992) or who are open to new experiences prove to be more resilient and have a higher self-esteem (Davey et al. 2003). In a qualitative study from South Africa, Pienaar et al. (2012) explored how eight teenagers residing in a children's home after being orphaned cope with adverse life events. Living in a supportive home was a protective factor that allowed them to experience renewed hope, positive feelings and diligence.

In addition to intrapersonal experiences, researchers have also examined the interpersonal implications of being orphaned and living in residential care. Whetten et al. (2011) studied traumatic experiences of teenagers who had been orphaned, neglected and abandoned, and suggested that these experiences may have influenced their difficulties integrating into society, social settings and relationships. The study consisted of 1258 participants in five low- and middle-income countries. Some of the participants had experienced inadequate modelling of how healthy relationships function, which could have contributed to the struggle they experienced in forming healthy and secure relationships (Whetten et al. 2011). De Witt and Lessing (2010) conducted a study in South Africa, focusing on vulnerable teenagers' psychosocial well-being. They concluded that poor parental role models may contribute to mistrusting other human beings later in life. A lack of trust is often an unconscious defence mechanism used by a teenager to guard against the threat of abandonment, neglect and being hurt again (James 1994).

Protective interpersonal factors for teenagers at risk, such as social skills and social support, have a positive influence on resilience (Luthar 2014). According to Pienaar et al. (2012), an interpersonal support framework affects how teenagers cope in life. A healthy environment, such as a supportive residential home, can enhance resilience in the residents. Here, teenagers can have the opportunity to befriend others and to be befriended, which Pienaar et al. found to be the most essential interpersonal factor that enabled lasting resilience. Dumont and Provost (1999) studied the vulnerability and resilience of 297 teenagers. They emphasized that social support and participation in social activities significantly contribute to resilience. Teenagers who are supported on multiple ecological levels – for example, by friends and teachers – are more like to display resilience (Cluver and Gardner 2007; Crosnoe and Elder 2004).

## **Group singing**

Engaging in music-making can enhance the intrapersonal and interpersonal well-being of teenagers (Laiho 2004). Parker (2007) explored this particularly in relation to the participation of teenagers in a school choir. She found that as the young people in her study worked towards their musical goals, they experienced a sense of satisfaction and pleasure, as well as increased motivation. As youth in a choir work towards their goal with a sense of satisfaction and pleasure, they can experience increased motivation. Ruth (2011) studied choir singing within schools and noted increased levels of self-esteem in some of the adolescents during their time spent as a member of the choir. In a study on community singing, music and health, Jing (2012) reported an increased sense of self-control, resilience and emotional well-being amongst the members in the community. Therapeutic singing and rap interventions have shown benefits for teenagers in the areas of self-regulation (Uhlir et al. 2018), behaviour change and enhanced coping mechanisms (Ahmadi and Oosthuizen 2012; Donnenwerth 2012; Lightstone 2012; MacDonald and Viegas 2012; McFerran 2012; Travis 2013; Viegas 2015).

Various studies have provided evidence that group singing positively influences interpersonal relationships. Luhrs's (2015) research highlighted how singing within a group context enhances social connectedness. The choir members from different cultural backgrounds participating in his study experienced a growth in general group cohesion, and new friendships formed between individuals who might not otherwise have befriended. In a Canadian study with a vocal group of persons who had been diagnosed with chronic mental illness, Baines (2010) found that singing in the group brought participants together, enhanced their social skills and facilitated experiences of pleasure and happiness. Communal singing can assist in simultaneously enhancing belonging and group identity as well as a sense of individual identity (Dabback 2018).

## **Community music therapy**

Music can be a catalyst that brings about transformation on personal and social levels, offering growth to both individuals and groups in terms of identities and connections (Amir 2004). Community music therapy centres on the sociocultural, collaborative and context-dependent nature of musicing (O'Grady and McFerran 2007; Pavlicevic and Ansdell 2004). The term 'musicing' is drawn from Elliott's (1995) conceptualization of music as being inseparable from what people do – in other words, from praxis; the significance of music in human life cannot be reduced to music-as-object. In music therapy, and subsequently in a community music therapy choir, a different idea of musicality and 'aesthetic' music is offered than the conventional aesthetic musical sounds as defined by sociocultural and educational systems (Demorest et al. 2017; Whidden 2008). Every individual is regarded as a musical being, and a wider range of sounds is included under the definition of 'music' (Bunt 2014; Smeijsters 2008).

Community music therapy differs from a 'consensus' music therapy model as it shifts away from practice that only occurs behind closed doors (Aasgaard 2008), towards processes with collaborative musicing persons that can exceed the therapy room (Amir 2004). It is characterized as being participatory, resource-oriented, ecological, performative, activist, reflective and ethics-driven (Ansdell and Stige 2015; McFerran and Rickson 2014; Stige and Aarø 2012). In community music therapy, collaboration with participants takes place to determine how the process will develop (McFerran and Teggelove 2011). This empowering

approach highlights the musical resources that are already present (Rolvsjord 2006). Utilizing these principles of community music therapy can enable the flourishing of youth who are at risk (Baker et al. 2017; Bolger 2015).

A performance product might be included as part of community music therapy (Ansdell 2014; Wood 2016), but the emphasis is on the process as a whole, rather than merely the performed product (Ansdell 2005, 2010; Jampel 2011; Powell 2004). For this report, we engaged in music therapy through the ‘medium’ of a choir while valuing community, culture and context, according to the stance assumed by authors such as O’Grady and McFerran (2007) and Rolvsjord and Stige (2015).

## **Methodology**

The purpose of this study was to explore the lived experiences of teenagers in a children's home who participated in a choir that was facilitated from a community music therapy perspective. The teenagers' experiences were further explored at both interpersonal and intrapersonal levels.

The study used a qualitative methodology, where the central concern was to understand the phenomenon of interest from the participants’ perspectives by focusing on subjective and personal meanings (Creswell 2013). We specifically drew on an interpretive phenomenological perspective, because we were interested not only in lived experience but also in how participants made meaning of their experiences (van Manen 1990) as they took part in the community music therapy choir at a children’s home. We worked together in conceptualizing the study and analysing and interpreting the findings.

## **Selection of participants**

Using volunteer sampling (Strydom and Delpont 2005), all teenagers residing at the children’s home were invited to participate. Of the nineteen adolescent residents at this children’s home, fourteen chose to participate in the choir: Shan (15), Davin (18), Ian (19), Penny (15), Lee (18), Amber (16), Tyler (18), Sam (17), Travis (17), Michelle (14), Sally (13), Andy (13), Tanya (17) and Lexie (13). Pseudonyms were used to protect their identities. Prior to entering the children’s home, these adolescents had experienced abuse, neglect and insufficient financial support, abandonment and loss of their parents (this information was gleaned, with permission, from their files kept in the children’s home).

## **Ethical considerations**

Ethical considerations for the proposed study were based on the four philosophical principles of autonomy and respect for the dignity of persons, nonmaleficence, beneficence and justice (Wassenaar 2006). These principles were honoured by means of compliance with ethical guidelines for informed consent and confidentiality. We requested permission to conduct the study at the children's home before the community music therapy choir commenced. Potential participants were thoroughly aware of the fact that they would at no time be coerced to partake in the study and that the nature of participation was voluntary. Every teenager in the home was welcome to participate. Every participant was treated fairly and with equal respect within the same group boundaries. All of their contributions were acknowledged, and they were each given equal opportunity to lead and follow within the group.

The first author was the music therapist and the research interviewer. This kind of dual relationship requires careful consideration throughout as the trust that participants may develop in the music therapist must not be exploited (Bourdeau 2000). I (the first author) focused on playing a therapeutic role during the process, and data collection began only after the concert at the end of the music therapy process. During sessions, I did not focus on the research outcomes, rather I facilitated a space that could meet their therapeutic needs in the moment. My focus continuously lay on what was in the best interests of the teenagers.

Reflexive self-evaluation is required throughout the research process, especially when the researcher plays a dual role (Aigen 2008). In the current study, supervision heightened effective self-awareness. While requiring caution, a dual role can also enrich the research process (Aigen 2008). Having a collaborative relationship with participants can contribute to balancing power relationship as knowledge is co-constructed by the participant and researcher (Karnieli-Miller et al. 2009). I strongly emphasized to the participants that the interviews were about their personal experiences and that there were no wrong or right answer, and that I would not be disappointed or offended by any answer they gave.

### **Music therapy sessions and concert**

The community music therapy process included sixteen sessions. We met once a week for approximately an hour-and-a-half. An assessment phase at the start of the music therapy process informed therapeutic goals on an inter- and intrapersonal level. Vocal exercises, such as singing a basic song or canon, and rhythmical and vocal call-and-response activities, were introduced, providing a sense of the participant's musical and vocal skills as well as their sense of confidence and self-consciousness. Interactive musical exercises were facilitated (including musical games and turn-taking interventions) that allowed the music therapist to assess the group's social dynamics and individuals' unique expressiveness. On an intrapersonal level, therapeutic goals focused on developing self-esteem, self-expression, self-control, self-exploration and motivation. On an interpersonal level, goals included facilitating a space where healthy social interaction and social skills could be practised, as well as increasing social awareness. These goals were viewed and worked with from a phenomenological perspective, congruent with the research paradigm of the study.

Because a music therapist works in collaboration with the group in community music therapy (Ansdell and Pavlicevic 2004), the first session involved discussing the choir process with the teenagers, as well as exploring their expectations and musical preferences. Subsequent sessions began with participants having an opportunity to reflect on highs and lows of their week, and then 'check in' with a vocalization that reflected their experience. These vocalizations were typically reflected back to the individual by the group. The group also engaged in various games such as 'pass the beat around the room', which required participation and concentration.

I then facilitated vocal warm-up exercises. A few of the following exercises were utilized every week, alternating between varying exercises every week: (1) 'scooping' across vocal register on different vowel sounds; (2) massaging face while singing on different sounds, starting mostly with 'm'; (3) diaphragm and breathing exercises such as exclaiming 'p-t-k' from the diaphragm, breathing in and out while exhaling, articulating on 's' as long as one's breath lasts, breathing in correctly – deep into the lungs and not into the shoulders, which works best when lying down, where one feels with the hand on the stomach – and when exhaling, articulating different vowel sounds at different dynamic levels; and (4) pitch

exercises that include matching pitch, holding a singular note for a sustained period while singing on varying dynamic levels, singing different simple vocal patterns and singing basic canons.

A focus of the sessions included fostering vocalizations within the group as a whole. This included singing while walking around and making eye contact with others (allowing each a turn to lead while others followed what he/she did with his/her voice), as well as variations of vocal call-and-response and turn-taking musical activities. Spontaneous singing and free expressive use of the voice included making 'beautiful', 'funny' and 'ugly' sounds; call-and-response (where everyone had a turn to vocalize any sound and the others mirrored the sound back); singing an improvisational story where everyone added a section; and improvising vocally over the music therapist's guitar accompaniment. Such interactional musicing encouraged individuals to move away from self-focused singing and rather to listen to others, relate to others and to cooperate.

We also offered creative processes that focused on intrapersonal needs. For example, the group was invited to draw on a big piece of paper while listening to a variety of prerecorded music that they had selected. The theme they chose to reflect on was 'A children's home child'. 'Highs' and 'lows' were depicted within the image they drew. As they reflected on their drawing, they realized that others in the group shared many of their experiences and feelings. A song with drumming accompaniment emerged from this creative process. This song was performed at the concert.

Finally, we also focused time in the sessions on practising the songs performed at the concert. Note that all the songs were chosen by the group:

1. Jabulani Africa performed on 'boomwackers'
2. Justin Bieber ('Love Yourself') and Adel ('Hello') medley
3. Poems (two participants wrote poems about their experience of participating in the choir, which they wanted to share with the audience)
4. Chris Tomlin – 'Our God Is Greater'
5. Reana Nel – 'Timbaktu' (sung by the girls)
6. Clapping and clicking medley ('Radioactive' and 'Pumped Up Kicks' medley)
7. Song writing song with drums.

## **Data collection**

The purpose of data collection in interpretive phenomenological research is to explore material that may be descriptive, experiential and narrative. We collected data through semi-structured interviews with each participant after the music therapy process had been completed. Semi-structured interviews enable a conversational relation between the researcher and participant where in-depth data can be collected in a flexible manner while facilitating empathetic interactions (Pringle et al. 2011; Smith and Osbourne 2007). The setting was informal (sitting on the grass in a private location on the children's home ground) and varied between 30 minutes and an hour. I (the first author) asked open-ended questions that were adjusted to probe areas of interest at the appropriate moment (as suggested by Smith and Osbourne [2007]). The participants could verbally express their experience and reflections of participating in the choir. The interview schedule included the following questions: 'Tell me about your experience of participating in the community music therapy choir in general'; 'What did singing in the choir mean to you?'; 'How have you experienced

making music and singing within the group?'; 'What can you tell me about your experience of participating in the concert?'; 'How did you experience the specific music styles and music activities?'; 'What do you think could have been better during the sessions?'; 'Would you participate in a community music therapy choir again? Why? Why not?'

## Data analysis

We used interpretative phenomenological analysis (IPA), following the specific steps outlined by Smith and Osbourne (2007). I (the first author) prepared the data by transcribing the fourteen audiorecorded interviews. Then I familiarized myself with the text and data by reading through every interview a number of times. Reading and re-reading allows both a holistic picture of the data as well as specific patterns of the content to emerge (Ritchie et al. 2003). During this stage, I made notes and comments that came to mind as I read the transcripts. Next, I assigned themes to every sentence to capture the participants' understandings of their experiences (Larkin and Thomson 2012). I worked through every interview systematically using Atlas.ti. I highlighted a phrase, sentence or sentences and then created a theme for the selected words as they represent meaning units.

The fourth step entailed searching for higher-order themes. These enfolded the central and essential meaning of the text (Smith and Osbourne 2007). Themes that applied to multiple quotations started illustrating patterns in the data. These repeated patterns started forming the basis of the higher-order themes. In step five, we reviewed and refined the higher-order themes. Between ten and fifty statements from the data supported each higher-order theme. Lastly, we finalized names for the higher-order themes, and we explored relationships between the higher-order themes, allowing for the creation of a meaningful structure to the overall findings.

## Findings

From the data analysis, five higher-order themes regarding intrapersonal experiences and four higher-order themes regarding interpersonal experiences emerged. Table 1 offers a summary of the themes.

**Table 1:** Higher-order themes.

| Intrapersonal higher-order themes          | Interpersonal higher-order themes                  |
|--|--|
| Discovering my musical voice               | Experiencing growth in relationships               |
| Accessing inner strength to take action    | Experiencing improved social skills                |
| Experiencing a healthier picture of myself | Experiencing social harmony                        |
| Utilizing cognitive skills                 | Experiencing connection with the broader community |
| Experiencing and expressing emotions       |  |

The first intrapersonal higher-order theme, 'discovering my musical voice', concerned the participants' experience of realizing that they possess a voice that is their own, a unique and musical voice that has potential and can be used in a variety of ways. The second intrapersonal higher-order theme, 'accessing inner strength to take action', concerned the participants' experiences of discovering resources within themselves. The realization of these

resources was experienced as motivating action and dedication, related to discovering renewed hope and plans for the future, utilizing willpower and facing fears. The participants experienced making plans and feeling optimistic about their future, which they perceived as now holding new possibilities and successes that were within reach. The third intrapersonal higher-order theme, 'experiencing a healthier picture of myself', related to how the participants considered themselves to be healthier individuals after the music therapy process and as having a more positive self-concept. They expressed heightened self-awareness, recognition of multiple layers of abilities and greater confidence when singing, performing and while carrying out other life tasks. The participants expressed valuing and feeling at ease with who they now were.

The participants experienced 'utilizing cognitive skills', the fourth intrapersonal higher-order theme, in two ways: (1) during the sessions they activated their concentration, and (2) they perceived this to be transferred directly to school work. After the music therapy process, they experienced subjects such as mathematics as less challenging. The fifth intrapersonal higher-order theme was 'experiencing and expressing emotions'. During sessions, participants experienced pleasurable emotions and a positive shift in their emotions. All of the participants also experienced anticipation and excitement when looking forward to the choir sessions, which were perceived as a highlight of their week. Most of the adolescents experienced self-regulation through being able to control, manage and balance their emotions both in and out of sessions. The participants also experienced articulating and releasing their emotions through singing.

The first interpersonal higher-order theme was 'experiencing growth in relationships'. The teenagers felt they could relate to and bond with each other through music. New friendships formed, and they experienced increased closeness within their relationships. The second interpersonal higher-order theme, 'experiencing improved social skills', concerned their experiences of enhanced healthy socializing. The teenagers felt their communication abilities had improved, particularly realizing the importance of mutuality within two-way conversations. The participants displayed empathy towards other choir members and became aware of others' struggles. They also experienced acceptance and respect in the group. The third interpersonal higher-order theme, 'experiencing social harmony', encapsulated their overall experience of togetherness and unity. The participants experienced a sense of group cohesion, a family-like bond and support within the group. Their experience of care and support from the music therapist was also highlighted as a central part of their experience in the choir. The fourth higher-order theme entailed 'experiencing connection with the broader community'. After participating and performing in the choir, the participants expressed that they now had sustained relationships and close friendships with the choir members within their community. They perceived these relationships as extremely valuable and meaningful. Feeling significant and being regarded by the broader community that attended the concert was also an uplifting experience for the participants. Singing and music have now become a daily part of their lives, as they utilize their voices and share music within their communities.



## Discussion

### Intrapersonal experiences

#### *Discovering my musical voice*

Music therapists regard every human being as musical (Guerrero et al. 2015). Every person possesses a natural ability to vocalize (Wan et al. 2010); however, through socialization many people are judged by others as not being able to meet society's definition of 'good singing' and then stop attempting to sing publicly (Ruddock and Leong 2005). Participating in the choir allowed the participants to discover their natural ability to use their voice and to have this affirmed. All participants articulated this experience. Penny, for example, commented, 'I didn't know that I could sing. And then you came to us and then I found out that I can actually sing and that I have a beautiful voice' (7:41).

#### *Accessing inner strength to take action*

Some participants displayed the ability to be motivated and dedicated. This is notable as previous research has indicated that many children in children's homes struggle with depleted motivation and perseverance in task agency (Chikwaiwa et al. 2013). For some participants, this had been their experience at certain points in their life. For example, Travis explained, 'I don't like doing one thing for a long time and then I don't get success. So, I struggle to persevere sometimes, but, I did it at choir' (10:49). Certain participants experienced that this perseverance could be transferred to other areas of their lives. For example, Ian said, 'If now I get persistent towards a certain goal, no matter how hard it gets, I will end up reach [*sic*] it' (4:27). Shan commented, 'If I can be committed now, I can be committed in life also' (8:33). This finding resembles research by Parker (2007) who concluded that teenagers felt motivated because of a sense of satisfaction and pleasure that came from being part of a vocal group as well as working towards a particular goal.

Through accessing their inner strength, most participants experienced renewed hope and plans for the future, thus displaying resilience. Sam said, 'I thought that only starting to sing now [...] my voice won't be young and perfect. Then, I started and it wasn't like that. So in my future I can start anything, it is never too late' (11:74). According to Hauser et al. (1985) and Werner (1997), outcomes into adulthood for teenagers who have been exposed to adverse stressors are often more positive than negative. Teenagers who are at risk yet are also open to new experiences and exposed to protective factors show potential for a promising future (Davey et al. 2003; Grossman et al. 1992). Protective factors include a variety of resources and skills that aid an individual in dealing with stressful event and in moving forward in life (Evans 2005). Ian perceived choir to be a protective factor:

Well, I got some skills and tools that I will be using in my future. I have a vision. But, I needed some things before I start my mission – proper tools. Being in the choir helped me attain some tools. So now, it is time for me to go back to my dream board. And put my vision in a place where I can see it. Now, I can start working on it. (4:67)

Tyler described how 'choir influenced me, you know, knowing anything is possible in my future' (6:63). Other participants experienced a desire for success. For example, Ian

explained, 'I need to be successful. Mostly, like my goals are making a success' (4:49). Being in the choir also offered participants the experience of attaining new hope. Davin articulated this experience: 'People have told me I will get nowhere in life because of this and that. But now, I can tell them, look what I did! I can make the best of my future if I just go on and do my best' (14:55).

Accessing inner strength also allowed these teenagers to utilize willpower, as they displayed the ability to make choices and take initiative. Tanya explained, 'Usually, people decide what I must do, but this time, I chose to be in the choir' (12:43). This is a notable finding as Stewart (2012) reported that many teenagers who have been orphaned, abused and neglected perceive themselves as having no personal control over situations and a decreased sense of willpower. Instead of a tendency towards passivity (De Witt and Lessing 2010), participants in this study displayed taking action through facing various personal fears. For example, some participants had a fear of people. (Although such fear related to interpersonal relations, it was placed within an intrapersonal experience as the fear was perceived within the participant's inner world.) Travis could face his fear of a group of people on a weekly basis by being part of the group: 'I couldn't face my fears. But, now I can [...] I am afraid of a crowd. And now I can face them any time' (10:5). Tanya experienced overcoming a fear of boys: 'I used to be scared of boys and everything. And now, I realized they can be my friends' (12:49).

### ***Experiencing a healthier picture of myself***

This theme is notable in light of literature by Reyland et al. (2002) and Shipitsyna (2008) who demonstrated how teenagers who do not live with their parents may experience unhealthy identity development. In this study, heightened self-awareness appeared to contribute to the experience of a healthier self-picture. Lexie stated, 'I didn't know I could sing [...] I got the feeling that this is me singing. It was nice to find out who I am [...] at choir [...] you get to know yourself' (2:23). Discovering her musical voice contributed to Lexie's increased self-awareness and to realizing that her voice belongs to her.

Reyland et al. (2002) showed that teenagers who do not receive care from their parents or who have been abandoned often experience self-doubt. This finding resonates with some participants' experiences; for example, Amber stated, 'I think abundance [abandonment] really screwed my self-esteem' (3:39). Many participants experienced an increased sense of self-esteem during the choir process: 'Singing in the choir gave me self-esteem. It boosted my self-esteem' (4:25). This finding resonated with research by Ruth (2011), who showed that singing may increase teenagers' self-esteem.

Lee commented, 'I can show them what I can do – that I can do things. I can do great things' (13:17). Sam reported, 'I can say [...] I was scared to prove something to myself, like, I can sing. But, I proved it' (11:27). The participants experienced an increase in their self-confidence during the choir process too. Michelle explained, 'I did grow in myself. I did gain more confidence [...] yes [...] believing in myself' (5:41). This finding is notable as people who have confidence and positive self-regard tend to display more resilience (Evans 2005).

For some participants, discovering their musical voice promoted experiencing a sense of accomplishment. For example, Sally stated: 'Well, I never actually thought I could sing. It felt like I made a success of something, coming to choir every week and realising, okay, wow! I can really sing' (9:21). According to Aigen (2004), performance can be a vital part of a

community music therapy process. This resembles the participants' experience in the current study. Most of the participants experienced a sense of accomplishment as a result of the performance that marked the end of the process. In reflecting on the concert, Ian explained, 'The best of time was like "you know what, we really did it". Like having to learn something from scratch [...] Succeeding on many levels. That felt like scoring the winning goal' (4:7). Travis said, 'The concert ended with a big smile on my face [...] having such a big smile on my face means one thing: I am totally extra proud of myself' (10:49).

The participants experienced acceptance in the group and felt they could be themselves; Sally clearly said, 'I feel accepted because I can be myself' (9:33). Lee explained, 'Because people accept me for who and what I am. I can be myself [...] I can honestly just be myself. And I don't feel that way at school and stuff. But here, people accept me for who and what I am!' (13:21).

### ***Utilizing cognitive skills***

The participants reflected on their cognitive experiences of attaining new information, increased activation of concentration and transfer of cognitive abilities. Sally described her favourite moment as 'when we learned the new songs' (9:5). For Ian, attaining and applying the information contributed to his sense of accomplishment: 'Like having to learn something from scratch [...] Succeeding on many levels. That felt like scoring the winning goal' (4:7). A few participants experienced learning the skill of singing. Tyler explained: 'I realised, we are really learning something here, boys. We are learning how to sing. Who could have taught us these things?' (6:43); 'I was learning the right way to sing, because, here in the throat, it starts getting sore and the sound that comes out is not the sound that you want, but, when the sound comes from the stomach it is powerful and it is the sound you want' (6:51). Discovering their musical voices entailed a process of attaining and being able to apply new information.

The participants were required to concentrate when learning new songs and vocal skills as they worked towards the concert. Sam commented that the music was 'making you to concentrate' (11:59). Lee explained: '[m]y school work improved. I try to focus more when doing my homework now [...] the way we had to focus when you teach us new things' (13:81). Other participants experienced concentrating in vocal, game-like activities. For example, Sam commented: '[t]he games they were great. Because, they were making you to concentrate' (11:59). A few participants experienced a transfer of cognitive abilities to their school work. Lexie, for example, reported:

My maths teacher said, 'now I know why your maths marks have increased' [...] Rhythm sort of just hit me and influenced my brain. I believe it's because of choir that my maths mark is so good now, and my teacher believes it too. I have never had an 86% for maths in my whole life. (2:49)

### ***Experiencing and expressing emotions***

The participants experienced positive emotions as well as a positive shift in emotions. Teenagers residing together in a children's home may encounter anxiety and feelings of depression (Matshalaga and Powel 2002), and may experience outbursts of aggression (Shipitsyna 2008). These experiences resemble some of those noted by the participants in the current study. Being part of the choir, however, offered a contrasting experience. Lexie said,

'in choir, we had fun and we played and everything, and that made me feel happy. But outside of choir, I can't be happy because I can't be myself' (2:15). Lee described her experience during the process as follows: 'I laughed a lot. I was the happiest that I have been in many, many years' (13:11). All the participants experienced a shift towards positive emotions at some stage throughout the process within a choir session. Lexie said: '[w]hen you sing [...] then, sad feelings just go away and a good feeling comes over me' (2:17). Travis explained: '[l]ike I would come to choir after school when I am angry and then I sing and there would be jokes around and then suddenly I am happy' (10:13). Most of the teenagers experienced choir sessions as their weekly highlight. Michelle explained: 'I looked forward to Wednesdays. I was like "Yes! Choir!" Wednesday was my day that I looked forward to the most' (5:19). Lee said: 'I looked forward to choir every day' (13:27).

'I could really sing how I was feeling [...] it felt wonderful to just sing my feelings' (5:7), Michelle articulated. This is an appropriate and natural platform for emotional expression as individuals start expressing emotions through vocalization from as early as infancy (Hansen 2000). Teenagers in residential care may experience emotional frigidity (Shipitsyna 2008), however, and such opportunities to explore and express a range of emotions were particularly meaningful. According to Evan (2005: 113), a resilient person can express emotions and regulate his/her emotional experience. In this way we see how these participants are demonstrating resilience. They also displayed emotional regulation, both in sessions ('I told myself, I don't have to feel this way [...] so it was like I embraced a positive feeling to come over me' [6:17]) and during the week ('Sometimes when I got worked up, I just think about the music and it calms me down' [10:49]).

## **Interpersonal experiences**

### ***Experiencing growth in relationships***

Teenagers who have been orphaned may experience difficulties in terms of co-existing with and relating to others (Whetten et al. 2011), which is why these teenagers' experience of growth in relationships is a notable finding. A safe choir space allows teenagers to relate and realize similarities between themselves and others, which may enhance social relations (Parker 2007). Whetten et al. found that teenagers who have been orphaned, neglected and abandoned may often struggle with managing secure, close relationships. According to Biçakçi (2011), a lack of confidence is the primary reason underlying difficulties with socialization during adolescence, and this is particularly relevant for teenagers living in children's homes. For some participants, discovering their musical voice promoted deeper interpersonal relations. Andy commented: 'The thing is you made that I know I can sing, and that I can do this with them and have a bond with them' (1:3). Penny explained that the choir members were 'spending time together [through] singing' (7:71). Tyler stated: 'everyone in the choir became close' (6:35). Ian explained his enhanced closeness with Sam as follows: 'like, can you calculate the distance between your nail and your finger? That is how close we are now' (4:35).

Luhrs (2015) found that singing in a group may allow new friendships to be formed between individuals from different cultural backgrounds, who might not otherwise have befriended one another. Similar experiences were reported in the current study. For example, Michelle explained: '[t]he big kids [...] I didn't really talk to them before choir, but now, I actually became friends with them. In the past, I walked in another direction when they were coming my way' (5:31). Tyler spoke to Shan for 'the first time at choir' (6:35), and they became good

friends. Tyler said he will 'never be alone here at [this children's home]' (6:35) because Shan is there.

### ***Experiencing improved social skills***

The participants in this study reported experiencing improved social skills as a result of being in the choir. Baines (2010) stated that singing in a group context is an activity that may promote improved social skills. Exhibiting social skills is a protective factor that influences resilience (Luthar 2014).

The participants particularly noted improvements in communication, as Sam clearly stated: '[w]e were communicating. Some that will not talk outside of choir were communicating. And also the others that are talking too much everyday [...] they also had to listen when others were talking now for a change' (8:37). Some started displaying improved communication through increased listening outside of choir. For example, Davin explained: '[u]sually at school I would just talk and make noise with all the children being naughty, but now I know that is not right, because at choir, when you talk, I listen. So, I can listen at school too' (14:43).

According to Quas et al. (2017), children who are orphaned and at risk may lack sensitivity and empathy within relationships later in life. In light of this, the finding that participants experienced empathy is meaningful. Michelle showed empathy towards Lee: 'Lee is sad a lot of the time. I learned how to really be a friend to her' (5:31). The participants also 'developed respect for one another within the group' (2:31). The participants also improved in experiencing and expressing acceptance. Sam commented, 'I will just accept them, even if they laugh so loud' (11:45). Lexie experienced acceptance from others: 'I was accepted by the whole group' (2:31).

### ***Experiencing social harmony***

The teenagers experienced unity within the group in a healthy manner and felt content within their interpersonal engagements within the choir group. The participants reported feeling 'at home' (12:33) and 'safe' (9:33) within the group. Teenagers who have been orphaned and abandoned may experience difficulty integrating into the society (Whetten et al. 2011). Social integration entails coexisting with others through peaceful relationships, which is a necessary feature in group cohesion. We will discuss integrating into the community (outside of the choir) in the last theme; however, before integration into a bigger community is possible, integration within the immediate community is required. Sam's favourite moment during the choir process was when he experienced the teenagers as being 'a unified group' (11:7) when they were as practising for the concert. According to Yalom (2005), the feeling of belonging to and being accepted by a group promotes group cohesion. Lee experienced this phenomenon: '[t]he thing is everyone belongs in the group, and that is why we can unite in such a strong way' (13:79).

Teenagers who have been orphaned and abandoned lack familial experiences and/or have experienced difficult family dynamics (De Witt and Lessing 2010). Most of the participants experienced a family-like bond in the choir. Ian said, '[t]ime spent here, was time spent as a family' (4:35). Lee noted, 'I felt alone most of my life. People came and then left, but my friends from choir are my family now' (13:41). While teenagers who have been orphaned

may experience isolation (Biçakçi 2011; Dorsey et al. 2015), an interactional process within a perceived safe space may offer an experience of connection (Humphrey 2019; Powell 2004).

Penny, reflecting on her experience in the choir, stated, 'I can count on them and have their support' (7:59). According to Pienaar et al. (2012), experiencing support is a significant social need. Support from one's peer group during teenage years may become as important (and, for some, more important) than parental support (Crosnoe and Elder 2004). Support from friends within a children's home contributes towards fulfilling social needs (Cluver and Gardner 2007). Teenagers who have been orphaned are often deprived of receiving and perceiving care from authority figures (De Witt and Lessing 2010). The participants, however, experienced support and care from the music therapist. Ian said, '[i]n all my life, someone hasn't cared about my feelings the way you do. You really listen' (4:5). Penny stated, 'no one has ever cared so much for us [...] for me [...] you always took time to listen' (7:15).

### *Experiencing connection with the broader community*

Experiencing connection with the broader community is an important finding for three reasons. Firstly, teenagers who have been orphaned, abandoned and neglected may struggle with integration into society, social settings and relationships (Whetten et al. 2011). Secondly, community music therapy places an emphasis on how people function within their community, how they shape and are shaped by their community, and how music gathers and connects people within a community (Powell 2004). Lastly, this finding demonstrates that, although the choir process had ended, some of the participants' experiences were lasting. They indicated that they may continue to employ and apply some of the resources they had discovered throughout the choir process within their communities.

The participants reported forming sustainable relationships in the community of the children's home. The relationship they built during music therapy sessions extended beyond the choir into their everyday lives within the children's home. Amber stated, 'I thought choir would happen and then we would go our separate ways, but, we actually really bonded [...] and these bonds are lasting, even though choir has finished' (3:3). Michelle, talking about 'the big kids' (5:31), said she used to walk 'in another direction when they were coming' (5:31) her way, but they became 'friends' (5:31). As Aigen (2002: 35) stated, community music therapy can break barriers. For Davin, the experience gave him a supportive network within his community. He explained that singing in choir now 'means that I have friends at [this children's home]' (14:41).

The choir and concert offered the teenagers an experience of having meaning and significance through being appreciated by the community. Sam felt valued when he was acknowledged by others at the concert:

I didn't believe that people just come from where they come from only to listen to us. So that the time that I saw all those people really coming for us, oh, it felt good. Like, we really mean something to people outside. (11:37)

Being interpersonally rejected causes one to doubt oneself on an intrapersonal level (Shipitsyna 2008). Within this study, being validated on an interpersonal level allowed for self-belief to be enhanced. Describing this experience, Michelle exclaimed, '[w]ow [...] it felt amazing, honestly. I never get so many compliments. I was like, oh my soul, they are saying how great I am! I felt great. I felt good about myself. Jip!' (5:49). Amber explained: 'I got a

lot of compliments afterwards so I realised I did good and people like what I did and that made me believe in myself even more' (3:17).

Participants in community music therapy may be motivated to continue singing or making music after the sessions have been concluded; the music is not only reserved for the music therapy room (Amir 2004). Discovering their musical voices was a motivating factor for the participants to continue singing throughout the week. For example, Lexie commented, 'so now, I can sing all the time'; Ian said, '[n]ow, I always sing'; and Lee mentioned: 'I will sing in the shower every day to keep it in practise' (13:63). This continuation of musicing beyond the confines of a session resonates with the stance taken in community music therapy that music is a reverberating phenomenon that cannot be enclosed (Pavlicevic and Ansdell 2004).

## **Conclusion**

The purpose of this study was to explore the intra- and interpersonal lived experiences of adolescents residing in a children's home who took part in a choir facilitated from a community music therapy perspective. Through participating in this choir, the teenagers grew to experience themselves and other unique, resourced and healthier individuals within their community. They experienced beneficial and sustained connections with others and the establishment of a larger social support network. The teenagers grew in their displays of resilience and perceived a brighter future for themselves. It is hoped that this study might offer valuable resources for community music therapists, choir conductors and other group music facilitators, particularly in work with teenagers who have been orphaned.

## **Acknowledgements**

The choir's concert was financially supported by Touching Africa. I would like to thank them for making this event possible and memorable.

## **References**

Aasgaard, T. (2004), 'A pied piper among white coats and infusion pumps: Community music therapy in a paediatric hospital setting', in M. Pavlicevic and G. Ansdell. (eds), *Community Music Therapy*, London: Jessica Kingsley Publishers, pp. 147–66.

Ahmadi, M. and Oosthuizen, H. (2012), 'Naming my story and claiming myself', in S. Hadley and G. Yancy. (eds), *Therapeutic Uses of Rap and Hip Hop*, New York: Routledge, pp. 191–211.

Aigen, K. (2002), *Playin' in the Band: A Qualitative Study of Popular Music Styles as Clinical Improvisation*, New York: Nordoff-Robbins Center for Music Therapy, New York University.

Aigen, K. (2004), 'Conversations on creating community: Performance as music therapy in New York city', in M. Pavlicevic and G. Ansdell. (eds), *Community Music Therapy*, London: Jessica Kingsley Publishers, pp. 186–213.

Aigen, K. (2008), 'An analysis of qualitative music therapy research reports 1987–2006: Doctoral studies', *The Arts in Psychotherapy*, 35: 5, pp. 307–19.

- Amir, D. (2004), 'Community music therapy and the challenge of multiculturalism', in M. Pavlicevic and G. Ansdell. (eds), *Community Music Therapy*, London: Jessica Kingsley, pp. 249–68.
- Ansdell, G. (2005), 'Being who you aren't; Doing what you can't: Community music therapy & the paradoxes of performance', *Voices: A World Forum for Music Therapy*, 5: 3, <https://voices.no/index.php/voices/article/view/1699/1459>. Accessed 13 December 2018.
- Ansdell, G. (2010), 'Reflection: Where performing helps: Processes and affordances of performance in community music therapy', in B. Stige, G. Ansdell, C. Elefant and M. Pavlicevic. (eds), *Where Music Helps: Community Music Therapy in Action and Reflection*, Farnham: Ashgate, pp. 161–88.
- Ansdell, G. (2014), *How Music Helps in Music Therapy and Everyday Life*, Farnham: Ashgate Publishing.
- Ansdell, G. and Stige, B. (2015), 'Community music therapy', in J. Edwards. (ed.), *The Oxford Handbook of Music Therapy*, Oxford: Oxford University Press, pp. 595–621.
- Baines, S. (2010), 'Community mental health music therapy: A consumer-initiated song-based paradigm', *Canadian Journal of Music Therapy*, 16: 1, pp. 148–91.
- Baker, F., Jeanneret, N. and Kelaher, M. (2017), 'Musomagic: Artist-led personal development programmes for youth as viewed through a Community Music Therapy lens', *International Journal of Community Music*, 10: 2, pp. 157–69.
- Berridge, D. (2007), 'Theory and explanation in child welfare: Education and looked after children', *Child & Family Social Work*, 12: 1, pp. 1–10.
- Biçakçi, M. Y. (2011), 'Analysis of social adaptation and friend relationships among adolescents living in orphanage and adolescents living with their family', *Social and Natural Sciences Journal*, 3, pp. 25–30, <https://doi-org.uplib.idm.oclc.org/10.12955/snsj.v3i0.280>
- Bolger, L. (2015), 'Being a player: Understanding collaboration in participatory music projects with communities supporting marginalised young people', *Qualitative Inquiries in Music Therapy*, 10: 1, pp. 77–116.
- Bourdeau, B. (2000), 'Dual relationships in qualitative research', *The Qualitative Report*, 4: 3, pp. 1–6.
- Bunt, L. and Stige, B. (2014), *Music Therapy: An Art Beyond Words*, London: Routledge.
- Chikwaiwa, B. K., Nyikahadzo, K., Matsika, A. B. and Dziro, C. (2013), 'Factors that enhance intrapersonal wellness of orphans and other vulnerable children (OVC) in institutions and community-based settings in Zimbabwe', *Journal of Social Development in South Africa*, 28: 2, pp. 23–38.
- Cluver, L. and Gardner, F. (2007), 'Risk and protective factors for psychological well-being of children orphaned by AIDS in Cape Town: A qualitative study of children and caregivers' perspectives', *AIDS Care*, 19: 3, pp. 318–25.



- Creswell, J. W. (2013), *Qualitative Inquiry and Research Design: Choosing among Five Approaches*, Los Angeles, CA: Sage Publications.
- Crosnoe, R. and Elder, G. H. (2004), 'Family dynamics, supportive relationships, and educational resilience during adolescence', *Journal of Family Issues*, 25: 5, pp. 571–602.
- Dabback, W. (2018), 'A community of singing: Motivation, identity, and communitas in a Mennonite school choir programme', *Music Education Research*, 20: 2, pp. 242–51.
- Davey, M., Eaker, M. D. D. and Walters, L. H. (2003), 'Resilience processes in adolescents: Personality profiles, self-worth, and coping', *Journal of Adolescent Research*, 18: 4, pp. 347–62.
- Demorest, S., Kelley, J. and Pfordresher, P. (2017), 'Singing ability, musical self-concept, and future music participation', *Journal of Research in Music Education*, 64: 4, pp. 405–20.
- Donnenwerth, A. M. (2012), 'Song communication using rap music in a group setting with at-risk youth', in S. Hadley and G. Yancy. (eds), *Therapeutic Uses of Rap and Hip Hop*, New York: Routledge, pp. 275–90.
- Dorsey, S., Lucid, L., Murray, L., Bolton, P., Itemba, D., Manongi, R. and Whetten, K. (2015), 'A qualitative study of mental health problems among orphaned children and adolescents in Tanzania', *The Journal of Nervous and Mental Disease*, 203: 11, pp. 1–15.
- Dumont, M. and Provost, M. A. (1999), 'Resilience in adolescents: Protective role of social support, coping strategies, self-esteem, and social activities on experience of stress and depression', *Journal of Youth and Adolescence*, 28: 3, pp. 343–63.
- Elliott, D. (1995), *Music Matters*, New York: Oxford University Press.
- Evans, R. (2005), 'Social networks, migration and care in Tanzania: Caregiver's and children's resilience to coping with HIV/AIDS', *Journal of Children and Poverty*, 11: 2, pp. 111–29.
- Foster, G. (2002), 'Beyond education and food: Psychosocial well-being of orphans in Africa', *Acta Paediatrica*, 91: 5, pp. 502–04.
- Grossman, F. K., Beinashowitz, J., Anderson, L., Sakurai, L., Finnin, L. and Flaherty, M. (1992), 'Risk and resilience in young adolescents', *Journal of Youth and Adolescence*, 21: 5, pp. 529–50.
- Guerrero, N., Marcus, D. and Turry, A. (2015), 'Poised in the creative now: Principles of Nordoff-Robbins music therapy', in J. Edwards. (ed.), *Oxford Handbook of Music Therapy*, Oxford: Oxford University Press, pp. 282–493.
- Gürsoy, F., Biçakçı, M. Y., Orhan, E., Bakırcı, S., Çatak, S. and Yerebakan, Ö. (2012), 'Study on self-concept levels of adolescents in the age group of 13-18 who live in orphanage and those who do not live in orphanage', *International Journal of Social Sciences & Education*, 2: 1, pp. 56–66.

- Hansen, S. (2000), 'On the voice: Julianne Baird on early singing', *The Choral Journal*, 41: 5, pp. 75–77.
- Hauser, S. T., Vieyra, M. A. B., Jacobson, A. M. and Wertlieb, D. (1985), 'Vulnerability and resilience in adolescence: Views from the family', *The Journal of Early Adolescence*, 5: 1, pp. 81–100.
- Humphrey, R. (2019), 'Music making and the potential impact for a child in foster care', *International Journal of Community Music*, 12: 1, pp. 13–25.
- James, B. (1994), *Handbook for Treatment of Attachment-Trauma Problems in Children*, New York: The Free Press.
- Jampel, P. (2011), 'Performance in music therapy: Experiences in five dimensions', *Voices: A World Forum for Music Therapy*, 11: 1, <https://voices.no/index.php/voices/article/view/1944/1684>. Accessed 25 November 2018.
- Jing, S. (2012), 'Community singing: What does that have to do with health?', *International Journal of Adolescent Medicine and Health*, 24: 4, pp. 281–82.
- Karnieli-Miller, O., Strier, R. and Pessach, L. (2009), 'Power relations in qualitative research', *Qualitative Health Research*, 19, pp. 279–89, <https://doi-org.uplib.idm.oclc.org/10.1177/1049732308329306>.
- Laiho, S. (2004), 'The psychological functions of music in adolescence', *Nordic Journal of Music Therapy*, 13: 1, pp. 47–63.
- Larkin, M. and Thompson, A. (2012), 'Interpretative phenomenological analysis', in A. Thompson and D. Harper. (eds), *Qualitative Research Methods in Mental Health and Psychotherapy: A Guide for Students and Practitioners*, Oxford: John Wiley & Sons, pp. 99–116.
- Lightstone, A. (2012), 'Yo, can ya flow! Research findings on hip-hop aesthetics and rap therapy in an urban youth shelter', in S. Hadley and G. Yancy. (eds), *Therapeutic Uses of Rap and Hip Hop*, New York: Routledge, pp. 211–51.
- Luhrs, R. (2015), 'Singing for social harmony: Choir member perceptions during intergroup contact', Doctoral dissertation, Tallahassee, FL: Florida State University.
- Luthar, S. (2014), 'Vulnerability and resilience: A study of high-risk adolescents', *Child Development*, 62: 3, pp. 600–16.
- MacDonald, S. and Viega, M. (2012), 'Hear our voices: A music therapy songwriting program and the message of the little saints through the medium of rap', in S. Hadley and G. Yancy. (eds), *Therapeutic Uses of Rap and Hip Hop*, New York: Routledge, pp. 153–71.
- Matshalaga, N. R. and Powell, G. (2002), 'Mass orphanhood in the era of HIV/AIDS', *British Medical Journal*, 324: 7331, pp. 185–86.

- McFerran, K. (2012), 'Just so you know, I miss you so much: The expression of life and loss in the raps of two adolescents in music therapy', in S. Hadley and G. Yancy. (eds), *Therapeutic Uses of Rap and Hip Hop*, New York: Routledge, pp. 173–89.
- McFerran, K. and Rickson, D. (2014), 'Community music therapy in schools: Realigning with the needs of contemporary students, staff and systems', *International Journal of Community Music*, 7: 1, pp. 75–92.
- McFerran, K. and Teggelove, K. (2011), 'Music therapy with young people in schools: After the black saturday fires', *Voices: A World Forum for Music Therapy*, 11: 1, <https://voices.no/index.php/voices/article/view/1945/1685>. Accessed 13 December 2018.
- National Adoption Coalition South Africa (2014), *Fact Sheet on Child Abandonment Research in South Africa*, Johannesburg: Blackie, D.
- O'Grady, L. and McFerran, K. (2007), 'Community music therapy and its relationship to community music: Where does it end?', *Nordic Journal of Music Therapy*, 16: 1, pp. 14–26.
- Parker, E. (2007), 'Intrapersonal and interpersonal growth in the school chorus', *The Choral Journal*, 48: 2, pp. 26–31.
- Pavlicevic, M. and Ansdell, G. (2004), *Community Music Therapy*, London: Jessica Kingsley Publishers.
- Pienaar, A., Swanepoel, Z., Van Rensburg, H. and Heunis, C. (2012), 'A qualitative exploration of resilience in pre-adolescent AIDS orphans living in a residential care facility', *Sahara-J: Journal of Social Aspects of HIV/AIDS*, 8: 3, pp. 128–37.
- Powell, H. (2004), 'A dream wedding: From community music to music therapy with a community', in M. Pavlicevic and G. Ansdell. (eds), *Community Music Therapy*, London: Jessica Kingsley, pp. 167–85.
- Pringle, J., Drummond, J., McLafferty, E. and Hendry, C. (2011), 'Interpretative phenomenological analysis: A discussion and critique', *Nurse Researcher*, 18: 3, pp. 20–24.
- Quas, J. A., Dickerson, K. L., Matthew, R., Harron, C. and Quas, C. M. (2017), 'Adversity, emotion recognition, and empathic concern in high-risk youth', *PloS One*, 12: 7, p. e0181606
- Reyland, S., Higgins-D'Alessandro, A. and McMahon, T. (2002), 'Tell them you love them because you never know when things could change: Voices of adolescents living with HIV-positive mothers', *Aids Care*, 4: 2, pp. 285–94.
- Ritchie, J., Spencer, L. and O'Connor, W. (2003), 'Carrying out qualitative analysis', in J. Ritchie, J. Lewis, C. McNaughton and R. Ormston. (eds), *Qualitative Research Practice: A Guide for Social Science Students and Researchers*, London: Sage Publications, pp. 219–62.
- Roche, S. (2019), 'A scoping review of children's experiences of residential care settings in the global South', *Children and Youth Services Review*, 105, <https://doi.org/10.1016/j.childyouth.2019.104448>.

- Rolvjord, R. (2006), 'Whose power of music? A discussion on music and power relations in music therapy', *British Journal of Music Therapy*, 20: 1, pp. 5–12.
- Rolvjord, R. and Stige, B. (2015), 'Concepts of context in music therapy', *Nordic Journal of Music Therapy*, 24: 1, pp. 44–66.
- Ruddock, E. and Leong, S. (2005), 'I am unmusical! The verdict of self-judgement', *International Journal of Music Education*, 23: 1, pp. 9–22.
- Ruth, W. (2011), 'The magic of music: A study into the promotion of children's well-being through singing', *International Journal of Children's Spirituality*, 16: 1, pp. 37–46.
- Shipitsyna, L. (2008), *Psychology of Orphans*, Bloomington, IN: iUniverse.
- Smeijsters, H. (2008), 'In defence of the person: Limitations of an aesthetic theory of music therapy', *Nordic Journal of Music Therapy*, 17: 1, pp. 19–24.
- Smith, J. A. and Osborn, M. (2007), 'Interpretive phenomenological analysis', in J. Smith. (ed.), *Qualitative Psychology: A Practical Guide to Research Methods*, London: Sage, pp. 53–80.
- Stewart, T. (2012), 'Undergraduate honors service-learning and effects on locus of control', *Journal of Service-Learning in Higher Education*, 1, pp. 70–85, <https://files.eric.ed.gov/fulltext/EJ1186295.pdf>. Accessed 20 November 2018.
- Stige, B. and Aarø, L. (2012), *Invitation to Community Music Therapy*, New York: Routledge.
- Strydom, H. and Delpont, C. (2005), 'Sampling and pilot study in qualitative research', in A. de Vos, H. Strydom, C. Fouché and C. Delpont. (eds), *Research at Grass Roots*, Pretoria Van Schaik Publishers, pp. 327–32.
- Travis, R. (2013), 'Rap music and the empowerment of today's youth: Evidence in everyday music listening, music therapy, and commercial rap music', *Child and Adolescent Social Work Journal*, 30: 2, pp. 139–67.
- Uhlig, S, Jansen, E. and Scherder, E. (2018), "'Being a bully isn't very cool...": Rap & sing music therapy for enhanced emotional self-regulation in an adolescent school setting—a randomized controlled trial', *Psychology of Music*, 46: 4, pp. 568–87.
- Van Manen, M. (1990), *Researching Lived Experience: Human Science for Action Sensitive Pedagogy*, Ontario: The Athlouse Press.
- Viega, M. (2015), 'Exploring the discourse in hip hop and implications for music therapy practice', *Music Therapy Perspectives*, 34: 2, pp. 138–46.
- Wan, C., Rüber, T., Hohmann, A. and Schlaug, G. (2010), 'The therapeutic effects of singing in neurological disorders', *Music Perception: An Interdisciplinary Journal*, 27: 4, pp. 287–95.

- Wassenaar, D. (2006), 'Ethical issues in social science research', in M. Terre Blanche, K. Durrheim and D. Painter. (eds), *Research in Practice: Applied Methods for the Social Sciences*, Cape Town: University of Cape Town Press, pp. 60–79.
- Werner, E. (1997), 'Vulnerable but invincible: High-risk children from birth to adulthood', *Acta Paediatrica*, 86: 422, pp. 103–05.
- Whetten, K., Ostermann, J., Whetten, R., O'Donnell, K. and Thielman, N. (2011), 'More than the loss of a parent: Potentially traumatic events among orphaned and abandoned children', *Journal of Traumatic Stress*, 24: 2, pp. 174–82.
- Whidden, C. (2008), 'The injustice of singer/non-singer labels by music educators', *GEMS–Gender, Education, Music & Society*, 5, pp. 1–15,  
<http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.509.1654&rep=rep1&type=pdf>.  
 Accessed 13 December 2018.
- Witt, M. W. De and Lessing, A. C. (2010), 'The psychosocial well-being of orphans in Southern Africa: The perception of orphans and teachers', *The Journal for Transdisciplinary Research in Southern Africa*, 6: 2, pp. 461–77.
- Wood, S. (2016), *A Matrix for Community Music Therapy Practice*, Gilsum, NH : Barcelona.
- Yalom, I. (2005), *The Theory and Practice of Group Psychotherapy*, Cambridge : Basic Books.

## **CONTRIBUTOR DETAILS**

Anrie van Rooyen, M.Mus. (Music Therapy), is a registered music therapist.  
 Contact: University of Pretoria, Lynnwood Rd, Hatfield, Pretoria, South Africa.  
 E-mail: [anrie.vanrooyen@gmail.com](mailto:anrie.vanrooyen@gmail.com)

Andeline dos Santos, D.Mus. (Music Therapy), MA (Psychology), is a registered music therapist and lecturer in the music therapy master's programme at the University of Pretoria.  
 Contact: University of Pretoria, Lynnwood Rd, Hatfield, Pretoria, South Africa.  
 E-mail: [andeline.dossantos@up.ac.za](mailto:andeline.dossantos@up.ac.za)