CHAPTER 1

INTRODUCTION

“There is fiction in the space between
The lines on your page of memories
Write it down but it doesn’t mean
You’re not just telling stories”

(Song title: Telling stories. By: Tracy Chapman)

General Introduction

Music feeds my soul. Music and, more importantly, song is the medium that has enabled me to express myself in times when I felt I had no voice. This experience has sparked my curiosity about whether song is useful, as a tool, in a therapeutic context to facilitate communication and connection between therapist and client. This is based on my experience that songs draw out core themes that exist within our lives, as well as eliciting feelings and meanings. I hypothesise that songs can be used in therapeutic conversations to facilitate a co-creation of meaning and an understanding of clients and the difficulties they bring with them to therapy.

Music and songs have been a prime channel for the expression and communication of emotions throughout history (Peters, 2000). I believe that music is the language of one’s heart - it communicates on a feeling level as well as on the physical and intellectual levels. Crandall (1986, p.61) states “we are all musicians of our reality…we orchestrate our lives…we use music to create a rich and fulfilling existence”. According to O’Neill (2001, p.2), music plays an integral part in most major events in one’s life, “as someone once said, we have music when we are hatched, matched and dispatched”.

In this study I construct therapy to be “an exploration where the goal is to find a new outcome for an old non-productive story, a search that aims for co-constructing a more creative meaning to lived events” (Riley, 2003, p. 282). Anderson and Goolishian (1992, p.12) believe that “the emphasis is on doing something ‘with’ and talking ‘with’ as opposed to doing something ‘to’… Change is defined as changing narrative, story,
and meaning”. This exploration occurs within a communication process between therapist and client. Therapeutic conversations encompass meanings and understandings that are socially and intersubjectively constructed (Hoyt, 1998). Thus these conversations involve dialogues in which a mutual search and exchange of ideas occurs, allowing for meanings to evolve so that the re-authoring of the client’s story can take place (Hoyt, 1998). The therapist’s role is not to create change but to open space for conversation. As dialogue occurs and evolves, new narratives or the “not-yet-said” stories are co-constructed (Anderson & Goolishian, 1992, p.29). Thus my aim as therapist was to create a communication process through the use of songs.

This study aims to explore the above ideas and concepts in a literature review. Here I will explore music therapy in general and trace its development through time. A discussion of the underlying principles and functions of this form of therapy will also be given. Following this, I will focus more specifically on the documented use of songs in therapy. I will also discuss my particular point of departure, i.e. my epistemology, and how this informs my understanding and construction of the research participant’s story and the meaning of song in therapy. Social constructionism and the Narrative approach will colour this discussion. I chose to view this study through these approaches as they encompass the ideas of a multiverse of storied realities, relationships, language, co-creation of meanings, complexities and context (Hoyt, 1998). I feel that these ideas are fundamental to the storying of this dissertation. In this study, I the participant observer will explore the stories/narratives and relationships that may evolve in the ecology of the therapeutic relationship, and investigate the meanings portrayed through songs by the participant in the therapeutic conversations. The research will thus take place in a therapeutic setting and will be informed by the hermeneutic method. I selected this method as it aims to explore the subjective meanings of participants in interaction with one another, and thus elicits themes to create understanding (Addison, 1992). This process of research is consistent with the above epistemology and is therefore utilised in this study.

This dissertation represents a truth, my own. All punctuations of reality are mine, filtered through the glass of my own experience, a product of my perceptions of reality as it may or may not be. Yours may be entirely different. This document is co-created and informed by many voices: my own, my supervisor, the research participant, fellow
colleagues and songs. It represents a reality that is by no means the only one, or, for that matter, any more valid than any other reality.

The conversations that I co-authored with the research participant / the client for this dissertation represent a co-created reflection of reality as perceived and expressed by each individual involved. I have then taken the meaning inherent in the conversations and the interview and sifted through it, punctuating for myself for the purposes of this study what was important and what was not, reinterpreting for myself what the participant meant with the words she used. Thus I created a reality or truth slightly different from hers, and, as I offer it now to you, you cannot help but interpret it through your own filters, so that your understanding of it will be uniquely your own.

**Purpose of the Study**

This dissertation proposes to explore the therapeutic use of songs in a therapy context. The aim of this study is to give a description of the therapy and the meanings attributed to the use of song in a therapeutic context. In this way I hope to illustrate the pattern that connects (Bateson, 1979) songs and therapeutic conversations. As the researcher, I hope to orchestrate unique and valuable experiences in conversation with the research participant (Anderson & Goolishian, 1988). In time new ideas and meanings may evolve; the outcome of this study is unpredictable and emergent (Lincoln & Guba, 1985). The study will not evaluate a specific music therapy programme and does not aim to prove that songs have a significant influence on therapeutic conversations. This study will be executed in order to reconstruct the reality of the use of songs in therapeutic conversations.

For this reason I will attempt to share the constructions and life story of a single participant as experienced in a therapeutic context, in which songs were utilised, by means of an unstructured interview and therapeutic conversations.

**Chapter Review**

This study will be described in language that is formal and academic as well as informal and colloquial. When academic and theoretical ideas are discussed, more formal
language will be used. When I as the researcher form part of that which is being described (Keeney, 1983; Maturana, 1975), I will allow my own personal language to be used. This study will comprise a literature review as well as a theoretical and practical component.

Chapter 2 provides a theoretical background to music therapy in general and the use of songs in therapy.

Chapter 3 depicts a postmodernist exploration, and looks at the theoretical foundation for this study. I will reflect on my epistemology. There will be a discussion on Postmodernist thought in general, and Social Constructionism and the Narrative Approach will form the fundamental basis for the conceptualisation of the therapeutic use of songs in facilitating conversations.

Chapter 4 portrays the research design used in this study with specific reference to descriptive qualitative research. It will address the underlying ideas of a single case study and the Hermeneutic approach incorporated in the research process.

Chapter 5 provides an overview of the conversations and the co-constructed story of the use of songs in a therapeutic context and it’s influence on conversations. It will depict my construction of the co-evolved themes and meanings of the therapeutic use of songs and the participant’s life story. The discussion will further include a meta-perspective of the therapeutic sessions that took place as well as self-reflexive disclosure in which my experiences as the therapist will be included.

Chapter 6 will revolve around reflections on the research process and a comparison of the findings in this study with that of the literature. It represents an integration of Chapter 2 and Chapter 5, and as such is essentially a dialogue between them. My own integration, as in the case of my understanding of the literature as well as my interpretation of the therapeutic conversations and the interview, is implicitly not the only interpretation; rather, it represents a personal understanding, filtered through my own lenses, and as such may or may not fit with any other reader’s understanding.
Chapter 7 is the concluding chapter in which I will discuss the strengths and limitations of this study.
CHAPTER 2

A SONG ABOUT SONG IN THERAPY

“Don’t be deceived, no land in sight
We’re all adrift in this dark night
We float on seas of disbelief
While singing songs of pain relief”
(Song title: Lose Control. By: James)

Introduction

I perceive song as being comprised of music with lyrics. A song may be considered to be a poem set to music (Mayers, 1995). Music plays an important role in creating the tone, emotion, and rhythm, and gives life to the words. Thus it is important to begin this chapter by contextualising song within the broader frame of music therapy. Following this, I will discuss the documented use of song in therapy.

Music Therapy

Bruscia (in Nicol, 1996, p.11) defines music therapy as “a systematic process of intervention wherein the therapist helps the client to achieve health, using musical experiences and the relationship that develops through them as dynamic forces of change”. Thus music has been shown to facilitate the creation of a relationship within a therapeutic context. Music, as a healing technique, involves the direct interaction between music and client, and the therapist is a facilitator who helps the client make contact with the music so as to address, support and develop mental, emotional, social and physical well-being (Nicol, 1996).

According to Peters (2000, p.2), music therapy is characterised by the following aspects:

1. A planned, goal-directed process of interaction and intervention.
2. This process is based on assessment and evaluation of the individual client’s needs and strengths.
3. Music or music-based experiences (e.g., singing, playing musical instruments, moving or listening to music, creating or discussing songs and music) are specifically prescribed to help clients reach their therapeutic goals.

4. Music influences positive changes in an individual’s condition, skills, thoughts, feelings, or behaviours.

Music therapy is an evolving process that “includes various musical, creative, artistic, therapeutic, developmental, educational, interpersonal, behavioural, and scientific components as therapist and client interact over time in both musical and non musical areas” (Peters, 2000, p. 3). This type of therapy requires the interaction between and among three entities: the therapist, the client, and the music. What is important here is the establishment of a trusting and caring relationship. While words and actions form part of this relationship, the primary interactions in music therapy occur through and within the music activities and experiences. In the musical relationship that develops within music therapy sessions, client and therapist meet on a common ground of expression in sound. Through their listening, singing, playing, creating, discussing, and responding emotionally to music, they interact in unique ways that go beyond the constraints and limits of verbal expressions (Peters, 2000).

According to Langer (1951, p. 199), “because the forms of human feelings are more congruent with musical forms than with the forms of language, music can reveal the nature of feelings with a detail and truth that language cannot approach”. In keeping with Crandall’s (1986) idea, I believe that music is really the language of the heart rather than of the mind.

Muskatev (in Peters, 2000, p. 4) states that in order for “music therapy to be music therapy it requires musical involvement”. Thus at the heart of every session is some kind of musical experience (Bruscia, 1991). It is not a requirement that clients be accomplished musicians for this type of therapy to occur. According to Peters (2000), most people are able to experience music in basic ways by listening to music, feeling its vibrations, singing to music, playing simple instruments, or responding emotionally to music. The music used in the sessions may already exist (either selected from works of other composers, artists or specially written by the music therapist) or improvised.
(created) by the therapist and/or client. It may be in any style or form and may be conveyed or responded to through singing, listening, playing instruments, moving to music, or any combination of musical media, depending on the needs and capabilities of the client (Bunt & Hoskyns, 2002; Peters, 2000).

Interventions in music therapy may use many different kinds of music (e.g., popular, classical, country, rock, vocal, instrumental) and music-based experiences (e.g., singing, playing a musical instrument, moving or listening to music, creating or discussing songs or music). No one type of music experience is necessarily more useful than another for the interaction to be therapeutic. It is important that the therapist consider the client’s needs, capabilities, responses, and music preferences when determining the most appropriate musical experience (Peters, 2000).

According to Small (in Bunt & Hoskyns, 2002, p. 23) “to music is to take part, in any capacity, in a musical performance, whether by performing, by listening, by rehearsing or practising, by providing material for performance… The act of ‘musicking’ establishes in the place where it is happening a set of relationships, and it is in those relationships that the meaning of the act lies’. The relationships exist between the sounds and also metaphorically between the various relationships and connections with the outside world (Bunt & Hoskyns, 2002). This study acknowledges the relationship that exists between the therapist and client, the songs comprised of music, and songs and therapeutic conversations.

Music is not the main change agent but is used to facilitate the development of an interpersonal relationship. It is then this relationship that is used for therapeutic change. Therefore, according to Bruscia (in Nicol, 1996), music stimulates and supports the relationship that develops between people. This links with the Association of Professional Music Therapist’s idea of music therapy (Bunt & Hoskyns, 2002, p.10):

“Music therapy provides a framework in which a mutual relationship is set up between client and therapist. The growing relationship enables changes to occur, both in the condition of the client and in the form that therapy takes… By using music creatively in a musical setting, the therapist seeks to establish an interaction, a shared musical experience leading to the pursuit of therapeutic goals.”
Nicol (1996) conducted research in the South African context to explore the idea of the circular process of music as a ritual in therapy. Her study illustrated the idea that multiple meanings may be co-constructed in the person-music interaction within conversational processes that form part of the ritual of music making (Nicol, 1996).

According to Bruscia (in Peters, 2000) music therapy may be divided into active music therapy, where the client and therapist engage by making music together, and receptive music therapy, which makes use of already existing musical works that can be listened to, by the therapist and client. My study falls into this category as it makes use of songs performed by contemporary artists, as a medium for facilitating communication.

The music itself, e.g. rhythm and tempo, has a non-verbal and relational communicative and expressive meaning, which can be elicited by the therapist (Pavlicevic, 1999). Lyrics of songs can be utilised to evoke imagery, thoughts and feelings. Thus by combining the music with lyrics, the therapist is able to facilitate a holistic experience in which the mind and body feel connected.

According to Lingerman (in Nicol, 1996), music has a strong association element that can elicit a variety of emotions, images, memories, perceptions and thoughts. This links with the beliefs of Skarberg (1998), who refers to music as a symbolic form of emotion and believes music therapy to be an interpretive practice, that involves hermeneutical reflection.

Charlesworth (1982) focused on the stimulus value of music. Leonidas (in Charlesworth, 1982, p. 191) stated that since music is such a powerful stimulus and has been the “universal adjuvant therapy”, psychotherapists lacking the formal music therapy training might use music in their own psychotherapeutic approaches. Charlesworth (1982) linked music therapy with psychodynamic theory and psychopathology. He discussed Butler’s (Charlesworth, 1982) findings that lyrics may be used to facilitate the patient’s interpreting, verbalising, and projecting of his or her own feelings into a discussion. Externalising one’s feelings and desensitising these feelings via lyrics was particularly useful. Charlesworth (1982) concluded that the relationship between music and psychology is not simple. When properly guided, music may be used to promote mental health; however, it can also have adverse effects on individuals. Pavlicevic (in
Amir, 1999) also discusses the link between music and psychotherapy and states that in order to understand a musical event, we need to talk about it, for if we do not do this, the experience remains incomplete and it will be impossible for the client to bring it to the consciousness.

The Development of Music Therapy

The connection between music and healing has deep historical roots. In primitive and ancient civilisations, music as part of medical and religious rituals, played a large role in enhancing physical and psychological well-being. Many shamans and medicine men from America, Africa and Asia utilised songs, drums and rhythms in their healing practises. The shamans used drum rhythms, bells, chants, and special costumes and dances in rituals to help patients reach a trance-like altered state of consciousness that facilitated crisis resolution and healing (Peters, 2000).

The ancient Hebrews referred to the Bible where references were made to song and music, and they found that music could have calming effects on people in daily life. In Egypt, the connection between music, religion, and healing was so great that priests were also required to become both musicians and physicians. They considered music to be “the psychic of the soul” and used hymns and incantations to cure sickness and suffering (Peters, 2000, p. 21). In ancient India, the priests found that certain sequences of notes produced meditative states, and they experimented and subtly refined these to achieve ‘Samadhi’, a superconscious trance (Peters, 2000). They believed that this music-induced state helped them achieve oneness with the universe and promoted wellness of body, mind, and spirit and a purer state of inner awareness.

The Greeks believed that disease was the result of disharmony in a person’s being. They used music to bring a person back into a state of harmony and order, and thus promote health. The Greeks found that different kinds of music and different modes had predictable effects on people’s conduct and emotions, so they began to apply music systematically as both curative and preventative medicine. Pythagorus introduced “musical medicine” in treating those who were mentally ill (Peters, 2000). Much of the Greeks’ therapeutic use of music focused on listening to music to restore lost balance and to promote health. However, the physicians cautioned against the indiscriminate use
of music in treating madness and mental illness as it could cause harm instead of good if not applied in the correct way. The Romans also made use of the Greeks’ ideas around the use of music in healing (Peters, 2000).

During the Middle Ages, Boethius strongly emphasised the influence of music on a person’s personality, and moral and ethical behaviour. At this time music was a tool of religion, opening the mind to Christian teachings and instilling holy thoughts. The religious music played an important part in medical practices - special hymns were used as remedies for colds and other diseases, as well as for lifting the moods of those who became ill (Peters, 2000).

Physicians during the Renaissance period drew from the teachings of the Greeks concerning music and health. Zarlino, a 16th century music theorist and composer, acknowledged the benefits of music in: relieving pain, restoring hearing of the deaf, healing vermin bites, curing insanity and the habit of drunkenness. He further believed that “different modes of music could be used to arouse or abate particular passions and moods and emotions” (Peters, 2000, p.24-25). During the Baroque era, German theorists began documenting the therapeutic benefits of music. These references to therapeutic effects are also found in the writings of Shakespeare and Spencer (Peters, 2000). It was from the 17th century that physicians began not only to document the physical benefits of music but also the psychological effects. During the late 18th century, the therapeutic effects of music were documented in the press in America (Peters, 2000). In the early 19th century, medical and psychiatric journals in America reported music as a viable option for treating various physical and mental disorders. Throughout the nineteenth century, many physicians, psychiatrists and social reformers in Europe, New York and Britain remained convinced of the use of music in treating mental and emotional illnesses. Corning, a neurologist, used music extensively in providing emotional therapy for his patients. Music at this time was also utilised in treating the blind, deaf, or physically handicapped (Peters, 2000).

During the 20th century there was less focus on the therapeutic uses of music because of the technological explosion. There were, however musicians in New York (e.g., Eva Vescilius, Margaret Anderton, Isa Maud Ilsen, and Harriet Ayer Seymour) who promoted the utilisation of music in therapy (Bunt & Hoskyns, 2002; Peters, 2000).
They conducted experiments, provided music in hospitals, gave lectures, taught courses on music therapy, and formed organisations that advocated the use of music therapy. It was also at this time that scientific principles began to be used to study the therapeutic effects of music. Physicians, psychiatrists and psychologists throughout this era, continued to advocate using music for its healing qualities, and various organisations and institutional programs for music therapy were formed. Thus the field of music psychology began to develop in the early twentieth century, and scientific investigations into psychological and physical effects of music were conducted with increasing frequency. Music therapy developed into an organised profession in the years following the Second World War (Peters, 2000). It was at this time that music was therapeutically applied to people who had a wide range of disabilities and disorders. Following this, music was used as preventative medicine and as a means of strengthening health and character. In addition, many medical practitioners became interested in researching the effects of music in healing and increasing the quality of life of individuals with various disabilities. Since the late 1970’s scientific studies in the field of music and medicine have steadily increased, and many international organisations (e.g., National Association for Music Therapy, National Foundation for Music Therapy and American Music Therapy Association) advocating the use of music to promote health have been formed. Pratt (in Peters, 2000, p. 30) gave the following description of the development of music therapy in the latter part of twentieth century:

“ There are signs that physicians and musicians are seeking out each other… throughout the world, there is an awakening, a renascence of dialogue between the arts of medicine and music … The conversation they began so long ago has been renewed, this time with new vigour, more information, and the camaraderie of old friends”.

As can be seen from the above discussion, although the therapeutic benefits of music have been recognised since ancient times, it was only during the mid-20th century that music therapy became an organised professional discipline. It was the uses of music in the past that influenced musicians in recent times to experiment with the use of music activities in treatment

Since the late seventies, the language of music has been used increasingly in scientific texts to describe the nature, structure, and operating principles of matter. According to
the systems theorists, music is in the process of healing the split between art and the sciences. According to Kenny (1985, p. 5) “music is the way things are. Music is what happens when things are created, when things become what they are, and particularly when things change”. She believes that it is through music that we are able to return to the natural rhythms and patterns of our being, so that we can bring about shifts in our lives (Kenny, 1985).

Music therapy in the late 20th century was strongly influenced by psychoanalytic thought where the constructs of holding and containment, and of transference and counter-transference were highlighted (Bunt & Hoskyns, 2002). Given this, much of the research done in the field of music therapy has had a linear focus as it investigated the effects of music on the person. Oz (2002) refers to studies that show the effective use of music in helping people to function better physically, psychologically, cognitively and behaviourally. Elizabeth Miles, an ethnomusicologist, makes use of songs to reduce the level of stress hormones in the blood that lead to fatigue and illness (Meany, 2001). Some of the research has also focused on using music as a relaxation technique in the medical field, especially with those patients suffering from chronic illnesses (Bunt & Hoskyns, 2002; Peters, 2000).

**Principles Underlying Music Therapy**

Certain aspects of the physical components of music and the human uses of and reactions to music, makes music particularly useful as a therapeutic treatment modality. This combined with the cultural meanings and uses, helps one understand some of the processes that underlie both the use of music in therapy and the influences of music on human behaviour. I will now discuss these as they make up the theoretical principles underlying music therapy (Peters, 2000):

1. **Music is a universal, essential part of human behaviour.** Sociological, psychological, and biological evidence points to the influence that music has had on human behaviour and experience in all cultures (both primitive and civilised). Most people experience music regularly, many on a daily basis. Most of us hear music at some point in our day - on the radio, television, in shopping centres, at ceremonies, sporting events, religious services, and formal and
informal gatherings. Music is also used as background sound, to evoke certain moods, stimulate conversations during parties, alleviate feelings of aloneness, or to help “humanise” impersonal environments (Peters, 2000). Such large-scale uses for music in the world have led anthropologist Alan Meriam (in Clair, 1996, p. 9) to conclude that “no other known cultural activity reaches into, shapes, and controls so much of human behaviour as does music”. Gaston (in Peters, 2000, p. 50), the father of modern music therapy, considers music to be “the essence of humanness, not only because he creates his relationship to it…Music is an essential and necessary function of man. It influences his behaviour and condition and has done so for thousands of years”. Other theorists and researchers also agree that humans have a biological predisposition toward and a need for music. As a result of this and its pervasiveness, music has much potential to be used as a means to facilitate growth and healing with individuals of many varying abilities and age levels (Peters, 2000). It is, however, important to note that the types of music within a community, or even a family from that community, may vary according to age, background, and experience. Thus music is universal but it is not a universal language. The musical preference of the client is an important factor to consider when conducting music therapy (Peters, 2000).

2. **Music is composed of real physical structures, ordered in time.** Music is structured and therefore predictable as it has rhythm and one beat always follows the next. According to Peters (2000) all music consists of real physical structures, known as vibrations, which can be felt, heard, measured and graphed. Thus they can be experienced through our senses. Various pitches, tone qualities, loudness levels and rhythms are produced by different frequencies, different waveforms, different intensities, and different durations of vibrations. Music therapy is effective in easing anxiety and stress because the structure of music and the order it provides allows for feelings of security. This security is discordant with feelings associated with anxiety and stress (e.g., uneasiness, apprehension, and fear). With practice it is possible for some people to associate feelings of comfort and security with a particular piece of music. Further, music is ordered in time and thus always unfolds and exists only through experiencing it in time (Peters, 2000).
3. Music affects the whole person. Spintge (in Peters, 2000, p. 51) states, “music is a very complex stimulus influencing conscious brain functions as well as autonomic and unconscious cerebral processes effectively and in different ways”. Thus music is a multisensory and multidimensional experience that affects people physically, cognitively, and emotionally, as well as mind-body connections and interactions. With regard to music affecting physical responses, research has shown the following: music can affect a person’s physiological responses; different amounts of rhythmic activity and different degrees of percussive or sustained sounds can affect heart and pulse rates, blood pressure, respiration, muscular tension and motor activity, stomach contractions, brain waves and biochemical responses (Peters, 2000). In terms of music’s cognitive and emotional influences, it was found that music could assist a person in organising and remembering information (e.g., advertisements) (Peters, 2000).

According to Whitwell (in Peters, 2000), music is the language of the brain’s right hemisphere and may provide additional pathways to the brain. Also music may provide a link between the two hemispheres and stimulate further brain function where the emotions are in harmony with the intellect, i.e. joining that which is felt with that which is understood. Further, different types of music can have varying affects on a person’s mood and emotional responses (e.g., some music may be relaxing and calming, while others may evoke happiness, sadness, anger or frustration). It should be noted that a person’s emotional reaction to a musical experience might also depend on the person’s previous experiences with the music. Thus music can both arouse certain feelings and imitate various emotional responses. Music may elicit a variety of experiences in the listener: associations or imagery may be evoked, he or she may experience reactions to lyrics, word meanings and instruments; individual interests, values, attitudes, cultural or stylistic preferences may also be elicited. Further, environmental factors may all influence a person’s emotional responses to any given piece of music at any given time. Because music acts on “both the mind and the body and affects all aspects of a person (including the spiritual) simultaneously, music can thus help us cross the mind-body barrier and facilitate a holistic method of healing” (Peters, 2000, p. 53).
4. Music affects interpersonal interactions. Music may act in stimulating interaction, and it also reinforces and encourages people to maintain enjoyable and productive interactions. At various gatherings, music has been found to put people at ease, encouraging them to participate in group activities, or help them invest in common group goals. Further, communal music making can be an expression of social unity and a symbol of cultural identity. Thus, music still functions as an indication for people to gather in support of a common cause and as a unifying factor where everyone moves to the same beat. Music can motivate, structure, and organise activity and interactions; convey or influence ideas; and influence group moods and activity levels (Peters, 2000).

5. Music is a unique form of communication. The words of songs usually express some idea, feeling, story, or message. The “music communicates nonverbally and it is this wordless meaning of the music that provides the potency and value” (Peters, 2000, p. 54). According to Whitwell (in Peters, 2000) the nonverbal communicative aspect of music, which adds emotional depth to human expression and provides a vehicle to speak for the feeling side of our being, can be of vital importance to therapy, for music has the capacity to communicate and help establish a relationship. For people who are unable to use words or for those who hide behind words, music experiences may provide a way to reach issues and achieve insight and growth through non-verbal processes (e.g., using a recorded song to express feelings they are unable to express verbally) (Peters, 2000).

Since music speaks directly to the emotions, it can be very useful in breaking through intellectual defences and facilitating the expression of emotionally charged or fearful issues. Music aids us in expressing those parts of ourselves, and our experiences, that cannot be fully expressed by words alone. Music is a powerful tool in communication as it has a strong symbolic element. Thus it may stimulate various types of imagery and fantasy and may be useful in retrieving old memories or revealing new perceptions, helping people communicate with events and ideas from the past or to communicate with previously untouched aspects of themselves (Peters, 2000). It is important to remember that musical meaning and expression are usually tied to the traditions
and practices of the culture in which they are found. Thus according to Gaston (in Peters, 2000, p. 55), “if patients are to be reached, the music employed must be that which they understand, at least to some extent”.

6. Music is integrally connected to the emotions. This is the case through both cultural convention and practice and through common biological and neurological arousal and processing sites (e.g., limbic system, and right brain hemisphere). Langer (in Peters, 2000) observed that while people express ideas primarily though language, they express emotions primarily through music. There are many explanations for emotional expression and perception in music: the referentialist view believes that this is the result of external association; the expressionists feel that it is inherent in the structure of the music itself; biological and neurological mechanisms are believed by others to explain the influences of music; some believe that it is as a result of a combination of these ideas. Music can be used as a language of emotions among people in general, while still having its own unique meaning to a specific individual (Bunt & Hoskyns, 2002; Peters, 2000).

The link between music and emotions allows for many therapeutic possibilities and music provides a less threatening or alternative way to share emotions. Seeing and experiencing universal emotions through music may help people feel less alone and more connected to the rest of society as they realise that others also share similar fears and feelings, thus music may provide some comfort and reassurance. In contrast with this, musical experiences that portray feelings or attitudes different from those that have previously been experienced by the client, may give the client a channel for experiencing new feelings or for experiencing feelings and attitudes in a different way. Thus, from this discussion, one can see that the link between music and emotions is a primary factor underlying the value of music as a therapeutic tool (Peters, 2000).

7. Music is an aesthetic and creative experience. In this way, music can stimulate and integrate all aspects of a person's being and provide a means through which one’s creativity can be utilised toward constructive ends. Aesthetic and creative experiences also give individuals a better capacity to cope with and find
meaning in life, thus improving their total health and life satisfaction (Peters, 2000).

8. **Music provides a source of enjoyment and gratification.** The sense of fun and enjoyment that is inherent in many musical experiences can be useful in helping clients begin to relate to others in more positive ways. The ‘fun’ element of music can often motivate clients to participate in therapy, help establish contact and relationships where other methods have failed, and help make clients more receptive to other forms of treatment (Peters, 2000).

9. **Music evokes associations.** Through music people may be able to make associations with times, places or people. These associations “may evoke certain emotions, visual images, or other sensory information, including perceptions of flavours, odours, textures, temperatures, comforts, and discomforts, and may be either direct or indirect” (Clair, 1996, p. 16). This means that music that may have been heard in a particular context and then when heard again may evoke a specific memory of that situation. The music may also have a certain style (e.g., sixties music) that is generally associated with a period in one’s life, and hearing any music in that style triggers memories of that time. These memories may evoke happiness, sadness, anger etc. With such strong associations, music is often used as a stimulus for nostalgia and life review in people of all ages (Clair, 1996). The music that then relates to specific experiences may be used in therapy to facilitate conversations around the memory and the emotional impact. Clinical observations show that music facilitates discussions of the past, and even when an individual cannot respond verbally because of physical or mental disabilities, he or she can sometimes sing songs that were part of his or her life before the disability (Clair, 1996).

10. **Music is flexible.** Music has the capacity to be simple or complex, to match a variety of moods and emotions, to complement diverse social and cultural contexts, to facilitate interaction and to tap residual skills and abilities. This flexibility allows the therapist to adapt the music to meet an individual’s physical, psychological and social needs (Peters, 2000).
The Functions of Music Therapy

Gaston (in Peters, 2000, p. 59), highlighted three key principles in music therapy which are a basic source of direction in this type of therapy:

1. The use of music and music experiences is used to establish or re-establish interpersonal relationships;
2. The use of music and music experiences brings about self-esteem through self-actualisation; and
3. The use of the unique potential of rhythm energises and brings order.

The above principles form the basis for the following uses of music as outlined by Peters (2000):

1. Music can help focus and sustain attention, elicit and organise responses, and provide an example of ways to make beauty and order out of chaos. Thus the music therapist carefully chooses, structures, and influences various musical elements and personal and environmental factors in ways that will assist the client in moving towards health. The idea of music as a structured reality is of importance here as it may be used when structuring a person’s life that is full of uncertainty and confusion.

2. In order for people to interact and relate to others, they first have to feel comfortable with themselves as individuals. Thus, music may be used to provide a means of self-expression, gaining self-knowledge and providing the opportunity for the enhancement of feelings of self-worth. Music is able to do this as it is considered an avenue of both verbal and non-verbal communication, thereby functioning as a vehicle for the expression of moods, attitudes, and feelings. Further, music activities are also very adaptable and can allow for success at many levels of achievement. Becoming successful and competent in music activities can improve an individual’s sense of self-esteem. Music experiences that involve song lyric analysis, song writing, improvisation, or guided imagery can also help individuals explore alternative viewpoints or possibilities for action in relatively safe and non-threatening ways. Further, music experiences can assist individuals in achieving
new perspectives and ideas on the ways they view themselves and can help them see new possibilities for growth (Peters, 2000).

3. Music activities involving two or more people provide individuals with a non-threatening atmosphere in which to learn to interact with others. It can therefore be a powerful tool when working with groups. According to Crowe (in Peters, 2000, p. 61), “the sounds produced mirror the group dynamics and issues and concerns of the individuals involved. The musical events make these processes overt and obvious so that they can be explored and discussed”. These experiences thus provide individuals with information on how they relate to others and where changes need to take place in this relating. Music can both support clients while they explore their current behaviour patterns and belief systems, and can assist them in acquiring more effective and productive ones. Thus, music is useful in promoting positive relationships by providing insights, skills and experiences that will help individuals relate more effectively towards those around them (Bunt & Hoskyn, 2002).

Many factors contribute to providing a safe space for therapy to take place such as the physical space and more importantly the evolving relationships between the music/songs and the people in that space. To relate implies connection. The contemporary context of therapy stresses this interpersonal and reciprocal client-therapist relationship. Relationships are the melting-pot for the development of ‘a sense of self and self in relationship to others’ (Bunt & Hoskyns, 2002, p.35). The word ‘relationship’ also implies an evolving dynamic process bringing with it the idea of constant movement, growth and change. Music therapy is founded on this principle. The professional therapeutic relationship and dialogues mature and grow gradually as trust and mutual understanding are gained. Within this therapy, there is a need to balance what is known with a sense of not knowing (Bunt & Hoskyns, 2002). The therapeutic attitude and presence (relating to the quality of attention and listening given to clients) form an important aspect of this relationship. “A music therapist facilitates an unfolding process and exploration of feelings, sounds and words; a sensitive conductor assists the musicians to articulate the composer’s intentions. Both roles involve being a type of sounding or resonating board through which these processes can flow freely” (Bunt & Hoskyns, 2002, p. 37).
Musical empathy and resonance are also important factors in a therapeutic relationship. Demonstrating musical empathy involves attentive listening to the quality of verbal and non-verbal sounds, to the pace, and to the feelings behind any music or song being played. It further involves being open to the other person and the therapeutic concept of resonance. Here the therapist’s openness to and respect for feelings and experiences that are unlike his or her own becomes an important part of the therapy. The greater freedom therapists have to resonate to the unfamiliar ‘keys’ or dissonant ‘harmonics’ of others, the more their understanding of their clients will be enhanced (Bunt & Hoskyns, 2002).

While acknowledging that it is impossible to see or hear reality completely as another person does, Bunt and Hoskyns (2002) believe that therapists should do all they can to understand the worlds of the patients from their perspectives. Music/song is a tool that can be used as a way of reflecting that the therapist has heard what the clients are trying to communicate. For example, a therapist can play a reflective musical phrase in response to the client’s long silence. One can reflect back sounds and begin to engage in an empathic musical dialogue. Therapists can also note how the clients’ music/songs make them feel and any subsequent reactions to their musical interventions. Thus one can use both music and lyrics to reflect back or to interpret (Bunt & Hoskyns, 2002).

Music therapy offers clients a way to address problems in their lives. Toolan and Coleman (in Bunt & Hoskyns, 2002, p. 102) describe the music therapy structure as “a time of special attentiveness to meaning; in which anger, anxieties, sadness and thoughts, which may be of overwhelming proportions, can be held and contained by the therapist”. The environment available is one within which the client may explore his or her experience of self and the world. The therapist works with the client to address specific identified difficulties by exploring the meaning in the relatedness that is created in the therapy session. Relatedness between the therapist and client is established through the medium of song/music; communication is carried in the client’s choice of songs or musical instruments, the therapeutic relationship and therapy space. The musical experience provides a verbal and non – verbal, accessible way for clients to engage in meaningful therapeutic interaction (Bunt & Hoskyns, 2002).

Lipe (2002) reviewed 52 articles from 1973-2000 on music, spirituality and health. He found the following patterns (p. 233):
1. As individuals engage with music, abstract concepts such as hope, meaning, and purpose are made concrete in the person’s lived experience, opening up paths to growth and healing.

2. Engagement with music provides a way to access and energise the imagination, leading to new, creative ways of listening, thinking, and being.

3. Experiences with music enable one to risk the experience of openness within a safe, unstructured environment.

4. Music experience provides access into the deeper, inner nature of being (including feelings, beliefs, and unconscious processes), and enables intentional integration of this dimension into one’s conscious experience in the world.

5. Music facilitates entry into altered states of consciousness and transpersonal experiences, which may lead to insight, or open avenues of healing energy. The literature in this area, particularly in guided imagery and music, addresses some of the questions about spiritual experiences.

6. Music opens avenues of communication not only between people but also between people and the divine.

7. The structure and familiarity of music provide comfort, reassurance, peace, and release.

How Music is used in Therapy

Although music may be used to address many skills and areas of human functioning (e.g., behavioural, sensory, motor, language, emotional learning and expression, interpersonal, self-help/survival, and cognitive skills), this discussion will focus on the area that is relevant to the case explored in this research. I will first indicate the specific function or skill that is explored in the therapy and then explore the different ways music or music experiences may be used.

Emotional learning and emotional expression:
As has already been indicated, music is the language of emotions, and music experiences can be important vehicles for facilitating emotional learning and providing appropriate, socially acceptable means of emotional expression. During structured participation in music experiences, individuals may be guided to experience, identify,
and express various feelings and moods. Further, they can learn to perceive the emotional communication of others and increase their ability to control, adjust, and adapt their own emotional behaviours and responses (Peters, 2000). Music activities and experiences that may be useful in helping clients gain skills in these areas include (Peters, 2000, p.75):

1. Choosing words to describe moods or feelings expressed by certain songs, improvisations, or instrumental compositions;
2. Selecting songs to express specified emotions or feelings;
3. Moving to music or playing musical instruments to express feelings non-verbally;
4. Writing lists or drawing pictures to describe feelings that emerge when listening to certain songs/music;
5. Singing or performing songs with certain emotional themes;
6. Discussing song lyrics or improvisations dealing with emotions or emotionally charged situations;
7. Contributing words or phrases to a group song about a specified emotion; and
8. Writing songs to express one’s own feelings.

Song In Therapy

While training as a clinical psychologist, I pondered the possibilities of enriching therapeutic conversations with some aspect of the musical process that had informed my own personality and life experience. It is important to note that I am neither a trained music therapist nor have I had experience with music in therapy at the time that this study was conducted. My aim was to explore the experience of songs, based on music therapy principles, in psychotherapy.

While reviewing the literature I struggled to find texts that referred specifically to the use of song in therapy. Much of the literature has focused on the therapeutic benefits of sound and instrumental music; however, there has been some research documented on song and song writing in particular.

Bailey (1984) conducted therapy where songs where utilised with cancer patients and it was found that songs were used as a means of support and as tools for change. This
research was based on the idea that an inherent association exists between songs and human contact “since lyrics represent a melodic verbal communication” (Bailey, 1984, p. 5). Therefore songs utilised in music therapy can have naturally meaningful applications. Cognitive stimulation, the building of relationships, singing and listening are some of the elements of the song experience. In this study, these elements provided a framework for the release of tension, integration, and pleasure (Bailey, 1984).

It is believed that the use of song material in therapy provides patients and families with melodies and words that stimulate emotion and cognition. Songs provide the space whereby problems, past and present unsatisfied needs or desires, happiness, loneliness and sadness may be voiced. Songs may be used to remind the patient of past experiences and may provide insight into current experiences. For some cancer patients they provide an escape away from the discomfort. Further, through singing and listening to songs they can learn or teach, they can experience or re-experience events and feeling, and can thus auditorially touch and be touched (Bailey, 1984).

Bailey (1984) states that songs are by their nature unique, as they require a medium for the words to be expressed. The human voice is generally this medium. The sounds produced by a human voice provide intimate contact between the source and the listener, for the voice is an individual’s most intimate means of self-expression. In addition, the voice can be seen as an instrument through which we communicate sounds and by which babies form the association between bodily contact and sound. The voice can thus be used as a means to nurture and provide the warmth and contact that normally exists between a mother and her baby. Our voice as an instrument enables us to express our feelings and thoughts. Given this, songs can be used to establish human contact and can provide a frame where communication is enhanced and coloured. Singers and listeners can both relate to the self-expressive qualities of songs (Bailey, 1984).

Of importance is the content of the song; people choose to hear and interact with songs which support their needs and which carry the mood and the messages that they want to hear. Through paying attention to the songs chosen by patients and their family members and their reasons for their choices, a therapist can acquire important information on the physical, emotional and spiritual needs of patients and their families.
Important wishes or memories may often be reflected in the content of song choices. Thus, the therapist can utilise the verbal messages or themes in songs to enhance the exploration of inner thoughts and feelings (Bailey, 1984).

Bailey (1984) found that cancer patients chose songs that reflected the following themes: hope, pleasure, the world, reminiscence, relationships, needs and desires, feelings, loss and death, and peace. The themes of song choices often corresponded to the three stages of the music therapy process: contact (establishing a trusting and working relationship, where the focus is on others), awareness (here the patients begin to focus more directly on the self and the therapist guides them into creative self-expression), and resolution (self-fulfilment and relief are experienced, and the releasing nature of music enhances the letting go process. They usually experience a re-connectedness within themselves and the world. This is enriched by songs where sounds, words, and energy become one) (Bailey, 1984). The therapy in Bailey’s (1984) research was conducted in the following way:

1. **Initial sessions:** The music therapist formed a trusting and empathic relationship, using familiar songs. Discussing songs and using lists and music books encouraged participation. Themes were then identified.

2. **Further sessions:** New, meaningful and appropriate song material was encouraged and initiated. Here songs that matched the moods and the verbal and nonverbal messages were played. Many of the songs were used to elicit human vocalisation and singing. The channelling and letting go of energy through voice stimulates self-other awareness, and brings relief and relaxation. Whether people sing or listen, they experience a reaction within themselves (Bailey, 1984). Bailey (1984) notes that the use of songs in therapy with cancer patients is not always appropriate or effective. There are times when patients’ needs revolve around listening to instrumental music, where there are no words so that they can explore their own inner imagery. There are also times when people do not want music at all. I think this idea can be extended to all people and not just to cancer patients. Thus it is important to have a discussion with clients around their needs as well as the ways in which they prefer to express themselves in therapy.
Duffey, Lumadue and Woods (2001) have also constructed music as a tool that evokes cognitive and affective memories of important life events and significant losses. These authors have observed how music and lyrics have significantly contributed to individuals’ creation of relationship narratives that restrict their ability to form and/or maintain intimacy. When music is linked with past relationship experiences, individuals’ perceptions of loving relationships is often affected. Therapists may use songs and music from the past to enable clients to explore their histories with the goal of achieving the changes they seek in their lives. Duffey et al. (2001) explored a method known as music chronology which may be used to identify relationship issues with self and others, and/or existential and spiritual concerns. They discussed a case where the client is seeking to resolve relationship issues, especially the struggles with intimacy. The music chronology emerged and developed out of three factors (Duffey et al., 2001):

1. The authors work with clients’ restrictive narratives about romantic relationships. According to Hodas (in Duffey et al., 2001 p. 398), “personal narratives are those self-statements and beliefs pertaining to self-worth, personal history, entitlements, and future outcomes”. He believes that it is important for these restrictive narratives to be altered if change is to be long lasting;

2. The authors’ observations that music and lyrics contributed to clients’ creation and maintenance of restrictive relationship narratives: both genders commonly connect music with current and past love experiences. This connection influences perception on whether loving relationships exists and thus enables or inhibits the individual’s ability to engage in or commit to a romantic relationship (Duffey, et al., 2001); and

3. The research on the effects of music on mood induction or alteration and memory.

The music chronology in this article (Duffey et al, 2001) is aimed at: facilitating clients’ access to their emotional responses to past relationships; providing a means for identifying the restrictive narratives created by clients in the reaction to past relationships; enabling clients to see the connection between relationship narratives and their current relationships; deconstructing restrictive narratives and re-authoring their lives through the use of music consciously selected (Duffey et al., 2001).
The music chronology is based on the assumption that individuals create stories about themselves and their relationships. The story may serve as a self-fulfilling prophecy where their idealised story becomes their reality. According to Sternberg (1998) by changing the story one is able to bring about change in an individual’s life. Songs are stories. Thus by enabling the person to sing to a different tune one is able to elicit new and different realities.

Stories may be reflected in the music to which the individual is drawn. Research has shown a relationship between music and memory, and music and mood (Duffey, et al., 2001). Individuals develop deep attachments to music/songs and form strong associations with the music. These individuals can listen to a song and feel as if they were back in the time period in which they first heard it. They may associate it with a particular life event or loss. Depending on the degree of resolution, their mood may be affected by it. Hearing a song that elicits a memory and triggers a feeling is a common occurrence for many people (Duffey et al., 2001). My own experiences resonate with this.

During the chronology process, therapists use music/songs to evoke feelings and help clients to identify life themes and stories that they have created about themselves, others and relationships. Through this process clients examine their own love story, honour it and explore ways in which their storying may limit their capacity to sing happy songs. They can then consciously choose to re-author their stories where the ending is one of empowerment and growth (Duffey et al., 2001).

Hodas (1994) recommends the use of music and verse in therapy to encourage the re-authoring and achievement of personal agency by clients. When a therapist and a client share a song in an intense way that distinguishes it from everyday sharing, that sharing becomes a therapeutic sharing ritual (Hodas, 1994). The therapist is seen as a collaborator with the individual in a non-hierarchical relationship to deconstruct old stories/songs and build more useful stories/songs (Brown, 1994).

In their work, Duffey et al. (1994) explored how music can be used to look at themes that run through a client’s life and what role the client plays in relationships. They looked at how themes resulted in narratives that the client had created about him/herself,
and relationships. Songs provide voices through which these elements may be discussed in therapeutic conversations. For example in their investigations they found that songs identified by some clients with a musical past or present contained self-destructive or sadistic tones or lyrics. These songs fed their distorted realities and helped define their view of self and others. Their choice of music reflected how they had authored their lives (Duffey et al., 1994).

Duffey et al. (1994) found that the music chronology method is not only useful in individual therapies but may also be used with couples, groups and families. They further state that because the client creates the chronology, and because the focus of the process is to have the client identify the meaning of the music and the emerging themes, the therapist need not be an expert in the music of the client’s culture. Further, the therapist need not be familiar with the songwriter’s meaning of the song for it is not the therapist but rather the client that determines the meaning. Thus the client may find meaning in the beat, the singer’s voice, the lyrics or the associated experience (Duffey et al., 1994). In addition, because this is an expressive approach rather than a diagnostic or clinical intervention, training in music therapy is not considered necessary (Duffey et al., 1994).

Bunt and Hoskyns (2002) also connect with the narrative approach in their exploration of the use of song and improvisation in expressing forgotten and inherent narrative structures. They further connect music with a guided imagery process. This involves listening to specific programmes of recorded music in a deeply relaxed state. It consists of five stages: the prelude is verbal and prepares the client for the process; induction is a process of inducing a deep state of relaxation; listening and imaging (this invites the client to share the experience of listening to the music and to comment on any image to the therapist). This image can be in the form of bodily sensations, feelings, memories, associations etc. The return revolves around the client being assisted to the here and now; and the postlude involves a conversation where the client processes the experiences with the support of the therapist and may gain insight some time after the session has ended as the images continue to resonate (Bunt & Hoskyns, 2002).

Gladding and Heape (1987) wrote an article on the conceptualisation of popular music as a poetic metaphor in family therapy. The focus is on using popular songs that link
with different stages of a family life cycle to help couples and family members gain insight into the lyrics they dance to and live by, and to make constructive changes (Gladding & Heape, 1987). When members relate to one another they are in a “family dance” as they move to the same rhythm. In enmeshed families this interacting becomes “stuck” as they dance to the same beat repeatedly through the years. In order to address this stickiness the authors propose that the therapist facilitate a process where the family can explore the songs to which they dance. The therapist thus incorporates songs within the therapeutic process to help individuals within the family structure to do one or more of the following (Gladding & Heape, 1987, p.109):

1. Get more in touch with their families of origin;
2. Identify and appreciate healthy styles of interaction;
3. Experience emotional catharsis;
4. Understand more clearly their place in the family; and
5. Communicate to others their perception of family roles and areas of conflict.

During the therapy the family is invited to list songs that are relevant to the family issues and then to engage in discussion around them (Gladding & Heape, 1987). The authors give various examples of songs used to highlight the different family phases: “We’ve only just begun” relates to the movement towards becoming a couple and generally within this song, themes of expectations and role assignments become evident and couples start “dancing” to the messages within this tune. Within the preschool family stage a song like “Having my baby” can be utilised in therapy. The authors note that there is nothing wrong with the music and lyrics of these or other songs, unless the members of the family try to “dance” to them when their situation calls for them to either sing another song or compose new music (Gladding & Heape, 1987). In addition to this they feel that as therapists we need to be attuned to the music that plays within the minds of family members and how it influences their actions. Therapists are there to help clients to focus on previously unnoticed tunes and song lyrics so as to aid them in gaining insight into their overt behaviours (Gladding & Heape, 1987).

The lyrics of songs are powerful pieces of poetry that play an important part in most people’s lives. Properly used they are an effective technique for engaging all members in the family in the therapy process. The request by a therapist to explore the lyrics is
like an invitation to a person and/or family to explore the songs that define them (Gladding & Heape, 1987). Further, the examination of musical words and rhythm to explore the dance of the family is a procedure the family members can use in their lives long after the process of therapy has ended. Thus members have a tool that they can employ as they go through various life stages and start living more productive lives (Gladding & Heape, 1987).

Mayers (1995), describes a song writing technique that she used with traumatised children as a means of decreasing their anxiety and distress. Both children and therapists worked together to create song. According to Mayers (1995) children develop and use song writing on their own. Children will often produce songs while they are playing. The songs may address their concerns, their feelings of loneliness, anxieties about abandonment, fears of abuse, distress and sadness. They also sing about their feelings of happiness and elation (Mayers, 1995). Singing is a natural behaviour for people and it is used as a self-help technique, as a means of developing feelings of rapport with others and a method of affirmation. The singing paradigm is effective for many reasons: singing a song repetitively can be ritualistic and hypnotic. There is also a component of relaxation. Singing transforms breathing patterns; deeper breathing facilitates relaxation. Writing a song and singing it are self-affirming and self-expressive activities (Mayers, 1995).

Lindberg (1995) also made use of song writing, specifically with abused adolescents. She found that there was very little literature documenting the use of this technique with adolescents; however, she did find literature that described successful cases in which song writing was used with other populations. For instance she discusses Ficken's study in which song writing was used with psychiatric patients. Here this activity was internalised by the patients and could lead to improved socially acceptable behaviour and group cohesiveness (Lindberg, 1995). Lindberg’s (1995) single case study suggested that song writing could be an effective therapeutic tool when working with sexual abuse survivors. The clients’ progress in the therapy indicated that song writing could help build self-esteem and provide survivors with an outlet for self-expression.

According to Robb (1996, p. 14) “song writing provides a flexible, yet unstructured musical medium for the expression of thoughts and feelings.” She discusses a variety of
song writing techniques, such as changing words to familiar songs, vocal improvisation, adding new verses to known songs, fill-in-the-blank techniques, and parodying a familiar song. After a song is completed, the therapist and the client examine the song and discuss its meaning. Robb (1996) found that this process of song writing is one that uses the creative abilities of individuals and empowers them to communicate their experiences and emotions, and can become an important part of a patient’s healing journey.

Some authors have explored the effects of violent songs on the young people of today. They found that there was some correlation between violent lyrics and hostile thoughts and attitudes. However this was not conclusive as other variables were also at play (Anderson, Carnagey & Eubanks, 2003; Heide, 1997).

On reviewing the literature on music (and song) in therapy the following structure of the therapeutic sessions emerged (Bunt & Hoskyns, 2002):

1. Opening discussion;
2. Emergence and selection of theme on which to base the music therapy; and
3. Closing reflection

**Conclusion**

In this chapter an overview of music therapy in general and research on song therapy was given. The aim of this chapter was to provide a literary context from which to compare the findings of songs in therapy with that of this study. In order for this to occur I first need to discuss the epistemology as this provides the lenses through which I will be exploring the use of song in facilitating therapeutic conversations.
CHAPTER 3

A POSTMODERNIST EXPLORATION

“Just give me some truth” John Lennon
(Song title: Give me some truth. By: John Lennon)

Introduction

My thinking, perceptions and participation within this study is coloured by the epistemology I adopt. Epistemology is defined as “the study or a theory of the nature and grounds of knowledge” (Auerswald, 1985, p.1). Within this domain the focus is on how people or systems of people know things and how they think they know things. Epistemology refers to the basic underlying premises of cognition and action and indicates how people construct their reality (Auerswald, 1985; Keeney, 1983). The epistemology discussed in this chapter encompasses a postmodern paradigm with specific focus on the social constructionist and narrative approaches. In this study social constructionism is utilised to inform the research process and narrative thinking underlies the therapy that was conducted with the research participant. Thus my exploration will involve therapeutic conversations where meanings and stories are co-constructed through the language of song.

A Postmodern Perspective

Postmodernism challenges the Modernist’s view of universal and objective knowledge (Becvar & Becvar, 1996). Postmodernist thought questions the idea of rigid, reified truths (Becvar & Becvar, 1996); social constructionism and the narrative approach reflect this spirit. Postmodernity rejects structuralist notions, or the conceptualisation of the world as being the result of hidden structure (Burr, 1995). It does not attempt to replace more traditional approaches, as to do so would imply the existence of a single, measurable, objective and external truth. A complete dismissal would represent an attempt to deprive the world of one manner in which we relate to the world and ourselves, and postmodernism makes allowance for the co-existence of a multiplicity of ways of life that are situation-dependent (Burr, 1995); as Hoffman (1990) says, we can’t
just deny scientific information out of hand. Within postmodernism, human or social realities are seen to escape the bounds of categories set up by a modern world, and to resist a final, once and for all “knowing” (Carlson, 1998, p.4). There is no one ‘truth’ or way of looking at the world. We construct our realities by means of the eyes with which we see it; thus it is a filtered reality. According to the Postmodernist position, what we believe is seen as “an expression of the language, values and beliefs of the particular communities and contexts” in which we exist (Lynch, 1997, p.353).

The focus, in this perspective, is on the interrelationship of the context and self in a network of relationships, and the dialogue that takes place in constructing meanings so as to understand our realities. Therefore, language plays an important role here as it is the means by which we can communicate and come to know each others’ worlds as well as co-construct meanings with which to understand each other (Anderson & Goolishian, 1988). The goal of this perspective is to access and explore the unknown, still to be created possibilities through dialogue instead of discovering and predicting the already known (Anderson & Goolishian, 1988, 1992). This not-knowing approach means that the therapist does not lead (i.e. he or she is not the expert) and is always open to change (Hoyt, 1998).

From this one can see that reality is a subjective experience. We can only know reality through our perceptions, thus that which we perceive is a function of our mental processes or mind, and this makes the mind and reality inseparable (Gergen, 1991). The self is created in relationships; it is not an autonomous being (Gergen, 1991). Thus, one can come to know the self through understanding the co-constructed meanings that have been attached to it. The Social constructionist and Narrative stances link with this thinking as they emphasise meanings and stories as created and experienced by individuals in conversation with one another (Anderson & Goolishian, 1988; Rappaport, 1993).

According to Speed (1991), we can never know reality; we can only ever have views of reality. Thus, it is our ideas that determine what we know. We all conceive of the external reality somewhat differently based on our unique set of experiences with the world and our beliefs about them.
It is through language and the co-creation of meanings that people come to connect and understand one another. This way of thinking has thus led me to explore new ways or mediums of dialoguing around our life worlds. I believe that song is one such medium that is able to facilitate communication and our understanding of how people construct their realities. I aim to illustrate this view in my study.

**Social Constructionism**

Social constructionism developed out of postmodernism and followed the deconstructionist views of Foucault, Gergen and Harre (Hoffman, 1995). Social construction theories are among those versions of postmodern thought that seriously consider self and reality as profoundly immersed in the social, and that our understandings of and beliefs about ourselves and the world are social products—they are created through our interactions with others, our social environment and our culture. Thus social constructionism highlights “the social origins of our taken-for-granted assumptions about our life worlds” (Carlson, 1998, p.3). According to Gergen (in Carlson, 1998), it invites inquiry into the historical and cultural foundations of our views of reality, and the ways of life that these afford. Selves are products of social processes. We are born into and live within social settings, as members of particular social groups. Our identities are shaped over time through our interactions with others and our subjective experiences thereof (Carlson, 1998). It is through these experiences within social, community contexts that people’s ideas and attitudes develop. So societies build the lenses that their people use to look at the world: values, beliefs, labels, customs, and so on that occur in our social realities are constructed by people who belong to that specific culture, in their interactions between generations and in their day to day contact (Anderson & Goolishian, 1992).

Within this approach the focus is on narratives or discourses that have taken on rigid, normative standards against which people measure and judge themselves (Doan, 1997). Owen (1992) links with this in that relationships are experienced in terms of stereotypes of social institutions, of idealised relating which actual participants either adhere to or differ from. Thus according to social constructionism, problems in relating are seen as being due to the lack of fit of the person to the expected roles which is open to him or her in society (Owen, 1992). The emotions and thoughts that go with behaviours, form
part of a power play between participants in the dramatic dance. Emotions are conventions of appropriate behaviour that are socially created and which are easily recognizable to members belonging to that social group (Owen, 1992). Through song I aim to elicit these emotions, thereby engaging in therapeutic conversations.

According to Owen (1992, p. 386) social constructionism is “the claim and viewpoint that the content of our consciousness, and the mode of relating we have to others, is taught by our culture and society: all metaphysical quantities we take for granted are learned from others around us”. This means that participants sharing similar beliefs create meanings that they attach to what they see socially. In accordance with this Berger and Luckman (in Speed, 1991, p.400) believe that “we socially construct reality by our use of shared and agreed meanings communicated via language; that is, that our beliefs about the world are social inventions.” Social constructionism sees ideas, concepts, beliefs and memories arising from social interchange and mediated through language. Knowledge evolves in space between people, with conversation as the most basic core medium in this common dance. It is believed that through conversation an individual can develop a sense of an inner voice and self (Anderson & Goolishian, 1988; Hoffman, 1995). This storying of life in relationship gives people a sense of continuity in their lives. Social practices lead to social explanations: beliefs, laws, customs … all that which makes up reality arises through social interaction over time (Freedman & Combs, 1996). The focus is on processes of interaction between people rather than on what goes on in their heads in the quest for understanding of human experience. We look at how these interactions occur; there is a focus on process (Burr, 1995).

Linking with the above the observer is as much a part of the observing system as is that which is observed. In psychological terms, we are inextricably linked with those with whom we interact: we cannot hope to be objective observers (Keeney, 1983). That which is observed is influenced by the very act of observation. The place of the observer in the system is influenced by how he observes, and which epistemological lens it is through which he chooses to filter that which he sees (Becvar & Becvar, 1996). As part of the observing system, the observer cannot be objective, and Keeney (1983) points out that if objectivity as a concept is meaningless, the concept of subjectivity also falls away. Anderson and Goolishian (1988) describe an intersubjective reality, one that is
neither objective nor subjective but is created in relationship, and is inseparable from
the observer. Varela (in Strauss, 2001) also sees this perception of reality, like Keeney,
as neither subjective nor objective, but as an appreciation or understanding of
participation.

The emphasis on the social links with Gergen’s (1991) idea that people participate in
multiple realities on an ongoing basis. People engage in many different contexts with
multiple demands. They negotiate these multiple contexts daily and manage to maintain
some sense of continuity (Gergen, 1991). He further states that knowledge is a process
of social exchange and the emphasis is on one’s social interpretations and how one’s
culture, family, and language can influence this interpretation (Anderson & Goolishian,
1988, 1992; Gergen, 1985). Both social construction theories and postmodernism
consider the idea of many truths, strive to overcome the limitations imposed by
traditional structures and foundations, provide a voice for marginalized groups and
individuals, and provide an ideological commitment to acknowledging difference.
Although the emphasis is on multiple views of reality, social constructionism does not
imply that all stories are equally valid, as some accounts are not respectful of difference,
gender, religion or race. Both perspectives tend to move towards adopting flexible,
multiple accounts and prefer stories that are based on a person’s lived experience, i.e.,
his or her own voice and perceptions rather than on expert knowledge (Doan, 1997).
Thus these approaches incorporate a both/and idea (Keeney, 1983). There is no “either/
or” reality (Becvar & Becvar, 1996). The both/and approach (Keeney, 1983) allows for
an interactive process where continual addition of voices is encouraged. A plurality of
stories is encouraged, so postmodernism keeps meanings open to negotiation (Hoffman,
1990). Instead of looking for an overarching system of ‘true’ knowledge, we look at
different kinds of knowledge, which operate as more or less self-contained systems.
Understanding is necessarily interpretive (Wachthauer, in Prentice, 2001).

Social constructionists challenge and critique those grand narratives that are believed to
be privileged and dominant. Through the process of deconstruction they explore how
certain norms or truths oppress or subjugate people over time (Doan, 1997). Thus,
Social construction theories present a workable alternative to the search for truth. There
are no fixed truths about our world, only stories that we tell ourselves and other people
(Hoffman, 1995, p.13). “Life is a tapestry of intertwined stories; all of these stories need
to be told, understood, and accepted as legitimate” (Carlson, 1998, p. 13). A reflexive loop that exists between the researcher/therapist and participant/client is highlighted within this epistemology. Each has stories or ideas about reality that they bring with them to the conversation, for example the therapist has a story on how problems are defined, developed and how they are solved (Hoffman, 1995). Researcher/therapist is a participant-observer and also engages, not only in observing the co-researcher/client but is also, in a process of watching him/herself in research/therapy. The focus of participants in their story telling is an indication of how each views his/her life world. Thus reflexivity in relationships mirrors equity in regard to participation, it is not one-sided but a dance between the inquirer and the people in conversation with the inquirer. Here the preference is for a mutually influenced process between the researcher and the participant in the conversation. Research becomes a collaborative process with a communal basis of knowledge (Becvar & Becvar, 1996; Hoffman, 1995; Snyders, 1990). Thus, linking with this social constructionist idea that questions the possibility of objective social research. So no one has the monopoly on truth. Because there aren’t any absolute truths, there can’t be one objectively known reality. We interpret our worlds knowing that no interpretation is really true because many different interpretations are possible: the same ‘facts’ are retold from different perspectives which each have their own meanings (Becvar & Becvar, 1996).

Berger and Luckman (1966) describe social constructions as the consensual recognition of the realness of a constructed reality, as well as the socialization process through which people acquire this reality. Put simply, social constructions are definitions of reality under which individuals and their families operate. Berger and Luckman (1966) describe the origin of social realities as a process by which individuals who repeatedly confront a task or situation relevant to their lives develop habitual ways of dealing with it. People recognise a situation as one that recurs, which then leads to the development of roles or functions that cooperating individuals perform in connection with tasks involved. This relates to my study in that the situation or context involved is therapy and my client and I both perform certain functions and fulfil specific roles as participants around the task of using songs to facilitate meaningful, therapeutic conversations. Each individual interaction involves processes of reciprocal accommodation and negotiations, with individuals making frequent attempts to reveal their own subjective reality and grasp each other’s realities (Atwood, 1996). Thus from
a social constructionist perspective, therapy becomes a new context in which the therapist and the client collaborate on creating new stories, which open up new possibilities for change to occur (Freedman & Combs, 1996).

Reality is co-constructed in language by the observer internally to him or herself, and externally, through the observer’s communication with others (Efran, Lukens, & Lukens, 1988). The observer does this internally by drawing distinctions between what is observed and what is known (Kenny, 1989) and involves the use of personal constructs or meanings (Fourie, 1996). The idea that people construct life experiences in part through language is central to social constructionist thought (Anderson & Goolishian, 1988; Coale, 1992). Thus in the storying of our lives, language plays an important role. Burr (1995) considers language a precondition for thought: the ways in which we think, and the concepts and categories that provide a framework of meaning for our thinking, are provided by our language.

Talking with oneself and / or others is a way of defining oneself. In this sense the language we use makes us who we are in the moment we use it... The search for new meanings, which often comprises searching for new language, is a search to be the selves with which we feel most comfortable. So-called “therapeutic” talk might be regarded as a form of search- a search for new descriptions, new understandings, new meanings, new nuances of the words, and ultimately for new definitions of self (Anderson in Becvar & Becvar, 1996, p.275).

According to Anderson (1999), it is through our linguistic system that we come to know and understand our life worlds. Language is the medium through which we punctuate, organise and arrange our consciousness and structure our reality (Hoyt, 1998). The language we use is thus a reflection of how we think. Therapy is a special kind of language and conversation: it revolves around certain meanings and understandings that are socially and intersubjectively created within that space. Goldner (in Hoyt, 1998, p.6) prefers to use the term “discourse” (a more encompassing term) to describe therapeutic talk as “discourse brings together language, meaning, knowledge, and power”. According to this paradigm, clients’ problems exist in and are mediated through language used to frame their experiences (Lax, 1992). These problems are constructed within relationships and shaped through language in therapeutic contexts. If language is a defining framework for clients’ experiences (Anderson & Goolishian, 1988), then a
change in language can lead to a change in the client’s experiences. Thus the use of song introduces a new language in which a client’s life world may be experienced in the therapeutic space. Therapy becomes a linguistic event that takes place in a therapeutic conversation (Hoyt, 1998). A therapeutic conversation may be defined as a mutual search and exploration through dialogue, in which ideas are exchanged, where new meanings are continually evolving toward the dissolving of problem saturated stories (Hoyt, 1998). It is the dialoguing around new meanings that bring change (Anderson & Goolishian, 1988). Therapy revolves around creating a space where the client and therapist can talk with each other in a different way to everyday conversations. Here the therapist would focus on facilitating a dialogue in which qualitative shifts in certain stories, namely, those that contain and maintain the problem or difficulties that brings the client to therapy, stories that prevent them from evolving or resolving these problems (Anderson & Goolishian, 1988).

According to Anderson and Goolishian (1988), therapeutic conversations are constructed around the following elements: the dialogue and inquiry stay within the client’s descriptions of their lives or problems; the therapist entertains multiple and contradictory ideas simultaneously; the therapist chooses co-operative rather than unco-operative language; the therapist learns, understands and converses in the client’s language; therapist is a respectful listener who is curious about the client’s life and adopts a not-knowing approach to this; therapist asks questions, the answers to which leads to new questions; the therapist takes responsibility for the creation of a conversational context that allows for mutual collaboration in the problem defining process; the therapist maintains an internal dialogical conversation with him or herself.

It is also through this therapeutic talk that the therapist may introduce meaningful noise. Meaningful noise (Becvar & Becvar, 1996) refers to new information that is introduced into the therapy by the therapist thereby enabling the client to see things differently and thus behave differently. In order for this information to be considered meaningful by the client it should be introduced in the client’s language and must also fit with his/her view of the world (Becvar & Becvar, 1996). Using song in therapy is one such way of bringing new ideas and perspectives into the therapy.
Social constructions contain meaning systems. These refer to complex and unique definitions in each individual that can influence behaviour (Atwood, 1996). Meanings are components of interpersonal interactions. They originate in childhood and are maintained by ongoing interpersonal interactions. Further, the meanings that events and behaviours have for individuals are determined by their social position and cultural indoctrination. Thus meanings are frames of reference for understanding, i.e., for making sense. The culture thus equips individuals with ways of understanding and judging many aspects of behaviour, ranging from biological functions of their bodies to moral systems. These ways of making sense of experiences are embedded in a worldview that is accepted as reality by all those around him or her (Atwood, 1996). Meanings assigned to words and events are constantly evolving and depend on interactions and communication between people. According to this view, problems that people experience are stories they have agreed to tell themselves and to act out. Therapy is thus a process that involves conversations exploring these stories and alternatives through mutual understanding of the meanings of these conversations (Hoffman, 1990).

Each of us develops a framework of meaning, and all of us draw on values, themes and plots offered by our subculture and culture (Becvar & Becvar, 1996). The functioning of a group depends on coherent, integrated meaning patterns, shared by all members (Becvar & Becvar, 1996). Our families, for example, transmit the previous generation’s themes through telling stories about family members, which socializes children into the themes and interpretations that are available. Members who bring different values or themes may introduce conflicts or inconsistencies in the shared story.

Understanding in this view results from the active, cooperative, interaction of persons in relationship. Understanding is grounded in discourse (language) and is interactive (Carlson, 1998, p.5). The constructions (categories) may be many and varied, depending on the social contexts within which they arise, but in all cases they are in some sense tradition bound and are shared through language. “We create our understandings of ourselves and of the world through discourse with others in our own particular contexts” (Carlson, 1998,p. 6).

Social constructionism suggests that we are situated in very particular ways, and it is our relating with others that influences who we are and what we know about the world.
(Carlson, 1998). We are constantly searching, checking and re-evaluating our meanings and perceptions in light of new information. Social constructionism states that theories and beliefs map reality but that these descriptions held in theory are not the realities but are, rather, only accounts of real phenomena (Owen, 1992). Understandings are created in social interaction. Thus the basis of conventional knowledge should be re-evaluated by making a phenomenological inquiry into that which is assumed to be true (Owen, 1992).

My approach to this exploration is socially based, thereby taking socially defined meanings and themes elicited through songs in therapeutic conversations. Songs become a new language shared between therapist and client in an ongoing exploration of self.

**Social Constructionism and Research**

The act of quantitative research itself is suspect from a social constructionist perspective: “it is as a function of social science research that metaphors assigned to classes of behaviour become reified and viewed as ‘phenomena out there’ rather than simply as constructs we have invented to make ‘sense’ of our experience. Thus, to participate in the traditional research enterprise is to be inconsistent with our own perspective” (Becvar & Becvar, 1996, p. 327).

Recently there has been a move away from this concept of value-free science as advocated by the traditional, positivist paradigm (Becvar & Becvar, 1996). There has been a shift more towards the inclusion of the observer into the system that is observed, a shift away from the search for an external, measurable absolute truth. As Liebrucks (2001, p.633) puts it, “The Social Constructionist Movement in Modern Psychology’ calls into question the very possibility of objective knowledge and claims that psychology should refrain from attempting to uncover laws purportedly governing our experience and behaviour. Instead, Gergen (1982) proposes, psychology should study the discursive practices by which we ‘construct’ the world and ourselves”.

From a social constructionist view the idea of the construction of a multiverse of realities fits here. The researcher becomes part of the observed and is influenced by the observed. Thus the co-construction of reality and meaning occurs in dialogue between participants. The meanings we attribute, the stories we tell and the questions we ask about the experiences all contribute to shaping our experiences of the interactions we are involved in. It is through language that human beings know; it is through this knowing that they are able to construct their world. The social constructionist posits that what we know evolves in the languaged give-and-take between people. This approach embodies the view that research takes place in a social context, and that a particular reality is narratively co-constructed in research (Fourie, 1996). Meaning changes with context, and the construction of meaning is a constant, changing, creative and dynamic process (Becvar & Becvar, 1996).

Thus, social constructionists are interested in refining and contributing to what is seen as continuing human conversation. Theories and research are best understood as “turns” in that conversation, in which they often quote and paraphrase, as well as add elaborations and critiques to what others say and do. To engage in research is to fully participate in and acknowledge the process of co-construction. Thus, I do not focus on a spectator form of knowledge about some state of affairs but a “practical wisdom” about how to act in and out of a specific situation i.e., therapy (Leeds-Hurwitz, 1995)

As a pattern of interaction emerges through a negotiated and interpretive process, the focus is on the importance of understanding the situation from the perspectives of the participants in the context. The focus is on social meanings within a specific context of individuals interacting (Leeds-Hurwitz, 1995). The individual personal aspect of the participant in her interaction with the researcher has value and it is the description of this experience, which forms the meaningfulness of this study. In social constructionist research, the participants’ voices are privileged; their publicly performed conversations and activities as well as their own interpretations of their life experiences are taken as the primary data. The relationship between the researcher and those studied is taken as part of the process by which events being explored are jointly created. The researcher both constructs and is constructed by his or her interactions with the persons in dialogue, and vice versa. Thus the process of writing up the experience is far from
neutral and certainly not without consequences for both the writer and those written about (Leeds-Hurwitz, 1995).

From the above discussion it becomes clear that the researcher does not search for proof, solutions, cause-effect relations or generalizations concerning therapy and songs. What assumes importance is the participants’ idiosyncratic and co-constructed personal contributions of their experiences and stories, elicited and coloured through songs in therapeutic conversations.

Given that which has been written, my experience of songs and the meanings I attribute to them are constructions. These constructions and other constructions that will inevitably follow, may lead to new experiences and ideas about the connection between song and therapy. Keeney (1983, p. 55) states “what one knows leads to a construction and what one constructs to knowing. One’s knowing is recycled in constant reconstruction of the world”. This is a recursive process – my enthusiasm about the therapeutic value of song influenced my choice of a research topic. This process can be described as one of being influenced by my perception of songs; in itself it will bring about a new perception of songs and the meanings attributed to it in the lives of clients. This will recursively flow back to stimulate new perceptions and behaviour and may colour my own perceptions and future distinctions. Not only my own perceptions but also ideas, meanings and constructions of other participants are needed to mirror the experience of this journey. According to Keeney (1983, p.55) “you are always participating in the construction of experience”; central to this idea is self-referentiality.

A Narrative Approach

People use the telling of stories as a basic method to create and share meaning (Becvar & Becvar, 1996). The stories themselves, as well as the act of their creation, link and lend meaning to experiences. The creation of narratives involves the evolution of coherent sequences that organize the events of peoples’ lives into meaningful wholes with purpose, structure and direction. Truths can’t exist independent of mind: the world may be out there, but descriptions of it are not (Freedman & Combs, 1996). Individuals and groups construct personal stories about their own lives that assist them to understand their own identities, what they are moving toward, and how they cope with
experiences such as pain, joy, success and failure (Geertz, in Becvar & Becvar, 1996). These stories have functions that include the organization of actions and events around certain values, and explanation of choices in terms of unique histories, goals and intentions. Each person brings with him stories from his past as well as an interest in the stories of others.

The narrative approach is based on the following assumptions (Anderson & Goolishian, 1988; Anderson & Goolishian, 1992):

1. All human systems are linguistic systems and generate language, and are described by those participating in it. Thus the therapeutic system is a linguistic system as both therapist and client interact through conversations to generate meaning.
2. Meaning and understanding are created in a social context. A therapeutic system is one such context.
3. The therapeutic system engages in dialogue around the problem and is thus a problem-organising, problem-dis-solving system.
4. Therapy is an event that involves language and that takes place in a therapeutic conversation.
5. The therapist’s role is that of a “conversational artist”, who has the ability for creating a space for and facilitating a dialogical conversation. The therapist is thus a participant observer and a participant-facilitator of the therapeutic dialogue.
6. The therapist’s art revolves around the use of conversation or therapeutic questions. Thus the therapist asks questions from a position of ‘not-knowing’ rather than asking questions that are informed by method and that demand specific answers. A not-knowing stance involves our ability to not limit our understandings, explanations and interpretations in therapy by prior experiences or theoretically formed truths and knowledge.
7. The problems that are dealt with in therapy are actions that convey our human narratives in such a way that they diminish our competencies and ability to change. This means that problems exist in language and are unique to the narrative context from which they derive their meaning.
8. In therapy, change is a new story created through dialogue and opens the opportunity for new actions.
There are two paths one can take in narrative therapy: one is represented by the problem
determined or collaborative language systems approach (Anderson & Goolishian, 1988;
Hoffman, 1990), and the other by the externalisation approach (Epston, 1989; Tomm,
1987; White, 1989). This study follows the former in that songs become a co-created
language through which the client’s life story may be explored in therapy.

Given the power of language, therapy requires a process of enabling clients to change
the narratives in which they live (Doan, 1997; Fruggeri, 1992). Generally, clients use
narrative or stories to lend meaning to their experiences by selecting, reordering, and
reflecting on these experiences. According to Rosen (1987, p. 8), narrative “is an
ineradicable mode of human experience… We dream in narrative, remember, anticipate,
hope, despair, believe, doubt, plan, revise, criticize, construct, gossip, learn, hate, and
love by narrative… Narrative is… a primary act of mind”. White and Epston (1990)
noted that the narratives people tell themselves are primarily problem –saturated,
leaving little room for self-competence and personal agency. Further, it is believed that
there can be various descriptions (narratives) of the same event, all of them true, but
referring to different aspects of the event (Rosen, 1987). In this study I aim to show how
song may be used to elicit alternative descriptions of the client’s life story where the
problem does not exist.

From the narrative perspective, therapists act as active co-constructors of the therapeutic
context (Cecchin, 1992). The responsibility of therapists thus encompasses “the
dialogical creation of new narratives” (Anderson & Goolishian, 1992, p. 28). Such
intentional co-authoring characterizes “narrative therapy” (White 1995; White &

**Narrative therapy as a social construction**

Narrative therapies move along similar lines to the assumptions of postmodernism and
social constructionism. They caution against attempting to know a single all-
comprising, dominant truth. Rather, it is our immediate, day-to-day, concrete,
personal apprehension of our lives- expressed through stories we tell others and
ourselves about our lives- that is primarily knowable. Further these stories or narratives
form the belief system by which we understand our lives, and the world in which our lives take place; and there is a continuing interaction between the stories we tell ourselves about our lives, the way we live our lives, and the further stories we then tell (White, 1995) According to this thinking, realities are organised and maintained through stories. Even the conversations that therapists and clients have can be seen as stories or narratives. As in any story, each session has a beginning, middle, and an ending. Further, the conversation is held together by the patterns involved (i.e. the plot). Like many stories, therapy conversations deal with human struggles, troubles, resolutions and attempted solutions (White, 1995).

People understand the world not ‘as it is’ but always through the lens of their preconceptions. These preconceptions are formed out of their past subjective experiences and its resulting mind-set, and these are powerfully influenced by the norms and assumptions of the micro- and macro- societies in which people live (Payne, 2000). In line with this and postmodernism, culture and society are the principle influences on the dominant stories through which we make sense of our experiences (Doan, 1997). Further, language, a product of our culture that embodies its assumptions, influences our interpretations and thinking of what happens to us by providing ‘ready made thinking’ (Payne, 2000). From this approach the therapist adopts a second-order, observant view, which requires him or her to be considered a part of the whole, i.e. he/she becomes a participant observer in the therapy and research (Hoffman, 1985). This is a non-judgemental approach where therapists tend towards calling the problem the problem rather than placing the problem inside of people (Doan, 1997), thus moving away from the idea of labelling and pathologising people.

According to Hoffman (1990) no style or type of therapy is ineffective as long as the process focuses on conversations and mutual understandings of the meanings of these conversations. Collaborative language systems fits within social constructionism in that therapists have the ability in managing conversations and opening space within therapeutic dialogue for change to occur (Anderson & Goolishian, 1992). To reach an understanding of the problem, therapists and clients collaborate through conversation and co-create stories of competency without the problem (Anderson & Goolishian, 1992). From this point of view, talking, learning, and creating new meanings and narratives in co-operation with the client, is emphasized. The facilitation and
maintaining of these processes, keeping in mind the risks associated with change and taking a non-interventionalist, “not-knowing” approach is of great importance in this philosophy (McNamee & Gergen, 1995).

When adopting this perspective and therapy, the therapist is inclined to facilitate a process where communication is promoted in a way that reflects the client’s belief system. The therapist takes a stance of curiosity, where he or she is responsive and non-judgemental in the dialogue (Cecchin, 1987). The idea behind this approach is the therapist’s belief that the client has previously overlooked his/her own ability to solve problems. The clinician’s role is to create together with the client, a new perspective on his/her difficulties. As a team they re-assess how socio-economic circumstances, the client’s and his or family’s perspectives have influenced and impacted on the continuation of the stressful situation. Thus, according to Coale (1994) therapists should not only listen to the dominant discourses of their clients’ lives, but should also facilitate the exploration of the non-dominant stories that clients tell them as they may contain possibilities that could initiate change. Thus it creates a space for the unsaid or untold to come to the surface and so deconstruction of problematic realities in this discourse can then take place, making space for new realities to be cocreated by therapist and client so that meaning is transformed (Coale, 1994).

In summary, narrative ways of doing therapy is based on the idea that people’s lives and relationships are shaped by the ‘stories’ which individuals and communities of people develop in order to give meaning to their experiences. These ‘narratives’ of meaning do not simply reflect or represent our lives – they actually shape and make up our lives. Thus by using songs that are meaningful to clients, therapists may be able to elicit thicker and richer descriptions of the said and unsaid aspects of their stories. I believe, as does the literature indicate, that songs can be useful in eliciting feelings, thoughts, ideas and memories. This may enable the therapist to facilitate a process were the initial factual descriptions of a person life becomes coloured by these aspects thereby creating a space where the client can explore alternative stories or perceptions. This idea stems from my experiences that I have had of songs creating a dance between thoughts and emotions and as a result, I have attributed therapeutic value and meaning to songs. It was my own experience through expressing myself through the writing of songs,
singing them and listening to others’ songs that inspired my idea that songs may be used in therapeutic context as an expression of our inner worlds and life stories.

Following the above discussion this dissertation will reveal themes or dominant narratives that encompass the beliefs, feelings, ideas, thoughts, images and significant memories elicited through songs which encompass a common language in the therapeutic conversations. It will also provide a description of how songs may be used to heal the impact of past experiences in the client’s life thereby creating a space where new perspectives and new narratives to her life story from which she may draw as she moves forward into her life. On a different level a richer description of the process of songs in therapy will be elicited by exploring uses, meanings and experiences of songs in therapeutic conversations.

**Conclusion**

This chapter has revolved around theories that inform my thinking, understanding and experiences of my world, therapy and research. The next chapter flows from this in that it discusses how I aim to explore psychotherapy in which songs become the common language used in experiencing the client’s story. It involves a construction of the design and methods employed in this study.
CHAPTER 4

THE RESEARCH PROCESS

“And the things you said to me today
changed my perspective in every way”

(Song title: Dreaming my dreams. By: The Cranberries)

Introduction

The focus of this research is based upon the experiences that I (as therapist) had while engaging in therapy with my client where songs were used in therapeutic conversations. This occurred during my second year of the Masters course at the UNISA clinic. The research design and method applied in this particular case study will be addressed in this chapter. As can be inferred, the research took the form of a single case study, and is mainly descriptive in nature.

Qualitative Research

Qualitative research is often considered in the literature to be the polar opposite of quantitative research (Becvar & Becvar, 1996). However, from a postmodernist perspective, this distinction is not meaningful: any distinction creates a relationship between the two concepts (Becvar & Becvar, 1996), and it is preferred that one consider the two methodologies as complementary, each of which is useful in relation to context (Keeney, 1983).

Qualitative research “values and seeks to discover participants’ perceptions of their worlds. It views inquiry as an interactive process between the researcher and participants, it is descriptive and relies on people’s words and observable behaviour as the primary data” (Marshall & Rossman, 1995, p.4). It explores, describes and searches for deeper understanding of participants’ experiences.

As I have chosen social constructionism as my epistemology, I have tailored my research method accordingly. “The social constructionist approach encourages us to
abandon the obsession with truth and representation. The phrase “social constructionist” is used to refer to analytic programmes in history and sociology of science that take scientific theories and hypotheses to be the products of their political, economic and cultural milieu. The programs employ a wide range of epistemological views, but their proponents are unanimous in rejecting the idea that science is objective or that it gives us an unbiased view of the real world” (Logino, in Becvar & Becvar, 1996, p. 328-329).

My view of the information created and presented in this dissertation is my own. It is understood that we can only do research on our own representation of the world, co-created in our interactions with others and with the contexts in which we find ourselves. Thus from a social constructionist point of view, I can take for granted that my views on the topic will influence that which I find and how I present it.

Qualitative research emphasizes the importance of context, setting and participants’ frames of reference (Marshall & Rossman, 1995). This type of research links with social constructionist thinking in that it attempts to explore and describe peoples’ constructions of meaning and thus enables us to gain an understanding of their experiences. Further, the results of this type of research represent a particular view of reality and not a single truth- there is no objective reality. Rather, reality exists in the meanings we attach to our subjective experiences thereof. Durrheim (1997) suggests that truths and facts are inevitably interpretations that are perspective-bound. They are inextricably linked with the network of socially shared understandings, which forms their backdrop. Objectivity is impossible: reality is constructed in social interaction (in this case, in our conversation) (Becvar & Becvar, 1996). The meaning of events is important, rather than their “truth”: I am not as concerned with whether the participant’s story is ‘actually’ the way she describes it to be; rather, the way in which she perceives it, and the related meaning she gives to events, is important.

Keeney (1983) says that if the term ‘objectivity’ is rendered meaningless, then the concept of ‘subjectivity’ falls away. He says that the alternative is ethics, or complete responsibility for whatever you do. Also, whatever research you do, you’ll find what you’re looking for – believing is seeing, and you shouldn’t let the research design inform questions – be flexible enough to shape the method to fit whatever you are looking at (Becvar & Becvar, 1996).
Researchers in the qualitative realm are more concerned (than quantitative researchers) with the "quality" and "texture" of experiences. 'Cause-effect' relationships are less of a concern to them. Meaning is of importance here, so "they are interested in how people make sense of the world and how they experience events" (Willig, 2001, p.9). Willig (2001) goes on to state that the objective of qualitative research is to describe events and experiences, but never to predict. Qualitative researchers tend to study people within their natural setting and contexts. These are referred to as "open systems", where there are ongoing processes of interaction and change. Both Willig (2001) and Neuman (2000) state that the interpretation of events, the tracing of processes and sequence of events, and the attaching of meanings are central to qualitative research. In this study, the therapy and the interaction with the client that is to be described occurred within a natural context and setting. Further my interest lies in the describing of the quality and texture of this experience.

Qualitative research is thus time and context dependent and the researcher is the learner, not the expert. In this it is coherent with the social constructionist epistemology followed in this study. The purpose of the qualitative study will be to generate rich descriptions and emergent themes. Rich or thick descriptions are embedded in case studies. Such descriptions may form part of the stories experienced in narrative therapy. According to Denzin (1989, p.83):

"Description is the art of describing or giving an account of something in words. In interpretive studies, thick descriptions are deep, dense, detailed accounts of problematic experiences. These accounts often state the meanings and intentions that organise an action. Thin descriptions, by contrast, lack detail, and simply report facts".

All forms of research need to be subject to evaluation. Willig (2001), states that qualitative research can be evaluated in a meaningful manner according to what the objectives were and what kind of knowledge it aims to produce. In a social constructionist perspective the aim is to co-create knowledge within a social context of interaction. The aim is to develop descriptive strategies in addressing meaning and is not necessarily concerned with interpretation. In this study the data is collected from the videotape sessions and from my process notes of the therapy as well as from my recollection of the experience of therapy with the client. These are then combined into a
rich description of the therapy in which the meaning of songs in facilitating therapeutic conversations may be explored. Further, these conversations encompass the participant’s story and by identifying themes and meanings a rich description of her story will emerge.

Qualitative research requires that the researcher move out of the role of ‘expert’ (Becvar & Becvar, 1996). Kruger (in Willig, 2001) stated that all psychological observation is participant observation. Thus the researcher is seen as part of the process in this research (Willig, 2001). I am a participant in my own research; I acknowledge freely that my own perceptions inform my interpretation of others’ meanings in conversation, and that they influence me in a mutual and dialectical way. My version of reality is no more or less valid than any other. According to Owen (1992) qualitative research represents a personal experience methodology, which allows for intimate connection between object/phenomenon and researcher.

When conducting research it is important to explore the ethical frame that encompasses the study. Willig (2001) identifies the following ethical aspects: informed consent, no deception, the right to withdraw, debriefing and confidentiality.

In this study, informed consent was obtained. Confidentiality in this study means that the participant’s real name will not be used and she will be referred to as ‘Sarah’. The issues of no deception, and debriefing were not applicable to this case. In terms of the right to withdraw, the participant was informed of this right and was given the option of refusing to allow her story to be researched and told.

According to Willig (2001) qualitative methodologies differ according to the extent to which they emphasize “reflexivity” and the importance they place on the role of language. “Reflexivity” refers to the researcher’s awareness of his or her involvement in the construction of meanings throughout the research process, “and an acknowledgement of the impossibility of remaining ‘outside’ of one’s subject matter while conducting research” (Willig, 2001, p.10). Willig (2001) further identifies two types of reflexivity: personal reflexivity and epistemological reflexivity. Personal reflexivity refers to the ways in which the researcher’s own values, experiences, interests, and beliefs have impacted on and shaped the research. Epistemological
reflexivity allows us to look at the assumptions about reality and knowledge that have affected the course of the research. An additional point to consider within reflexivity is the critical role of language awareness. The language one uses to describe one’s experiences plays a part in the construction of the meanings that are attributed to that experience (Willig, 2001). A reciprocal relationship exists between our thinking and language- how we think about an event influences our languaging around it and our language influences how we think about it. Thus our language provides clues to the dominant narratives and themes according to which we live our lives (Anderson & Goolishian, 1988).

Issues of reflexivity are of importance to this study because my experiences as the therapist and researcher form part of this research. It is therefore important for the reader to be aware of the impact the researcher has in this study both personally and epistemologically.

The Research Design

Qualitative research can take place from the vantage point of an insider or an outsider (Terre Blanche & Durrheim, 1999); mine will be from the ‘insider’ perspective as I am intimately involved with the research process; I conducted therapy with the participant, noted her reactions, payed attention to my own responses and so forth, with a view to attaining what I, from my own perspective, understand as the most relevant meaning.

According to Terre Blanche and Durrheim (1999) a research design provides a plan that guides how the research is going to be executed in such a way that it answers the research question. This description should entail an exposition of the setting within which the research took place; the way in which the researcher gained access to that which he studied; how data were generated and collected; and how this gathered information was processed and analysed. The following discussion will incorporate these aspects as related to this study.

Questions of interest in qualitative research inform the design of the research, rather than the other way around, where questions are limited to those that fit accepted research protocols (Becvar & Becvar, 1996). “A research question is open-ended. That
is it cannot be answered with a simple ‘yes’ or ‘no’. A research question calls for an answer which provides detailed descriptions and, where possible, also explanations of a phenomenon” (Willig, 2001, p. 19). A qualitative research question thus identifies the process, object or entity that the researcher is interested in investigating. It does not aim to predict what will be found. This links with the social constructionist frame in that the goal of research is not a search for factual and theoretical information about an event (Fourie, 1996) but is a way of understanding or approaching practical wisdom of life’s experiences that enables us to engage creatively in the communication process (Leeds-Hurwitz, 1995).

This study follows the question: **What meaning does song have in therapy and how does it influence the conversations that take place in that context?**

Such a question necessitates a search for circular connections and descriptions regarding the client and therapist interaction with song in therapeutic conversations. The aim of this research is not to prove that songs have a definite and linear influence in therapy. Rather the exploration revolves around the use of song in facilitating a conversation between therapist and client around difficulties that the client presents and her life story. I will focus on the memories, meanings, feelings and themes that are elicited by the songs in a particular therapy. This study stems from the belief that there can be a connection between music/songs and therapy. The idea for this research was born from my own experiences of music and song, which has filled my life from a very early age. Further, I have witnessed how songs have provided therapeutic experiences with profound meaning.

The nature of the information to be presented in this study will be descriptive, a case study and self-reflexivity. I will draw from social constructionism, and some of the principles of the narrative approach, to form the theoretical basis from which this research will be conducted. Thus subjective experiences are real, we can understand others’ experiences by interacting with them and listening to what they say and qualitative research techniques are best suited to this task (Terre Blanch & Durrheim, 1999). Further, due to the inherent openness of a qualitative approach I will learn constantly and make use of an emergent design. In such a design the researcher allows the research design to emerge, flow and unfold, rather than to construct it pre-
ordinately. Thus the design may change midstream, and there is no attempt made to control confounding variables: all variables are part of the context (Terre Blanche & Durrheim, 1999).

In interacting with the participant, detailed descriptions will evolve through open-ended questions, interactions and observations. This gathered information will be used to generate core categories or emergent themes across the interactions and observations experienced in this study (Selles, Smith, & Sprenkle, 1995). The data analysis is inductive and recursively linked with the information gathering process. Throughout this process the researcher is encouraged to reflect on the information from process notes and video to enable co-constructed themes and patterns that emerge throughout the study to be explored. This reiterates the point that a set structure and rigid demarcations cannot be indicated at the beginning (Moon, Dillon, & Sprenkle, 1990). Through inductive data analysis, multiple realities may evolve, making the inquirer or participant-relationship more overt, explicit and descriptive.

Case studies are the main forms of activity in social constructionist research (Leeds-Hurwitz, 1995). Case studies are intensive investigations or detailed accounts of an individual person (Lincoln & Guba, 1985). I, the researcher would like to invite the reader to experience, relive and co-explore the meanings attributed to songs in therapy and the conversations that take place in this context with a particular participant.

**Case Study**

Case studies create the space for interactive, co-creative, and inherently unfinished processes that can only be held by the participants involved. This means that “knowledge” of conversation must always come from the relationship between the observer and the observed as part of the reflexive process in our inquiry. The criterion by which a case study is evaluated is its ability to illuminate the richness and distinctiveness of what it describes (Leeds-Hurwitz, 1995). Thus “case studies are not intended to be used as a ‘sample’ of something else; the end of this research is to treat any case study as the study in and of itself” (Leeds-Hurwitz, 1995, p.141).
Case studies can be seen as intrinsic or instrumental. Intrinsic case studies represent nothing other than themselves. They are chosen because they are interesting in their own right. Instrumental case studies represent examples of more general phenomena (Willig, 2001). This case study is intended to be intrinsic, representing the therapist and client’s experience of working with songs in therapy. However, it can also be seen as having an instrumental element as songs in therapy fall within the general phenomena of music therapy and psychotherapy.

The case study itself is not a research method. It is rather an approach to studying singular entities that may involve the use of a variety of diverse methods in data collection and analysis (Kazdin, 1982, 1992; Willig, 2001). Case studies are therefore not characterised by the methods they use to collect and analyse data, but rather by their focus upon a particular unit or area of analysis: the case (Willig, 2001). This research is in the general definition essentially a case study. It is the description of the therapy as experienced by the therapist and client around songs and therapeutic conversations.

When it comes to evaluating the case study the focus falls on coherence and intelligibility, which asks whether the case study makes sense to the reader (Fourie, 1996). It must also be intelligible to the participants whose life experiences are being described. However, although they are necessary they are insufficient for a “thick“ description. The move is to illuminate the context in which the reason or sense can be displayed through translation. A good translation shows patterns of connections and distinctions among all the relevant aspects of the story, recognising that inconsistency and contradictions are significant forms of a relationship (Leeds-Hurwitz, 1995).

A case study should also be judged by how probable and plausible the interpretations and / or descriptions are within the context of inquiry. Any given text opens up multiple probabilities of understanding, therefore again highlighting an important assumption of social constructionism, that there are many ways of experiencing and perceiving reality (Gergen, 1985). There are three voices in this study: the participant, the therapist and the observing team. These voices help to create a song in which many truths can be heard.
Open-endedness is an essential criterion for a case study. A case study is not the final say of what an event means. Thus I invite readers to think beyond what the text in this study provides and invite you to offer a different perception. “Thus to enact the metaphor of conversation, a case study should generate a forum for continuing conversation and open up possibilities for further dialogues” (Leeds-Hurwitz, 1995, p.150). Through a vivid description of the participant’s story, I ask the reader to achieve a personal understanding of the unfolding meaning elicited in the therapeutic conversations and songs.

Given the above discussion it is necessary at this point to describe my chosen method in more detail. This allows for ethical accountability by establishing a position of trustworthiness and transparency within the whole process, according to Terre Blanche and Durrheim (1999). This gives the researcher credibility, and allows readers to evaluate critically the whole project.

**The Context**

The context in this case refers to the UNISA clinic, which took place every Tuesday afternoon. Therapy occurred in front of a one-way mirror with a team observing the therapeutic conversations. The observing team consisted of fellow masters students and our supervisor. Therapy sessions consisted of one hour each. The therapy took place over four months with most sessions scheduled on a weekly basis. An unstructured interview was conducted once the therapy had been terminated.

**Research Participant**

The selection of the participant was based on ‘convenience’ (Terre Blanche & Durrheim, 1999). This participant was one of many clients who sought therapeutic assistance from this clinic. The only criteria for selection was that the person should have an affinity for music, enjoyed listening to contemporary music and was prepared to spend as much time needed on attending therapy sessions, i.e., display commitment. The observing team provided input on the therapy sessions. Their inputs were used as a sounding board from which to explore my experiences and perceptions of the therapy.
The therapeutic conversations were videotaped; from these evolved themes elicited by the researcher. I then expanded on these through dialogues, with the participant, in which meanings were co-constructed, thereby paving the way for the creation of rich descriptions, and alternative perceptions and narratives.

The Human as the Research Instrument

My role was that of the therapist/researcher and I thus became the primary gathering tool in this study. According to Lincoln and Guba (1985), it is only the human being that has the ability to sense and respond to all personal and environmental cues that may exist. This inevitably leads to mutual influencing and interaction between the researcher and the participant. Compared to other information gathering tools, the human being is the only instrument capable of grasping the interaction processes and patterns that evolve in a specific context at once. Further, the human being has the unique capability of summarising information on the spot, to test hypotheses and to co-construct meaning with the participant and to attribute meanings to an experience (Lincoln & Guba, 1985). Being open to comments from participants provide some form of validation for the constructs drawn by the human being.

Social constructionists believe that human conversation is in principle unfinished and imperfect; that the researcher stands in a participant’s perspective both changing it and being changed by the conversation as part of the process of inquiry (Leeds-Hurwitz, 1995). Good research then consists of engaging with (instead of remaining distant from), and thus affecting, that which is studied. Any descriptions of the research findings are coloured with the researcher's bias, perceptions and attributions of meaning at a specific time in a specific context (Leeds-Hurwitz, 1995). This is congruent with social constructionistic theoretical assumptions in that we co-construct reality in the dialogue between people.

Data Collection Techniques

Most of the data gathering was in the form of conversations, in which the participant’s story was explored through song. Information was gathered over a time frame of four months (May 2003 to August 2003) by means of:
Participant observation – in this research the researcher was also the therapist in the therapy, thereby playing an active role in the therapeutic use of songs. The researcher was also able to observe the therapeutic conversations by watching the video recordings of the sessions.

An informal unstructured interview took place once the therapy was terminated. This was also videotaped. Through this interview consisting of open-ended questions, I wanted to discover how Sarah experienced the inclusion of songs in therapy.

The unstructured interview can be understood as a process with very little imposed structure, where the interviewer approaches the interaction with the intention of discussing a limited amount of topics; he or she allows the framing of consecutive questions to be influenced by the interviewee’s previous answers (Mathers, 2002). I intend to allow the interview to take its own route rather than to determine the path it will follow through asking set questions. I do acknowledge that I cannot help but be involved in the process of construction of meaning through the questions that I choose or don’t choose, even though it is my intention to follow the lead of the participant, by basing consecutive questions on the preceding answers. My participant and I actively construct it as we go along, although I do follow up on cues provided by the participant throughout the process, in order to facilitate my understanding of the interviewee’s belief community.

The conversations authored by Sarah and myself in the interview may be considered as a form of narrative. According to Michael White (Becvar & Becvar, 1996), narratives constitute identities, problems and lives, and are not merely representations of them. Identities and lives are moulded by the meanings given to experiences, or the stories that people tell, the language practices that people subscribe to and the type of words they use to narrate their lives, and the positions people occupy in social structures in which they participate, as well as the power relations related to these. Each discussion represents a continuous process of creation of meaning. The participant will have her own set of meanings attributed to the factors in question; these need to be explored in an attempt to make sense of the generation of experience and the construction of ‘truth’; this forms an important part of the qualitative research process (Becvar & Becvar, 1996).
Data Analysis and Interpretation

Analysis may be seen as “a process of resolving data into its constituent components to reveal their characteristics, themes and patterns” (Coffey & Atkinson, 1996, p.8). Analysis is a recurring process and reflexive activity in which order, structure and meaning is imposed on the data (Dey, 1995; Marshall & Rossman, 1995).

The way in which I have chosen to understand the information or knowledge represented in the conversations and the interview, is through Hermeneutics (Addison, 1992). The aim of the hermeneutic process is “to discover meaning and to achieve understanding” (Wilson & Hutchinson, 1991, p.266). It is based on the following ideas (Addison, 1992): people give meaning to events, and these meanings are important as they create understanding; meanings may be expressed in many ways (both verbally and non-verbally); the creation of meaning is informed by “context, social structures, personal histories, shared practices, and language” (Addison, 1992, p.112); the meaning-making process is constantly being negotiated and evolves over time in different contexts and with different people; the ideas of “truth” and objective realities are not important in this approach as interpretation is informed by the interpreter’s values and beliefs.

The hermeneutic method does not have a set of given techniques (Addison, 1992). Thus the following approach has been adapted from Addison (1992), Terre Blanche and Kelly (1999), and Wilson and Hutchinson (1991), and involves the following procedures:

**Familiarisation and Immersion:** In this stage I, the researcher, will familiarize myself with the songs, the video recordings of the sessions and the process notes. I will immerse myself in these so as to make sense of the therapy with songs and Sarah’s life story.

**Thematising and coding:** Based on the above, as well as on the feelings, thoughts and meanings that have been elicited in the conversations, I will infer themes, as I perceive them. However, because of the way in which I wrote some of the process notes, already in the form of themes that I inferred from my perception and interpretation of
experiences in the therapy, this activity of generating themes occurred simultaneously with coding whereby similar instances were grouped together under the same theme.

**Elaboration:** In this stage the exploration of generated themes occurs more closely. This enable’s me, the researcher, to gain a fresh view and deeper meaning of the therapeutic experiences and Sarah’s life story. This will emerge through dialogues between what the researcher reads and the contexts in which the participant finds herself; between the researcher and her supervisor; between the researcher and the account itself, her own values, assumptions, interpretations and understandings.

**Interpretation and checking:** This refers to the final account or narrative that relates to the research question or phenomenon studied. It is also good practice for the researcher to reflect on her role in the whole process. The interpretive and presentations strategy used in this step is thematic analysis. This involves identifying the common themes from the data and using excerpts from the data to substantiate those themes. Thus themes will then be written up and discussed in conjunction with the relevant aspects of the therapeutic conversations thereby adding colour to Sarah’s life story. Thus, in order to elicit thicker descriptions in this study, I will include thematic content of the therapeutic conversations as well as the narration of the relevant parts of the participant’s story. A similar process will be utilised to extrapolate themes from the unstructured interview. These themes will illuminate the therapeutic process between songs and conversations.

Finally, appropriate feedback must be given to the participant, as well as to the University of South Africa. The University will receive a written document in the form of this dissertation; the participant will be given verbal feedback, which will include an opportunity to ask any questions regarding the research process, the results and implications.

**Conclusion**

This study aims to create a conversational context in which the exploration and the evaluation of ideas and meanings surrounding the use of songs in therapeutic conversations may unfold. In this chapter the process of exploration encompasses the
method used in this research story. Social constructionist thinking and the assumptions of the narrative approach informed this method. Given my aim of exploring and describing the meanings and conversations elicited through the use of songs in therapy, a single exploratory-descriptive case study is used in an attempt to arrive at an in-depth understanding that mirrors rich and co-constructed descriptions on the case.

In the following chapter the qualitative information that was generated through the therapeutic conversations will be presented. This will reveal themes and meanings that evolved in the exploration.
CHAPTER 5

SINGING SONGS

“Where is your attention, where is your prayer, where is your song?”
(Song title: Who you really are. By: Kirtana)

Introduction

Throughout the research process and therapy, I was aware of two songs that were sung simultaneously: the song of Sarah’s life story and the song of the therapeutic process. In this chapter I will give a voice to both. Thus the descriptions and themes explored here will reflect my subjective constructions of what was communicated to me during the therapy. This is but one view of the therapeutic use of song and Sarah’s story, which has been informed by the words, perceptions, and opinions of Sarah and the observing team. My style of writing is colloquial: I write in an informal, sometimes conversational manner as I find that it is easier for me to conceptualise my thoughts in this way, as if I were speaking them, and I hope that one result will be that it will be accessible and easy to read. It also allows for honest self-reflection; I am able to look at myself and author my description of what I see in language that is natural to me; if words create their meaning in some ways, then this will enable you, the reader, to understand more closely my meaning, in as far as that is possible.

I will begin with a brief description of the initial therapeutic sessions leading up to the use of song (and music) in therapy. The next part of the discussion will consist of the sessions in which songs were utilised to facilitate therapeutic conversations. Parts of these conversations together with identified themes and feelings elicited through songs will create richer descriptions of Sarah’s life story as well as the therapeutic process. The description of these sessions will take the form of a song and will consist of the following:

1. The lyrics: these represent the words of the songs. This part will revolve around the conversations that took place and the elicited themes that colour Sarah’s life.
2. Harmony: this refers to the combination of simultaneously sounded musical notes to produce chords; it’s the pleasing effect of apt arrangements of parts (Allen, 1984). In this chapter this refers to the combination of songs and therapy, and the process or harmony that emerges between the two.

3. Melody: this encompasses an arrangement of single notes in a musically expressive succession (Allen, 1984). This will include my self-reflections, where I will reflect on the impact that the therapeutic process and conversations had on me personally.

4. The Beat: this is the main accent in the music. It refers to the strongly marked rhythm of popular music (Allen, 1984). It provides the pulse that gives life to a particular reality. Social constructionism (Becvar & Becvar, 1996; Doan, 1997; Gergen, 1985, 1991) and the Narrative Approach (Andersen & Goolishian, 1988; Freedman & Combs, 1996; White 1995; White & Epston, 1990) provide the underlying rhythm through which the therapeutic process may be reflected on.

I will not necessarily adhere strictly to this format, for just as in songs, certain aspects will flow into one another and may not be distinguished from others. In this way I hope to describe how the process of therapy unfolded naturally.

The final session (the second song) encompassed the last dance between Sarah and myself. It consisted of an unstructured interview where we co-created meanings around the use of song in facilitating therapeutic conversation. I will include a brief description of this, again highlighting important themes.

**The Concert**

**The First Dance**

I first met Sarah in May 2003 when she arrived at the UNISA Psychology Clinic for her first appointment. I obtained her permission for the sessions to be viewed by an observing team and for the therapy to be recorded on videotape.
Sarah communicated the following problems during the first session: She had tried to commit suicide twice and felt very down in life. She described that she struggled to maintain relationships with men and that she manipulated them by crying, being rude, throwing tantrums or withdrawing in an attempt to force them to love her in the way that she desired. At the time of this session she was in the process of breaking up with her boyfriend (I will refer to him as R) of three months, and was experiencing financial and occupational difficulties. She said, “Everything feels like it’s falling apart”.

Sarah described her life as being comprised of a history of abuse. She was molested as a young child by her stepfather’s father, and was further molested and raped by other men, as she grew older. Her parents divorced when she was three years old and she had had no relationship with her father since. She had felt distant from her mother as a child but has grown closer to her since matric. Sarah has two older sisters, the eldest of which was also sexually abused as a child. Sarah had had boyfriends since Std 6, but her current boyfriend was different as “he is not weaker than her” so it made the games more challenging for her and that was why she had become quite desperate in her attempts to keep him in her life. She lived on her own and had lost her relationship with God. When she was not working as a nursery school teacher, she was with her family or friends.

With regard to the first session, I experienced the therapy as difficult as I struggled to connect with Sarah. I felt that dissonance defined our relating. She described herself as open and very loving, yet I experienced her as closed and aggressive. The team also reflected on this incongruence. Sarah appeared in control and detached from her emotions; thus I struggled to reflect her feelings. Themes of manipulation, abuse, disconnection, loss of control and love seemed to dominate the conversation. With regard to the content that she gave on her relating, it appeared that she voiced her needs ineffectively in her relationships with others, e.g., she required that a man tell her that he loved her- she demanded love in a manipulative way. She stated that she needed to feel love and she needed to hear the words of love otherwise she felt used, and became “rude”, and manipulated and played games with her boyfriends. It seemed that she created conflict to test the relationship and her boyfriends.
I was acutely aware of her manipulation and the “dance” for control that took place between us in the session. This perception may have been linked to my own struggle around control in my personal life. As therapist, I felt disempowered, which may have been an accurate reflection of what Sarah had felt in her life. I felt that she didn’t trust me and I did not trust her. Further, our therapeutic conversation tended to remain within the content of her life and there was very little talk of emotions. This, together with her previous negative experience with a psychologist, mobilised me into providing a different experience of therapy. I became curious around the experience of song and music in Sarah’s life. Due to the fact that I ascribe a therapeutic meaning to my own music encounters, I instinctively wanted to explore the meanings that she may attribute to songs in therapy. In addition to this I felt that songs / music could be used as part of the therapeutic process to enable Sarah to express emotions and gain understanding on an emotional level. Thus songs would be used to introduce “news of difference” (Bateson, 1979) or “meaningful noise”(Becvar & Becvar, 1996).

The second session was an extension of the previous one; however, it was softer and more empathic. This came about as a result of a discussion with the team around manipulation. We reframed manipulation as influence, which formed part of ‘mutual influence’ where both parties influence one another in a recursive process of interaction (Becvar & Becvar, 1996), thereby removing the negative connotation of manipulation. Sarah remained in the content description of her life, so I attempted to focus on how she related to others and how they related to her. I also attempted to challenge some of her definitions of love and trust, so as to nudge her thinking around these areas.

Although she appeared more congruent in terms of her feelings, I still experienced much detachment from her. Sarah appeared to avoid the feelings of anger, which I aimed to explore in the coming sessions.

The themes of the previous session prevailed in this session; however, the idea of boundaries and the lack thereof in relationships appeared to dominate. I attempted to explore her thinking and feelings around these ideas; however, she remained on the content level.
In terms of homework, I asked her to spend five minutes a day with herself (i.e., no distractions), as she feared being alone with her thoughts and feelings. My sense of Sarah was that she did not know who she really was and therefore did not know what her needs were or how to communicate them effectively to others.

The therapeutic conversation in the third session revolved around the pattern that connected Sarah and her ex-boyfriend, R. They had a tendency to influence one another mutually in such a way that they escalated the conflict between them. A power struggle appeared to define their relationship in which they played with the themes of acceptance and rejection. Further, a pattern was beginning to develop in our therapeutic interactions where Sarah used the session to illustrate dramatically her interactions with R and she appeared to enjoy this as she had an audience in the therapist and the observing team. It felt as if this were a manoeuvre to avoid therapeutically exploring her emotions. When she spoke of her past sexual abuse she seemed very detached, yet when she dialogued around R she expressed sadness through her tears. This was the first time that I experienced some real, congruent feeling from her.

Through the rest of the conversation she went on to describe her extreme emotional reactions to certain situations. She described herself as being oversensitive. When she felt unaccepted by others she overreacted to mask her pain and disappointment. It appeared that she was searching for unconditional love yet in the same breath she was unable to give it to others. This flowed into a dialogue around what she would like to achieve from therapy. She said that she wanted to feel good about herself, she wanted to accept herself and she wanted to reconnect with God.

I still felt disempowered in this session as it felt we were going around in circles, dancing to the same tune, and I really questioned, “What is therapy?” I doubted my ability to provide a therapeutic space for Sarah. So for homework I asked her to bring a song that was meaningful to her so that we could take the therapy to a new level, one where we could sing a different song.

These three sessions enabled Sarah and me to explore her problem-saturated story through our conversations, thereby allowing us to explore her meanings and narratives that impacted on her relating with others.
Main Act: Repertoire of Songs

The Lyrics: “Dreaming my Dreams” (By: Cranberries)

The conversation in the fourth session revolved around Sarah’s relationship with her ex-boyfriend, R., and the difficulties she experienced with redefining a new relationship with him as her friend. It appeared that she continued to attempt to control R in their interactions and struggled to express her needs effectively.

She did not bring a song as I had asked her to do in the previous session and her excuse for this led back to the games (where they played with disconnection and connection in an attempt to control one another) that she and R had played that week. Because I had anticipated this I had brought a collection of my own music, from which she could then select a song.

C: Pick a song that you identify with.

S: Um…

C: Pick a title that appeals to you.

Sarah chose “Dreaming My Dreams” (lyrics in Appendix A). Together we sat and listened to it. She spoke of how it reminded her of her relationship with R. This song drew out the theme of dreams that she and R had shared. We then conversed around the dreams that R had had for them: he had wanted a marriage with two boys. Sarah reflected that this had made her happy as he had chosen her and wanted a future with her. She remembered that she had also drawn a picture of her wedding dress. I then asked her what her dreams were for herself and she replied, “a real family”.

The Melody: My Experience

I felt annoyed with Sarah during this session, and at times even quite aggressive. I felt like telling her not to come back to therapy until she could do her homework - it was like I had to carry her around the dance floor as she was struggling to dance with me.
But I was aware that if I did this I would play into her theme of rejection. In addition to this I considered that perhaps engaging with song in therapy was a new experience for her and that I should be patient and give her a chance.

The conversation around the song “Dreaming my dreams” enabled me to identify the following themes prevalent in Sarah’s life:

Other vs. Self: Throughout our conversations it seemed that Sarah was very focused on her relationships with others. I wondered if this was a manoeuvre to distract her from connecting with herself. As she spoke of others she gave me more information about them than about herself. She even stated in the beginning that it was difficult for her to be alone and that she sought out others to escape from the feelings within her.

Family vs. Isolation: “A real family” was her dream and this need made sense given the family in which she was brought up. Her parents divorced when she was three years old and she had rarely seen her father since. Shortly after this her mother married a man who was physically abusive towards her; he molested Sarah’s older sister and his father molested Sarah. Her mother later divorced and remained a single parent for many years. Sarah experienced her mother as emotionally unavailable up until she reached matric. She also stated that she and her siblings lived separate lives, they rarely engaged. She considered her godparents and their children as family; however, she only saw them during the holidays. It was during those times that her god-brother molested her. She was close to her younger god-sister; Sarah protected her, yet she received very little protection in return. It seems that Sarah was very isolated and alone from an early age - she was thus left vulnerable to abuse from others. It appeared that her childhood years were unsafe and filled with double messages - “I love you but I won’t be there for you”; “I love you but I’m going to hurt you”. Perhaps it was here that her later feelings of ambivalence developed.

Loss: I experienced a strong sense of loss while engaging in the conversation with Sarah. R was the first man whom she experienced as not being weak. I think she felt that she had finally found someone who was strong enough to protect her from the world. It seemed she had felt safe with him. However, it appeared that this need to hold on to him tightly became too much for him and he began to withdraw. She lost the
protection, safety and love for the second time in her life. She had lost her dream of creating a “real” safe family again.

During this session I experienced many emotions, some on behalf of Sarah. In the beginning of the session I felt irritated as Sarah again kept the conversation focused on the games (where they play with disconnection and connection in an attempt to control the other) that she and R had played that week. She gave an example of a conversation with R where she requested to see him and he did not return the feeling, so she withdrew completely and said she would cut off all contact; he then changed his mind. When Sarah and me conversed around the song, I felt empathic towards her as I could see some genuine emotion coming through. Towards the end of the session I expressed my frustration around her not completing the homework tasks that I had set for her. I interpreted this as her not taking responsibility for her role in therapy. Yet upon discussion with the observing team, I framed this behaviour as indicative of how little she cared for herself. This conversation enabled me to identify another theme: the need for stability vs. change. Sarah was uncomfortable with her life and wanted to change it, yet she feared change. So she continued with her behaviour and stayed the same.

The Harmony between song and therapy

The song utilised in this session enabled Sarah to experience some of her feelings: she expressed loneliness and sadness over her loss of the romantic relationship with R. She also experienced some confusion around why they had broken up.

In the therapeutic relationship, Sarah appeared very uncomfortable when she was put on the spot and had to take responsibility by choosing a song. I reflected on this and in this way attempted to enable her to be more open and honest about her feelings in our relationship.

I felt that this session marked our movement towards relating differently to one another, where emotions took precedence over content.

To gain clarity on the outcome Sarah wished to achieve through therapy and songs, I facilitated a process where she could walk along her timeline (a Neurolinguistic
Programming technique, N.L.P) (Bodenhamer & Hall, 2000). She discovered that she needed to heal her past in order to gain respect for herself in the future.

The Beat in Social Constructionism

From a Social Constructionist point of view I self-reflected on the therapy process thus far and it resonated quite strongly with my own personal process. Previously I tended to act from a cerebral level, avoiding the emotional level, and in this way kept many people at a distance. I received feedback from people in my social circles that they struggled to connect with me and thus found it difficult to be vulnerable in my presence. So for the last two years I have embarked on my own journey of discovering my emotional self, learning to discriminate between my emotions and to voice them more effectively. Song was the medium through which I was always able to feel, so I felt that it would be a useful tool not only to enable Sarah to feel and thereby enrich our therapeutic conversations, but also to enable me as therapist to contain her on an emotional level.

Thus, in our dialoguing the language was able to shift from that focused purely on content and facts to a language comprised of feeling words.

Lyrics: Sarah’s Christian Song and the journey of “Sailing on the Seven Seas”

Our therapy resumed after a two-week break with Sarah presenting a change in her appearance, which may link with possible shifts that had taken place internally, for example, she said that she felt stronger and more confident. Linking with the homework from the previous session she revealed that there is a song in her life that she sings when she feels down:

S: There is a song that I’ve had from about Std.6 or 7- it’s always been in my heart. Um… and it always tends to come up in my mind when I’m down in the ground.

C: Okay. What is it?

S: It’s a song that I sang for a concert at school and it’s always um…
Must I sing it for you?

C: Okay, that would be great!

Sarah sang the song (song is in Appendix A) and we had the following conversation in which certain themes came to the fore:

S: That’s the only song I’ve ever really had.

C: Sounds like there’s a lot of hope in that song.

S: Ya… I don’t know why but my whole life when I’m at my downest and… and at Bible study we discussed “you in Christ, you are special” and that song just popped into my head again. Since then I’ve been feeling better.

C: It sounds like you are feeling more connected

S: Mm… Ya.

C: You are connecting to God, connecting with yourself.

S: Mm… Although everything is down, I’m there, you know, so it’s been great. Okay, it’s not been wonderful these last two weeks but I feel stronger.

We then went on to discuss the week’s events and her relationship with R.

The following themes identified in the song were:

Hope and reconnection: This song played a role in reminding her of the connection she had with religion and Jesus. It thus re-instilled the hope that she was being looked after and that she would survive.

Protection and love: This song reminded her that Jesus protected her and that when she fell she would have the strength to stand up again. It also allowed her to make mistakes
knowing that she would still be loved. I think this song in many ways highlights those aspects of unconditional love that she never received as a child.

Sarah’s Journey through three songs

C: In the last session we came to the realisation that if you were to move forward; if you were able to build up your self-esteem, you have to deal with certain things from your past.

S: Mmm…

C: So we are going to use some more music and song. I’m just going to guide you through some music… Some of the music might be challenging, but I would like you to sit through it and then we will talk about it.

S: Okay.

As therapist, I played the first piece of music on the CD player and guided her through a relaxation process (song is in Appendix A). Following this, the song “Sailing on the Seven Seas” (BY: OMD), was played. Halfway through the song we had the following conversation as she seemed visibly distressed:

C: What are you feeling?

S: Anger, confusion. I don’t know…scaredness. It’s like everything that happened comes rushing back. (Sarah begins to cry)

C: What’s rushing, what do you see?

S: A guy forcing himself into me and forcing me to do what I don’t want to.

C: Are you angry?

S: (She nods)
C: Do you want to fight him?

S: Ya

C: Do you want to punch him?

S: Yes

C: Will it help?

S: No.

C: What do you want to say to him?

S: Stop.

C: Do you want to say it louder?

S: STOP!

C: What’s happening now?

S: I’m just concentrating on trying to get everything out?

C: What exactly?

S: The pain, hurting, anger…

We went on to focus on the anger and then the song ended. I then gave Sarah the space to speak about the rape experience. Two images stood out for her in the conversation: the colour black dominated the rapist’s room; and when she went home her mother was angry at the change in Sarah’s hair colour and did not notice that her daughter was drunk and upset. Sarah felt very let down and hurt by this.
The theme of anger dominated much of this experience. Sarah experienced this emotion on many levels: she was angry with the rapist for hurting her so deeply; she was angry with her mom for not noticing that there was a difference beyond the change in her appearances; she was angry with herself for later being promiscuous in an attempt to replace this bad image with a more pleasant experience.

This conversation enabled her to speak about the other experiences of abuse and also enabled her to acknowledge her isolation in all of it. She noticed the title of the OMD CD, “Sugar tax”, and commented that she had paid a huge price for that which had happened to her.

Through a visualisation process (incorporating N.L.P submodalities) (Bodenhamer & Hall, 2000), Sarah was able to take this memory and store it behind her so that she didn’t have to face it everyday. This allowed her to gain some control over her trauma and the memory of it.

The journey ended with a third piece of music (Timberline Two-step) whereby I facilitated a cleansing experience for her in which she could find some sense of closure.

_The Melody: My experience_

As therapist, it was shocking for me to hear about her rape experience and it was difficult for me to allow her to stay with her pain. My instinct was to make it better and to take the experience away from her. I think the song playing in the background enabled me to keep both of us in that uncomfortable space.

For me, the therapeutic conversation together with the songs encompassed the following themes:

Abuse and Love: Right up until a few months, ago Sarah had had various experiences of abuse. In many cases the line between abuse and love was blurred: her god-brother loved her, yet he molested her; one of her previous boyfriends physically abused her to show her his love. It seems that the only constant in Sarah’s life was abuse. She began
to see abuse in many of her relationships: if they did not tell her that they loved her, she saw them as using her. This theme links very strongly with the next.

**Loss:** With this abuse she lost the following: her innocence, the ability to feel safe and to trust those that claimed to love her, her self-respect and self-worth. She lost the ability to find value in and to love herself: she depended on others to give her that. Thus if a man told her he loved her, she felt that she had value.

**Fear:** My sense was that Sarah carried a great amount of fear around with her. This was not just fear of being hurt but also the fear of not being hurt. I think she was taught from a very early age that someone only loved you if they hurt you—if there was no pain then there was no love. At the heart of it all she feared being alone as then she would have to face her demons in order for her to be comfortable enough to sit with herself.

*The Harmony between song and therapy.*

Although the Christian song was meaningful in terms of the therapy, I feel that the journey of three songs highlighted many processes. It is for this reason that I will focus my discussion on the latter.

The first piece of instrumental music, “Dabbling in the Dew” (By Natural Dreams), was chosen to facilitate relaxation. What made this music therapeutic was that it also contained the sounds of thunder. I used this to prepare Sarah for the coming storm. I guided her through a process where she could find a safe space in her mind, all the while knowing that a storm was approaching. In this way she was calm yet alert and therefore in a space to re-experience the rape.

The song “Sailing on the Seven Seas” was utilised to enable Sarah to recall her traumatic experience. The song playing in the background enabled us to continue with a therapeutic conversation around her experience, as well as the emotions that flowed through her.

The final piece of instrumental music, “Timberline Two-step” (By Natural Dreams), had an uplifting tone to it and had the sound of water running through it. I guided Sarah back to her safe space at the sea, were she could visualise the water washing her, the salt water cleansing her wounds and the sun filling her body with warmth.
This process was therapeutic in the following ways: it enabled Sarah to re-experience the trauma and the emotions attached to it thereby allowing us to engage in a therapeutic conversation around the trauma and her feelings; it enabled her to take back some of the control that she had given to that memory; it replaced the unpleasant memory with more positive images; and it focused Sarah on finding a safe space within rather than looking to others to make her feel safe.

_The Beat_

The process of searching for a song that was meaningful to Sarah had served as a means for her to re-discover an important narrative that she had forgotten; her relationship with God.

The musical journey and the unfolding conversation gave me insight into the dominant themes that have given meaning to Sarah’s life thus far. The journey afforded her the opportunity to experience meaningful noise (Becvar & Becvar, 1996), i.e., to re-experience the trauma but with an ending that was very different from the first time thereby developing a different impression of that experience. It was in the therapeutic relationship that she was able to express her feelings in a safe space, experience acceptance as opposed to rejection and ultimately re-gain some of the control she had lost. In this way, she was able to begin the process of re-storying her reality that had for so many years been defined by the narrative of a victim.

_The lyrics: “Who you really are” (By: Kirtana)_

Session 6 began with the following conversation in which we reflected on the previous session and Sarah’s experience during the week.

C: Did anything come up for you in the week?

S: Ya, not bad things though. As I walked out of here last week, I was thinking a lot about what happened and everything, and it felt like a massive weight had been lifted off me.

Um. Because it was like the first time I ever really, intensely talked about it (the rape).
Yesterday I was talking with Aunty Bets, one of the people that works with me- we were talking about everything in my life and she said to me that I look better… I said to her that what happened is in my past and since then I feel much more in control of me! UM…you know, taking more control of my life and like a weight has been lifted

C: Like you released something.

C: How do you think the experience may now affect how you relate to R?

S: I’m feeling more stronger; I didn’t weep once or show any feelings that I wanted him back.

Taking my lead from this I steered the direction of the conversation to that of her connections and disconnections with her significant others. She related how her relationship improved with her mother towards the end of school days. It was then that her oldest sister revealed the truth about her being molested and Sarah took the opportunity to confide in them as well (however she did not reveal the rape to them at that point). This, together with the fact that Sarah stayed with her mother after the other daughters had moved out allowed a closer bond to develop between them. This also afforded her mother the opportunity to nurture and care for her daughter and for Sarah to be a “child” again. Sarah related a time when she became “very depressed” and her mother took control by telling her to stop working and by taking her to the doctor where she was given anti-depressant medication. Her mother proceeded to take care of her for the next few months.

This dialogue flowed into another conversation focusing on the abusive relationship between Sarah and her god-brother and as she spoke she began to express anger at herself for allowing it to happen - she felt degraded and disgusted with herself. She was “cross” with herself for not telling her mother. We reflected on her earlier sexual experiences as ones where she did not have control and she also did not have a safe space to return to once the abuse had taken place. This conversation led her to say the following:
S: It feels sometimes that I’m not worth it because I allowed people to do that (abuse me) and allowing myself to be with so many people, allowing myself to be cheap. I want to make peace with it and not let it happen in the future and have more respect for myself.

C: Where is the anger in your body?

S: In my heart.

Taking my cue from this I brought a piece of instrumental music (“When thyself with shining foot shall pass”, By Donald Walters) into the therapeutic space. While the music was playing I guided Sarah through another visualisation where she could go to her heart and release the anger, and replace it with the music. I then played the song “Who you really are” (By Kirtana) (lyrics in Appendix A) so as to explore Sarah without the anger.

The conversation that developed out of this song revolved around her close friends; she spoke of one male friend, in particular, that never allowed their relationship to move to a sexual level. I then went on to nudge her thinking around her father and the affect that his absence had on her life. She acknowledged that it had had a negative impact on her, especially the feelings of rejection. I explored her definition of a “Daddy” and she said it was a man who was caring, loving and protecting. In a way very much like her brother in law.

I reflected on the session and stated that we had looked at Sarah’s connection with others and that we were starting to look at her connection with self. Thus with regards to her homework, I asked her to write a song that expresses who she is.

The Melody: My experience

Sarah’s feedback in the beginning of the session, reassured me as therapist that the therapeutic process was having a positive effect on her healing. The theme that stood out for me was that of Relief. These two sessions had provided Sarah with a space to release the trauma and her anger. These aspects were creating a shadow in her life, and
the songs and music had enabled her to remove the shadow so that the sun could start shining on her again. On a different level I also experienced relief, because up until this session I had many doubts with regards to my ability to be able to facilitate a therapeutic process where songs were the main tools. Through this I was able to gain more confidence in my being part of this process.

**The Harmony between song and therapy**

The use of Kirtana’s song provided the means to bring the focus back to Sarah and that which defined her. I was aware of her avoidance in that she went back to focusing on others. My impression was that she was not ready to engage in that conversation.

Song provided the impetus for a dialogue around her friends, who had had a positive impact on her life. This was therapeutic in that it gave her a chance to add positive relationship experiences to her story. Although the use of this song did not have the desired effect, I feel that it provided a way of planting a seed in her mind to stimulate her thinking and feelings around herself.

**The Beat: Narrative approach**

I feel this song was very important in this session, especially the words “**But inherent in this dance of form is the chance to see what’s yet unborn**”. For me these words point to the narrative ideas of unique outcomes (White, 1990) and alternative stories (Freedman & Combs, 1996). This song took us to a conversation around those people that had had a positive impact on her life thereby bringing different experiences to her narrative of abuse. Thus giving birth to a richer description of her life in which other emotions besides the anger and pain, had a place.

From a Social Constructionist view, this song was employed as “meaningful noise” to enable the client to shift her focus from others to herself.

**The lyrics: Sarah’s Song and “Message in a Bottle” (By: Machine Head)**

Sarah sang the following song that she had written through the course of the week:
“I’ve been hurt so many times before. Made mistakes I wish I can ignore. Walked a path of dark and lonely times, But you God, won’t never let me down

Step by step I’m getting stronger. Day by day my troubles disappear. And one day as I look back on my life I can say I washed my tears away

Thank you God for not forsaking me. Help me now to put my tears away. Make me strong in every single way. Step by step I’m getting stronger”

C: How do I find you in there? What comes up for you?

S: I’m starting to feel stronger, putting away my sadness.

C: Does strength make you who you are? What else?

S: Mm… The fear of facing my shadow, my skeletons. Telling them to get out-I’ve had enough

C: I can feel the emotion in it. What emotions are there for you?

S: That I feel I’m not alone in this anymore.

C: Who is with you?

S: God.

This dialogue points to the themes of letting go, of connecting with God, and of
strength. This discussion led me to question Sarah on what else she needed to work on. Initially she felt she needed more self-respect, however she followed this by saying that she was gaining this everyday. She later responded by saying:

S: I still need to wash away my dad. I actually thought a lot this week of telephoning him and asking him many questions.

C: What questions?

S: How could he make a child and then leave a child and not be part of that child’s life? I want to phone him but I don’t have the courage to do it.

C: Are you fearing rejection again?

S: Ya.

C: Your eyes look quite sad when you speak of him

S: Ya, because its my dad. Growing up without him…

Following this conversation I asked Sarah to select a song that makes her think of her father and what she would like to say to him. She chose the song “Message in a Bottle” (lyrics in Appendix A). After listening to the song we engaged in the following dialogue:

C: How do you relate to the song?

S: It’s like I’ve sent him so many messages to be a part of my life…

C: Do you think your father has had an impact on you?

S: Yes, his absence has in a bad way. Every person needs an example of how a woman and man should be. I never got that from my father. He
was never there. So the loving and the care of a father, just him not being there.

C: So you lost before you even had anything.

S: Ya, you know everybody needs that love, that security.

C: I’m wondering if your dad hasn’t been able to give it to you up until this point, how else are you going to get it?

S: Well, I got it from my mother, through my friends and my boyfriends.

In an attempt to focus her on the emotions of this experience with her father I facilitated the discussion around anger and how she deals with this anger. Following this we moved on to exploring that which she knows about herself. She described herself in the following way: a very soft person, loving; allows people to walk all over her; she feels like a victim - she can’t say no and the family knows that; she protects others-especially her god sister; she loves making people laugh; very lazy; very scared of getting hurt; she does not trust easily; and she is persistent in her belief that she will not give up on finding love.

I selected the following song “Angel” (By: Sarah McLachlan) (Lyrics in Appendix A) and this stimulated the following discussion:

C: Where did that take you with your father?

S: I was imagining my dad taking me in his arms. But I know that will never happen. I don’t think I must phone him and fight him and ask why.

The main part of the discussion focused on what she had lost by not having him in her life, again reiterating the theme of Loss that pervades her existence. I was worried about what would happen if he rejected her again and I wondered if she was ready to see him. She began to cry at this point and said that seeing him would help her on her journey. She also stated that she would take her mother with her for support. At the end of the
session she reflected that she felt “half confused” and “scared”. For homework, I asked her to write another song.

*The Melody: My experience*

As therapist, I felt frustrated and slightly disappointed with the song that Sarah had created for she had not followed the suggestions I had given her. The song focused less on her and more on her connection with God. Then I began to question whether it was more my need for her to define herself, than her need, which resonates quite strongly with my own journey of self-discovery. Upon reflection with the team at the end of the session it was suggested that the theme of ambivalence resonated in Sarah’s life and was a possible explanation for her struggle in defining herself. I felt that this ambivalence may also provide an understanding for Sarah’s difficulty in expressing feelings with regards to her father for she hated him for rejecting her yet she still desired a father in her life. This represented a dichotomy within her and created much confusion around her real feelings.

The theme that stands out for me is that of Rejection. My impression is that Sarah’s first experience of rejection occurred when her father left and cut off all contact with her. Throughout the years she tried to make contact with her father, but he never allowed her to visit him and chose to maintain his distance from her. The only time she saw him when she was growing up was when her eldest sister got married, however they hardly spoke at that gathering. The fact that he maintained contact with her sister (and he was not even her biological father) made the rejection even more painful and she was left with many questions that no-one wanted to answer. To some degree Sarah also experienced rejection as a child from her mother who was either focused on her new husband or was working long hours trying to provide for her family, and therefore was not always in the space to tend to the emotional needs of her daughters.

The most recent rejection Sarah faced was that of her ex-boyfriend, R. My feeling was that this rejection triggered the pain from old wounds, making it more difficult for her to come to terms with this loss.
**The Harmony between song and therapy**

The first song “Message in a bottle” provided the space for Sarah to explore her feelings of rejection and being lost out at sea since her father left. However I think this was too threatening for her to experience and she remained detached from her feelings. I chose the second song “Angel” more for the emotional experience it triggered, rather than the lyrics. It elicited an image of her father taking her in her arms, as well as her fear that when she met with him he would push her away. Thus again highlighting her ambivalence towards him. The songs utilised in this therapy session had less of an emotional impact than other songs used, however they were useful in eliciting images and conversations.

**The Beat**

My aim in asking Sarah to write a song on who she was, was meant to sensitise Sarah to the idea that we create our realities and the stories that we choose to tell ourselves. By giving her the space to sing this song in our relationship and my playing a song that I chose, I attempted to illustrate that we co-evolve realities in our relating with one another. Thus songs become a common language through which we can interact and dialogue around her problem-saturated story. The conversation in this session focused on Sarah’s relationship with her father so as to begin the process of creating a richer description of their relating and how it influenced her story.

**The Lyrics: “Telling Stories” (By: Tracy Chapman)**

In this session Sarah appeared relaxed yet energised and motivated. The session revolved around her relationships with her father and with R. She described the meeting with her father and how surprised she was at his reactions towards her. She described him as remorseful, emotional, caring and affectionate. Sarah felt that this had had a positive impact on her and they agreed to spend time with each other in order to get to know one another.

This week represented an important shift for Sarah, as she was able to regain control in her life in a more effective manner. She engaged in conversations with her father,
mother and with R. She also conversed with her oldest sister (with whom she was now living) around her feeling of being used and being taken advantage of. Each conversation focused on how she experienced the relationships she shared with them. Sarah felt that the shift in relating between her and her father had a positive impact on her attitude and has improved her interactions with R, as they have become more honest with one another. She, however, still appeared somewhat dramatic in her relationships as seen in her in her handling of her pregnancy scare and how she used it to gain care and affection from R.

Instead of bringing a song, Sarah wrote a poem. She described herself as a pleaser, scared to be alone, misusing the “sorry” word, a fighter, had supportive friends and family, jumped to conclusions too quickly, a survivor and always had hope.

The theme of Acceptance vs. Rejection was prevalent in our conversation on the games that defined her relationship with R and it linked quite strongly to the theme of ambivalence. They are both insecure and have strong needs for acceptance, however both fear rejection, so they take turns in rejecting one another first. My impression of Sarah is that she equates acceptance with love. So until a man verbally expresses his love for her, she will continue to play games out of fear that he will reject her.

I chose instrumental music “Dabbling in the Dew” (By Natural Dreams) with the thunder in the background and spoke to her of ambivalence. It led to the following conversation:

C: How was that experience for you?

S: Relaxing, just listening to the music. I did think about the words, especially when you said good and bad, love and hate. That is what made what I am today. I won’t throw anything away. A few years back, I kept asking why…

I asked her if it would be possible to bring the good and the bad together and she said yes. She felt that she had a happier attitude and had always believed that “if you are happy the things around you are happy”. She however expressed some confusion around R as he was a part of her family (he was a good friend of her brother-in-law) and
this made it difficult to completely cut ties with him and thus created uncertainty as to how to define the new relationship between them.

I played the song “Telling stories” (lyrics in Appendix A) so as to illustrate the reality vs. the fiction that existed in Sarah’s relationships with her father and R. Sarah revealed that it was only recently that she and R discussed the happenings of their relationship. It was then that she realised that they didn’t know how to deal with one another and R did not know how to handle the situation between them, so he pushed her away.

*The Melody: My experience*

I was pleased for Sarah as I felt she had weathered another storm and had added a new outcome to the story of her relationship with her father.

Although Sarah did not bring a song, she wrote a poem instead. This poem was written in collaboration with R and her god-sister. It was also written in Afrikaans, which was significant for me as Afrikaans was her home language (the language of her culture), and for me again represented a movement towards herself.

With regard to this poem, some of the aspects identified appeared to be evident in her relating with R. I wondered if her pleasing behaviour and misuse of the word “sorry” were not methods she employed to manipulate men into staying with her so that she was not left alone. Her jumping to conclusions was also evident in their relating and had resulted in many conflict situations between them.

*The Harmony between the song and therapy*

The aim of the session was to address the ambivalence that existed within her, which I attempted to address through the instrumental music. Through this music I guided her into a place where she became aware of the different sounds that made up the music. I identified the storm as representing fear and referred to the sound of the guitar as evoking a sense of safety. As she listened to the music I asked her to become aware of the opposite emotions that the sounds had elicited. As the music played I began listing the various dichotomies she had experienced in her life. When the music ended we
engaged in a conversation were she could acknowledge the ambivalence and move towards integrating the opposites that existed within her life.

The second song was employed to highlight a particular dichotomy that existed in her relationships with men. It highlighted the Fiction (i.e., lack of emotional honesty) between Sarah and her relationships with her father and R. In the case of her interaction with her father, the honesty or the ‘truth’ about their emotions had brought them closer, whereas the voicing of the ‘truth’ between R and Sarah had led to their break up and R recently requested space away from her and the games (the fiction) that they had played.

**The Beat**

Through the reading of her poem a richer description of Sarah’s self-concept evolved which represented a shift from her previous thin description. This poem was co-created with two important people in her life and this illustrated the social constructionist idea that we create meaning and understanding in our relating with others. This therefore allowed for conversations to take place around the multiverse of realities in experiencing Sarah.

The song “Telling stories” was used to reframe the games as being fiction preventing her from finding the “truth” and being real in her relationship with R. I also wanted to illustrate that the story that defined their relationship was problem-saturated and that this reality was no longer working for either one of them. However, the games they played clouded their lenses preventing them from seeing this.

*The Lyrics: “Morning Song” (By: Jewel) and “Come as you are” (By: Nirvana)*

The final therapy session resumed after a three-week break and Sarah appeared to be coping well with her circumstances. She seemed more in control of her life, especially in terms of her finances and living arrangements. Sarah revealed that she had ended the friendship with R and they no longer had contact with one another. The team and I congratulated her on this and framed it as a victory. She accepted this but also acknowledged that she still felt “sore”. I reflected on this and attempted to normalise this as being part of the grieving process. She also revealed that she had replaced friends
that were from her past with new friends where sex did not define the relationship. She also expressed a need to begin her studies again in January.

Sarah chose the song “Morning song” (Lyrics in Appendix A) from my collection of music. It reminded her of a book she had recently read. The story line was similar to that of her life in terms of difficult relationships, abuse and getting married. Through this she was able to acknowledge that she allowed people to abuse her, but that this did not occur any more. She even managed to have “me time” as she called it- she went to a pizza restaurant, sat there with herself and then went home to be alone. Sarah revealed that she didn’t overreact with her new friends and that she had gained control over the expression of her emotions.

As Sarah spoke, a song “Come as you are” (lyrics in Appendix A) came into mind, which I then played for her. I remarked on the applause at the beginning of the song, indicating that it was for her, because of her victory. She commented on coming as you are and being comfortable with that. Sarah’s following words resonated quite strongly with this: “If he doesn’t take me as I am then stuff him”. She had become more assertive, even with the people she loved- she told her brother-in-law that she would no longer accept the label of “melktert” that he had given her as this was part of her “old” self.

Through this therapeutic conversation the following themes were identified: letting go, self-acceptance and new relationships. Through the acceptance of a new definition of self where ambivalence and abuse no longer featured, Sarah was able to close the door on relationships that did not fit with the “New” Sarah. In this way she created space for new people to come into her life.

This followed a brief discussion on terminating the therapy and her participation in my research on the therapeutic uses of song.

*The Melody: My Experience*

In my relating with Sarah I experienced her as happier, more assertive and stronger. I also felt that she no longer needed me as she could now sing her own song.
For me, the theme of self-acceptance reverberated quite strongly in this session. Although, I acknowledged that she had moved towards self-acceptance and self-respect, I did not feel that this journey had reached its destination, but rather through the help of song and therapy, it had only just begun.

*The Harmony between song and therapy*

Initially, I felt that the “Morning song” that Sarah chose to listen to was not relevant to the conversations that were taking place in this session as the words created an image of a happy couple spending the morning together- it stood in direct contrast to our conversation of Sarah ending her relationship with R. However, upon reflection, the music underlying the words was uplifting, creating the space for positive thoughts. The song provided Sarah with a happy image of how a romantic relationship could be. I think what was also important here was that this song did not lead to a discussion on R and her pain around the loss, and I think this may have represented a shift in Sarah in that she was beginning to accept that he was no longer a part of her life.

“Come as you are” was a song that reflected Sarah’s self-acceptance, the ease with which she was now able to present herself to the world, and her ability to express her needs and emotions more effectively. This song was my way, as therapist, of acknowledging her shifts and her movement towards herself.

*The Beat*

This session illustrated the idea of evolving intersubjective loops of dialogue around the songs that unfolded richer description of Sarah’s journey. It encompassed Sarah’s shift from blaming others for her abuse towards accepting responsibility for allowing the molestations to continue. The meaning that evolved in this conversation portrayed Sarah’s self-worth and represented a shift from where she had previously defined herself as having very little value.

*The Last Dance*

*The Harmony between song and therapy*

Our final interaction initially involved a brief discussion on the events in her life that
had occurred since I last saw her. She still reflected on her sadness around the realisation that R was definitely out of her life, especially now that he had a new girlfriend. As she spoke about R, a dominant narrative came to the surface: “(I) Can’t fall out of love with someone like that”. Sarah also said “I’m not touching and sleeping with anyone until I’ve sorted myself out and I know that person loves me”. These words pointed not only to her assertiveness but also to the realisation that she still had a lot of work to do on herself.

The conversations that took place during the unstructured interview went as follows:

C: How did you experience the use of songs in therapy?

S: Because I was hurt with one song it brought back all the anger and hurt inside of me, out.
It also allowed you to get in touch with your inner self.
It relaxes you to get more to that point of changing what you need to, to face what you need to face.

C: Mm…Are you talking about the song “sailing on the seven seas”?

S: I’m talking about that song and you know that one when the classical music was playing, with the thunder and storm, that whole journey. It actually helps you to go better on that journey. You get better faster, in touch with yourself, than just you know through chatting.

C: So you found it more useful when I put you into a relaxed space first, than when I just played a song.

S: It relaxes you more. Because music is relaxing and music does bring out the feelings that you have inside. So you know if you play rough music, the roughness is going to come out because it actually triggers it.

The above excerpt points to the following themes:

Emotional Release: Song provided a space in therapy where Sarah could connect
directly with her feelings. This enabled her to then speak about them, acknowledge
them and then release them through the music.

**Eliciting Memories:** Sarah was able to recall and re-experience the trauma of the rape.
She was also able to recall specific details, such as, the colour black dominating his
room - this then became useful in the visualisation that followed. Not only was the song
and music helpful in eliciting a traumatic memory, it also aided Sarah in connecting
with a more positive, pleasant memory when she created a safe space for herself in the
visualisations.

**Relaxation:** The instrumental music, together with a visualisation, helped Sarah to relax
before we listened to the song. It focused her attention inwards and prepared her to face
a difficult memory. I think the music created an atmosphere that marked a different
interaction between us. Thus this instrumental music resonated with the ecosystemic
idea of “news of difference” (Bateson, 1979).

Our conversation then moved onto the two songs that she sang: the Christian song and
the song that she created. Sarah experienced the Christian song as a comforting song
and re-experiencing it in a therapeutic space enabled her to look at her life. Further,
“putting” her life into a song, made her feel stronger and she played that song in her
head daily. These songs renewed her relationship with God and the song she created
gave her a new anthem to live her life by. From a Narrative point of view she had found
a new alternative story to inform her life.

S: Using songs to organise your life is actually a great way- you get there
faster, you understand more.

C: What I’m hearing you say, is that you are paying attention to songs
playing in your mind and your life- looking for meaning.

S: Ya, something to make me stronger-to give me answers to life.

C: In a sense you take a bit of therapy with you…”
Now you have a skill, which you didn’t have before
S: Ya, and make it part of your life-to sort and face a problem.

A theme that stood out here was that of learning a new skill. Sarah had developed an awareness of the value of utilising song in one’s life. She could use it for the storing and recalling of memories and events, and as a means of expressing her feelings.

C: Was there anything you didn’t like?

S: Sometimes being put on the spot. You sometimes don’t know what to choose. But every time I did choose it did have something to do with how I felt.

C: Could one do it in another way?

S: No. It’s weird to think and bring a song. It also made me think about what song means a lot to me.

C: Was there anything that was not helpful?

S: No, I was tuned into getting it over and done with in my life, that I used everything to the fullest. So I can’t say that anything wasn’t helpful. There were days that I didn’t want to come to therapy. I was irritated - why must I pick a song. But I realise that it does mean something. The scaredness, the demons say, “don’t do it”… The hardest thing is telling: this is me. With music, it relaxes you- makes it easier for you to open up- created the mood for getting in touch with inner self.

Through the above dialogue I have come to realise that the therapeutic process of song stimulated her thinking in a different way. It took her out of her usual pattern of thinking on a content level and shifted her onto a process level where she could think about how, as opposed to what or why. I think this made her very uncomfortable at times, as it was a new experience for her. It was interesting for me when she used the
words “I was tuned into…” and for me this demonstrated that she was beginning to incorporate the new language of song and music into her everyday language thus again emphasising the idea that she had acquired a skill, a new way of interacting with her world. I also observed a shift in our relationship as a result of the therapeutic process. Sarah was able to be honest and congruent with me, her therapist, by stating her irritation, discomfort and her desire not to attend sessions. In addition to this, as a result of the song and music, Sarah was able to open up in therapy, which was not present in the first few sessions.

To bring closure to the therapy and the research, and to highlight Sarah’s position in life now, I played the song “I Am” (By: Kirtana) (lyrics in Appendix A). For Sarah this song highlighted her awareness and acceptance of her past - “It’s part of who I am, that’s okay; however, it’s not all that I am”. Sarah felt that she was more aware of her life and what happens. She was also more in control of not allowing people to “walk all over her”. She appeared more honest in her relationships - in expressing her feelings and her needs.

In this session we co-constructed meaning around the value of song in therapy. Through this we were able to elicit themes that informed the therapeutic process. Thus the themes evolved and unfolded richer descriptions on the research journey. In addition to this they also depicted a multiverse of realities on the therapeutic value of songs. The exploration into the meaning of song in facilitating therapeutic conversation evolved into a fit between I, the researcher as participant observer, and Sarah, the client as research participant. Sarah’s ideas around song and music, her relationships (in particular with her ex-boyfriend, her father and men), about herself and God were perturbed through her interactions with me, and our interactions with songs and music.

As researcher, I encountered a fit with the research context. Congruent with Social constructionism, my relationship with Sarah was of great importance in the research context. The meanings evolved and changed in the process of social construction. In this chapter I attempted to portray how knowledge evolved in the space between us, and how conversation (coloured by the language of songs and music) was the basic core medium in this ‘dance’. The conversations became the author of this story. In this case the narratives (such as, ‘If you love me, you will hurt me’) changed through the telling
and retelling of her story. Mutual shaping occurred in the therapeutic relationship and I, the researcher, experienced that different songs allowed for the emergence of different dialogues that formed part of the recursive process. Further, there seemed to be a ‘pattern that connects’ (Bateson, 1979) between the ritual of songs in therapy and her interactions that took place outside of therapy.

Initially the focus was on her relationship with others and through the use of song and music I also attempted to shift her focus to the relationship with herself. I also noticed a shift from the realm of facts and thoughts that took place in the first sessions into the realm of emotions and feelings that were connected with the facts and thoughts. This shift was portrayed through the language of songs (and music) used in the conversations.

**Conclusion**

Along the research journey the attributed meanings to the therapeutic use of songs evolved into a richer description. Together, Sarah and I drew a distinction that depicted songs (and music) as therapeutic in Sarah’s life. Within this co-constructed reality the relationship and connection between Sarah and the songs portrayed a therapeutic encounter.
CHAPTER 6

REFLECTIONS

“And the things you said to me today
changed my perspective in every way”

(Song title: Dreaming my Dreams. By: The Cranberries)

Introduction
The research question created a space in which a kaleidoscope of meanings unfolded. True to a Social Constructionist exploration this study emphasised description, and minimised explanation with reference to the findings in the previous chapter. The themes and descriptions evolved over time in a ‘dance’ between Sarah and me, the researcher, and allowed for rich descriptions to unfold in the research context. Through a hermeneutical analysis different aspects of the research topic were explored. The themes that evolved in the conversations portrayed a thick description of song in therapy and Sarah’s life story.

This study portrays my perceptions of that which was communicated to me. This story presents my experience of relating with Sarah around songs and music in a therapeutic context. Through conversations with Sarah and members of the observing team as well as interaction with the literature a space was created for a multiverse of realities to unfold.

In retrospect the meanings that unfolded in this study co-evolved and co-constructed meaningful noise in my own life. Not only was I exposed to the value of songs in therapy, I was also aware of how the songs and the conversations that unfolded nudged my own perceptions, feeling and meanings.

I feel there is one more question I need to answer before I can end this song: Do my findings hum a similar tune to that of the literature?
A key theme that was highlighted in the literature on music therapy was that of *Relationships*. This entailed the relating with the songs and the music, as well as the relationship that developed between therapist and client out of the musical experience. My experience in this study resonated with this in that Sarah was able to develop new meanings around her relating with songs - there was a shift from just enjoying music to using it as a tool in her everyday life to become more aware of her emotions and to give them a channel for expression. The musical experiences were also beneficial to the therapeutic relationship in that they reduced the distance and mistrust that was present initially and allowed us to relate on an open, more honest, emotional level. Through listening, singing, discussing and emotionally responding to songs a process evolved where Sarah could begin re-authoring her life story. This relationship also consisted of two very important aspects: a musical experience and unfolding conversations.

The literature drew distinctions between different types of music therapies. My study fell mainly within the receptive field as we listened to songs and music that had already been composed. However, there was an element of active music therapy in that Sarah was given the opportunity to create her own song; however, as therapist I was not directly involved in its composition.

I feel that Gaston’s (in Peters, 2000) three principles of music therapy were reflected in this study. Firstly, I made use of songs and therapy to establish a therapeutic relationship in which we could both interact on the same “wavelength”. Secondly, the musical experiences stimulated certain conversations around her self-worth and self-respect thereby facilitating a process where she could esteem herself. Finally, by the end of the therapy Sarah appeared energised, as we had brought some order to the chaos in her life story.

I agree with Charlesworth (1982) that music and songs may be conceived as strong stimuli triggering various emotional, physical and perceptual experiences. In my study I illustrate how these mediums may be used to elicit relaxation, feelings, images, memories and thoughts, which are then incorporated into the therapeutic conversations.
In one session I demonstrated how the structure of music could have therapeutic value, by using a piece of music and identifying its parts (the thunder, the guitar sound and the flute), and indicating that if listened to separately they could create ambivalence, even dissonance. By combining the parts into an integrated whole I attempted to illustrate to Sarah that it is possible for the opposites to be combined, for the ambivalence to be worked through on a higher level, and for harmony to be restored.

In many ways music and song made it easier for Sarah and I to connect. It also added a fun element to the therapy, thereby balancing out the seriousness of our interacting—bringing lightness to sometimes very disturbing and intense conversations. Further, the songs and the music brought structure to Sarah’s sometimes very chaotic world.

The musical experiences of analysing song lyrics, of facilitating a process where Sarah was able to create her own song, as well as the use of guided imagery enabled Sarah to explore alternative possibilities, other perceptions and even gave voice to the inner experiences of her life.

According to Lipe (2002), interacting through music and songs enable a person to develop creative outlets. This was seen in Sarah’s ability to create a poem about herself in which she could use the language of her culture (Afrikaans) to access those descriptions of her self, to give meaning and understanding of herself. In addition to this, the songs and the music enabled her to reconnect with her spiritual self, thereby bringing God back into her life.

With regard to the literature on the therapeutic use of songs, this study resonated with it in the following ways: songs provided the space whereby problems, past and present, unsatisfied needs or desires, happiness, loneliness and sadness could be voiced; songs were used to remind the client of past experiences and provided insight into current experiences. Thus exploring Sarah’s relationship with her father provided her with insight into her current relationships with men; by listening to the songs, as therapist, I was given important information as to Sarah’s physical, emotional and spiritual needs and desires. Bailey (1984) found that through musical experiences people were able to let go of past experiences and make space for reconnecting with themselves, as was the case with Sarah. This linked strongly with the work of Duffey, Lumadue and Woods.
(2001), who made use of songs from the clients’ pasts. This enabled them to revisit their histories and explore their restrictive relationship narratives, and begin re-authoring their lives. This was also illustrated in my therapy with Sarah where we used songs and the unfolding conversations to explore her restrictive and rigid narratives around her romantic relationships, her self-worth and love. Through the use of the song “Sailing on the Seven Seas” Sarah and I were able to engage in a therapeutic sharing ritual (Hodas, 1994) thereby enabling us to deconstruct old traumatic stories and create more effective stories of Sarah’s life. Further the themes of rejection, abuse, loss and isolation created a specific narrative around love, which resulted in a reality where Sarah defined herself as a victim and chose men to complement this definition, thus preventing her from engaging in relationships that did not end in pain and anger. Interestingly, Duffey et al (1994) found that people chose music or songs that reflected how they had authored their lives. The song that Sarah initially chose was “Friends will be Friends” (by Queen) and this related strongly to Sarah’s life as she had many friends and was always talking about them. Her next song was “Dreaming my Dreams,” indicating that she had a strong belief that she would only truly have what she desired in her dreams.

In therapy I employed the song writing technique as outlined by Robb (1996). Here Sarah wrote the lyrics of her song and used the music from a Christian song. Once she sang it we engaged in a discussion around it’s meaning and highlighted her feeling increasing strength in general. I also made use of guided imagery and created a different kind of song so as to facilitate relaxation or letting go of past hurts in Sarah’s life. Most of the therapy sessions tended to follow the structure as outlined by Bunt and Hoskyns (2002): an opening discussion, a musical experience in which a theme evolved and a closing reflection.

In our final ‘dance’ Sarah and I co-created and co-evolved ideas around the use of song in therapy. In our exploration we discussed one particular idea that I did not find in the literature, and it revolved around preparing your client for the song. We found that the therapist should create a musical space where the client relaxed into the music and turned his or her attention to the task at hand, before listening to the song and gaining therapeutically from it.
Conclusion

It is clear that the findings in this study reverberated quite strongly with that of the literature. Further, although this study was specifically focused on song, I also included music in the therapy, as one cannot divorce the two. Music gives life to songs; songs add colour and emotional depth to therapeutic conversations.
CHAPTER 7

THE FINAL CHORD

“All around the world everywhere I go
no one understands me, no one knows
what I am trying to say…
but you speak my language”
(Song title: You speak my language. By: Collective Soul)

Introduction

As the researcher in this research experience, I believe that the use of songs was an effective tool in facilitating communication. Each song set the context for dialoguing around different issues and as a result evoked different emotions, physical experiences, thoughts, memories and imagery. The songs enabled Sarah to make contact with painful memories and to talk about them in relation to the songs and her struggle; it thus enabled her to “say the unsaid” (Anderson & Goolishian, 1988). The songs could be seen as the artist’s stories and this allowed Sarah to take comfort in knowing that others share a similar life story. Further, the songs provided Sarah with words to engage in dialogue with me.

This study made use of songs to understand the difficulties that Sarah faced in her life. This understanding was informed by the following themes elicited from our conversation: much of her existence was based on dichotomies such as abuse vs. love, family vs. isolation, control vs. helplessness, acceptance vs. rejection and others vs. self; Sarah was constrained by her anger and voicelessness and was therefore unable to transcend the darkness in which she found herself. This research was also able to provide Sarah with a new way of experiencing her struggle by exploring unique outcomes and alternative stories or narratives. As a result of this, as well as Sarah’s responses during the conversations, I believe that the songs had a powerful impact on her and gave her the momentum to continue on her journey.
The hermeneutic process involved my construction of Sarah’s reality. This construction was neither a fixed entity nor the absolute truth - it was merely my perception. Thus, I believe that with time her story will evolve as she continues to tell and re-tell it.

The qualitative part of this study punctuated the significance of relationships (Becvar & Becvar, 1996). Social Constructionism and the Narrative approach (Feedman & Combs, 1996; White & Epston, 1990) formed the rhythmic beat that flowed through this song. As the researcher, I was a participant observer, therefore being present in the research context already acted as a perturbation of the observed system (Keeney, 1983). I became a co-constructor of the story that unfolded. The importance of language became apparent as meanings and ideas unfolded and shifted. However, this was a reciprocal process of co-construction and mutual influence within a domain of consensus (Maturana, 1975). The meanings that unfolded in this study co-evolved and co-constructed meaningful noise in Sarah’s life (Keeney & Ross, 1992). This study broadened my scope of the therapeutic use of songs and allowed for rich descriptions to unfold.

The research process developed spontaneously from moment to moment in a co-creative process. I was unable to determine how this process would evolve from the beginning (Keeney, 1983). This allowed for the creative unfolding of the therapy. Songs and music became part of the therapy through a co-creative process. Through the inclusion of songs in the therapeutic process, a spontaneous ritual for interacting developed (Nicol, 1996).

There were a variety of levels of description (Keeney, 1983) in this dissertation. The client’s descriptions of her reality that evolved in our therapeutic conversations formed the first level. My descriptions of the therapeutic reality were recorded after each session in the form of process notes, and this made up the second level. Meta-descriptions of our shared reality experienced in the therapeutic context formed the third level. The meta-meta-descriptions of the process from the observing team also formed part of the descriptions of the shared therapeutic reality, and occurred on the fourth level. These different levels of descriptions formed a multiverse of different voices so that richer descriptions could evolve.
Songs played an important role as meaningful noise in the therapeutic process allowing for alternative meanings to evolve. Further, songs formed part of a language that was not part of the problem-saturated story and the “problem-determined system” (Anderson & Goolishian, 1988). Many of the descriptions occurred on an emotional level as a result of the songs and music. The songs allowed for the voice of emotions to emerge. Songs played an important role in allowing for shifts to occur in the therapeutic relationship as it made emotions part of the conversations.

I feel that this research has made a difference to me because it confirmed my belief that songs do have the power to impact on our experiences. It has also enabled me to reflect on my own struggle of finding an emotional voice.

**Strengths of this Study**

By viewing therapeutic songs as socially co-constructed linguistic reality this study transcended the mind-body dichotomy and provided the space in which a multiverse of realities could unfold. The story unfolded in a specific context and at specific times, therefore the themes and ideas are dynamic and portray only a glimpse of Sarah’s life.

Through self-referential disclosure of my epistemology and my experience of the research process and being in the therapy process, trustworthiness of the findings was achieved. There was an openness to contextual factors and conversations, which continued until redundancies emerged (Lincoln & Guba, 1985). Participation in peer debriefing (the observing team) perturbed my ideas, biases and ways of thinking and provided credibility in this study. Thick descriptions co-evolved over time and within the research context. Through self-referential dialogues with the information, credibility, transferability, dependability and confirmability of this study was punctuated (Lincoln & Guba, 1985).

**Limitations of this study**

Due to the descriptive nature of the co-constructed story of Sarah’s life between the
researcher and the participant, future replication of this study to verify or disprove the findings is neither possible nor valid. Some may view this as negative, but within my epistemology this can be portrayed in terms of difference.

Case studies are often criticized for a heavy reliance on anecdotal information. This suggests a strong possibility for quite biased representations. Often due to the absence of objective measures, and reliance on clinical judgment and interpretations, the conclusions are not accorded scientific status (Kazdin, 1992). However, in this study alternative explanations and the use of anecdotal information are actually viewed as useful.

Further limitations in this study may be viewed in terms of the use of a small sampling group, the lack of a control group, the failure to measure and control for potential confounders and the tendency to rely on non-standardised, subjective observations.

**Recommendations for Future Research**

For future researchers more in-depth, long-term designs, using several case studies are suggested. In addition to this one could explore and compare how different age groups and genders may experience the use of songs in therapy.

**Conclusion**

Upon reflection, my initial sense of Sarah was of an incongruent woman who had remained bottled up for 23 years, drifting out at sea - lost. Sometimes the waves of life crashed her against the rocks, and at other times she sank deep into the darkness of the sea where no one could reach her. Finally through the use of song and music, Sarah was able to release the cork thereby allowing the “message”… her story… her song to be explored and replaced with a new ant hem, one that allowed her to dance to a different tune. Again I reiterate that this is my perception giving voice to her song. Perhaps as she interacts with other people, they may sing it differently. In addition to this, I feel that although Sarah has begun to move beyond the “fiction”, towards the “truth”, I am concerned that at times she will still become “caught up in the play” of how she perceived herself in the past and the old narratives that dominated this.
Given all that has been interpreted and experienced in this study I feel that it is appropriate to end this song with the following:

“Joy is the energy that allows a person to see with their own eyes. Consciousness moves from the level of imitation to imagination… The joy of seeing oneself with new eyes after being released from unfocussed fear, anger, and sadness allows a spirit to sing” (Tomm, in Hoyt, 1998, p. 158).
REFERENCE LIST


Mathers, R. (2002). Gergen’s social constructionism: Post-modern or post-Hegelian?


APPENDIX A

Song 1:
*Dreaming my Dreams* (Title of CD: Pieces of you, By The Cranberries)

All the things you said to me today,
Change my perspective in every way.
These things count to mean so much to me,
Into my faith, you and your baby.
It's out there. It's out there.
It's out there. If you want me I'll be here.

I'll be dreaming my dreams with you.
I'll be dreaming my dreams with you.
And there's no other place,
That I'd lay down my face.
I'll be dreaming my dreams with you.

It's out there. It's out there.
It's out there. If you want me I'll be here...

I'll be dreaming my dreams with you.
I'll be dreaming my dreams with you.
And there's no other place,
That I'd lay down my face.
I'll be dreaming my dreams with you.

Dreaming my dreams with you.
I'll be dreaming my dreams with you.
And there's no other place,
That I'd lay down my face.
I'll be dreaming my dreams with you.
**Song 2:**
Sarah’s Christian Song (title and artist unknown)

I was there when you drew the breath of life  
And I heard your voice the first time that you cried  
Though you couldn’t see I was very near  
And there’s something now that I want you to hear

You will always be a child in my eyes  
And when you need some love my arms are open wide  
And even though you’re growing old  
I hope you realise you will always be a child in my eyes.

I was there the first time that you prayed  
And I heard all the promises you made  
When you kneel before me crying father I have sinned  
I picked you up high and held you once again.

You will always be a child in my eyes  
And when you need some love my arms are open wide  
And even though you’re growing old  
I hope you realise you will always be a child in my eyes.

**Song 3:**
Sailing on the Seven Seas (Title of CD: Sugartax. By OMD)

You say that love will capture me  
Not unless you give it free.  
You're sailing on the seven seas  
Sister Rae is on TV.  
The light above, it shines so bright  
That the F.B.I. won't sleep tonight  
[chorus]:  
'Cause I'm so in awe of you
That I don't know what to do
And I'm sailing on the seven seas so blue.
Sick and tired, I don't know why
Skin and bones, touch the sky
Sex and lies, can't bring me down
'Cause I sold my soul
All over town.
People try to drag us down
So we learn to swim before we drown.
'Cause I'm so in awe of you
That I don't know what to do
And I'm sailing on the seven seas so blue

Song 4:
Who you really are (Title of CD: This Embrace. By Kirtana)

Could there be more to this life we call “mine”
Than a journey through space or a storyline?
More to life than the body can sense
Than the mind can conclude from experience
Does who we are begin with breath depend on form or end with death?
Strip away these roles, these names
And tell me what remains
And who you really are, who you really are

We measure success by the things we accrue
Or the bonds that we form, or the deeds that we do
These too shall pass, as hard as we try
To hold on to from; form will die
But inherent in this dance of form
Is the chance to see what’s yet unborn
And the choice to throw this chance away
And be caught up in the play
Of who we think we are, who we think we are
This is your lifetime. It could end at anytime,  
Where is your attention, where is your prayer,  
Where is your song?

In a fortunate life, comes a call to be free  
From the cycle of bondage and misidentity  
To wake from the dream and finally realize  
The truth of one’s being before the body dies  
So before the final scene is past  
See the screen on which it’s cast  
See what’s seeing this me and you  
And then you will see who  
Who you really are, who you really are  
Who you really are, who we really are.

**Song 5:**  
*Message in a Bottle (Title of CD: The Doors Nightclub. By Machine Head)*

Just a castaway  
An island lost at sea  
Another lonely day  
With no one here but me  
More loneliness  
Than any man could bear  
Rescue me before I fall into despair  
I'll send an SOS to the world  
I'll send an SOS to the world  
I hope that someone gets my  
Message in a bottle

A year has passed since I wrote my note  
But I should have known this right from the start  
Only hope can keep me together  
Love can mend your life
But love can break your heart

I'll send an SOS to the world
I'll send an SOS to the world
I hope that someone gets my
Message in a bottle

Walked out this morning
Don't believe what I saw
A hundred billion bottles
Washed up on the shore
 Seems I'm not alone at being alone
A hundred billion castaways
Looking for a home

I'll send an SOS to the world
I'll send an SOS to the world
I hope that someone gets my
Message in a bottle
Sending out an SOS

Song 6:
Angel (Title of CD: Surfacing. By Sarah McLachlan)

Spend all your time waiting
for that second chance
for a break that would make it okay
there's always one reason
to feel not good enough
and it's hard at the end of the day
I need some distraction
oh beautiful release
memory seeps from my veins
let me be empty
and weightless and maybe
I'll find some peace tonight

in the arms of an angel
fly away from here
from this dark cold hotel room
and the endlessness that you fear
you are pulled from the wreckage
of your silent reverie
you're in the arms of the angel
may you find some comfort there

so tired of the straight line
and everywhere you turn
there's vultures and thieves at your back
and the storm keeps on twisting
you keep on building the lie
that you make up for all that you lack
it don't make no difference
escaping one last time
it's easier to believe in this sweet madness oh
this glorious sadness that brings me to my knees

in the arms of an angel
fly away from here
from this dark cold hotel room
and the endlessness that you fear
you are pulled from the wreckage
of your silent reverie
you're in the arms of the angel
may you find some comfort there
you're in the arms of the angel
may you find some comfort here
Song 7:
Telling stories (Title of CD: Telling Stories. By Tracy Chapman)

There is fiction in the space between
The lines on your page of memories
Write it down but it doesn't mean
You're not just telling stories

There is fiction in the space between
You and reality
You will do and say anything
To make your everyday life
Seem less mundane
There is fiction in the space between
You and me

There's a science fiction in the space between
You and me. A fabrication of a grand scheme
Where I am the scary monster
I eat the city and as I leave the scene
In my spaceship I am laughing
In your remembrance of your bad dream
There's no one but you standing

Leave the pity and the blame
For the ones who do not speak
You write the words to get respect and compassion
And for posterity
You write the words and make believe
There is truth in the space between

There is fiction in the space between
You and everybody
Give us all what we need
Give us one more sad sordid story
But in the fiction of the space between
Sometimes a lie is the best thing
Sometimes a lie is the best thing

Song 8:
Morning Song (Title of CD: Pieces of you. By Jewel)

Let the phone ring, let's go back to sleep
Let the world spin outside out door, you're the only one that I wanna see
Tell your boss you're sick, hurry, get back in I'm getting cold
Get over here and warm my hands up, boy, it's you they love to hold
And stop thinking about what your sister said
Stop worrying about it, the cat's already been fed
Come on darlin', let's go back to bed
Put the phone machine on hold
Leave the dishes in the sink
Do not answer the door
It's you that I adore-
I'm gonna give you some more
We'll sit on the front porch, the sun can warm my feet
You can drink you coffee with sugar and cream
I'll drink my decaf herbal tea
Pretend we're perfect strangers and that we never met...
My how you remind me of a man I used to sleep with
that's a face I'd never forget
You can be Henry Miler and I'll be Anais Nin
Except this time it'll be even better,
We'll stay together in the end
Come on darlin', let's go back to bed
Put the phone machine on hold
Leave the dishes in the sink
do not answer the door
It's you that I adore - I'm gonna give you some more.
**Song 9:**

*Come as you are (Title of CD: Nirvana Unplugged. BY Nirvana)*

Come, as you are. As you were.
As I want you to be. As a friend.
As a friend. As an old enemy. Take your time.
Hurry up. The choice is yours. Don't be late.
Take a rest. As a friend. As a old memory, memory, memory, memory.

As I want you to be. As a trend. As a friend.
As an old memory, memory, memory, memory.

And I swear that I don't have a gun.
No I don't have a gun. No I don't have a gun.
Memory, memory, memory, memory (don't have a gun).

And I swear that I don't have a gun.
No I don't have a gun. No I don't have a gun.
No I don't have a gun. No I don't have a gun. Memory, memory...

**Song 10:**

*I am (Title of CD: This Embrace. By Kirtana)*

Before the body, before the story, before the name
Beyond the mind’s attempt to find or explain
Before the breath, beyond the sense of pleasure or of pain
And after death, after death, I am

Within the heart, the whole and part of everything I see
Behind the eyes, beyond disguise, reflecting me
At the silent core, and yet before phenomena began
And after it, and after it, I am
Many differences separate us on the surface, yes
But I cannot find a boundary in consciousness
And when you ask me
Where does awareness begin and does it end
I have to say, I have to say, I’ve always been

Within the body, without the body, not subject to
Changing moods or states of health or points of view
Without needs, before the deeds and monuments of man
And after them, and after them, I am

Many differences separate us on the surface, yes,
But I cannot find a boundary in consciousness
And when you ask me,
Where does awareness begin and does it end
I have to say, I have to say, I’ve always been
At the silent core, and yet before phenomena began
And after it, after it, I am.