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## Working With and Within Chaos: The Development of a Music Therapy Programme for Young Sex Offenders in South Africa

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### Abstract

The Support Programme for Abuse Reactive Children, was initiated by the Teddy Bear Clinic (an NPO established to protect abused children) in South Africa in response to the increase of child-on-child offenders in this country. This short-term programme aims to offer holistic rehabilitation to first time young sex offenders and incorporates conventional diversion approaches alongside creative programmes, including group music therapy. Based on a review of my session notes, this paper considers challenges and positive developments I experienced over time as the programme's music therapist from 2006 to 2016. Although I often experienced this work as chaotic, findings suggest that through co-creating a context-specific music therapy programme alongside group members, clinic staff and the broader community, music therapy has offered an increasingly relevant and valuable complement to the diversion programme. Continuing challenges within this work are also highlighted.

**Keywords:** *Young sex offender, group music therapy, diversion, music therapy in South Africa, holistic rehabilitation*

### Introduction

In over 10 years of music therapy work experience in a diversion programme for young sex offenders, the first word that still comes to mind after almost every session is: chaos! I am repeatedly baffled by sudden outbursts of loud, dissonant music-making (or surprising non-responsiveness), a lack of consistency in participation, and sometimes blatantly destructive interactions within the group.

Rather than merely disorder or meaningless 'mayhem', within the field of physical and mathematical sciences, chaos can be defined as "the property of a complex system whose behaviour is so unpredictable as to appear random, owing to great sensitivity to small changes in conditions" (Oxford Dictionary, 2017). Music therapy groups offer structures and boundaries that can draw us together into constructive experiences. However, multiple, complex interactions among individuals, sub-groups, the group-as-a-whole, the context, and music can destabilise the apparent order of a group. Unpredictable group experiences can be intense and confusing for me as well as group mem-

bers. There are moments when I feel unable to contain a group that appears to have disintegrated and this challenges my sense of competence as a therapist. Social worker Malekoff (2014) concurred with similar experiences of chaos in groups with young people, noting that this might turn some therapists away from this work.

To some extent, my experiences of chaos in groups reflect the reality of those with whom I work. Within the South African context, “adolescents are often confronted with different and contradicting pathways presented by a multicultural and diverse society” (Arndt & Naudé, 2016, p. 267). In addition, in music therapy groups with young people who have committed offences, I encounter adolescents required to define their identities within personal and social contexts permeated by structural violence (through poverty and a lack of access to resources) and criminal violence (Mathews & Gould 2017). Some grapple with past or recurring experiences of trauma; concurrent learning or psychosocial disabilities and community systems that either cannot or neglect to support their healthy development. (Prentky, Pimental, Cavanaugh, & Righthand, 2009). Many have had little intervention to deal with past trauma. These young people negotiate their lives within transient, complex and often unsettling contexts.

When our work is experienced as chaotic, Malekoff (2014) stresses the importance of looking beyond the uncertainty to consider patterns that may appear to have ‘vanished’ in the midst of such intense experiences. Ongoing reflection is pivotal for any music therapy practice to gain a deeper understanding of group dynamics, guide therapeutic decisions and offer glimpses of the importance of this work (Pavlicevic, 2002). Session notes that document my experiences of music therapy groups that I facilitated within the SPARC programme (the Support Programme for Abuse Reactive Children), offer me the opportunity of reflexively considering not only my current practice, but the development of patterns that may have evolved within this work over time. This would serve to guide my own practice in the future and may support others working in similar contexts, particularly those who find this work challenging.

### The Support Programme for Abuse Reactive Children (SPARC)

SPARC was initiated by the Teddy Bear Clinic (a Non-Government Organisation offering support and mediation to children who are abused and their families) in response to the increasing numbers of child-on-child offences reported within South Africa (Hirschowitz, Worku, & Orkin, 2000). The programme aims to divert young people who have committed minor sexual offences from the court system and provide them with skills to prevent re-offending (Teddy Bear Clinic, 2014). This is based on the premise that whilst the majority of young sex offenders will not commit further *sexual* crimes, they may commit non-sexual crimes, and the criminal histories of many adult offenders originated in adolescence (Rothman, 2016). Early intervention programmes have been reported to have some success in reducing recidivism amongst young sex offenders (Prentky et al., 2009).

SPARC is a multi-systemic programme that combines cognitive behavioural therapy and psychoeducation facilitated by social workers alongside creative programmes, one of which is music therapy. The focus is not only on the offence committed, but also aims to address the multiple personal and social factors underlying offences. The programme is compulsory and includes 12 weekly 2-hour group therapy sessions for between five and 12 group members, who remain in their home communities over the therapy process. This offers the advantage that participants can directly transfer skills gained into their everyday life experiences (Jaffé, 2010). Music therapy has been included in the programme since 2006.

Documented accounts of music therapy (or music education) programmes for young offenders highlight the use of similar music activities and goals for both sexual and *non*-sexual offenders, also reflecting those of the SPARC programme. Activities might include drumming (Rio & Tenney, 2002; Wyatt, 2002); listening to music (De Carlo & Hockman, 2004; Ierardi & Jenkins, 2012; Wyatt, 2002); learning musical skills, writing and sometimes performing songs or raps (Ierardi & Jenkins, 2012; Lotter, 2011; Smei-

jsters, Kil, Kurstjens, Welton, & Willemars, 2011), and improvisation (Rio & Tenney, 2002; Skaggs, 1997; Wyatt, 2002). Goals include the development of a positive self-image, exploring alternative ways of being, finding ways of coping with emotions, and developing social skills (Ierardi & Jenkins, 2012; Skaggs, 1997; Smeijsters et al., 2011; Wyatt, 2002). Goals of the SPARC music therapy programme are directed to complement those of the CBT (cognitive behavioural therapy) component of the programme. These emphasise supporting young people to deal with difficult past life experiences, exploring healthy ways of building social relationships, expressing emotions, taking responsibility, and fostering hope for the future.

Literature advocating for music and music therapy programmes for young offenders predominantly focuses on long-term, supportive programmes within residential centres or prisons that complement multiple therapies (Baker & Homan, 2007; Rio & Tenney, 2002; Skaggs, 1997; Wyatt, 2002). Articles describe goals, activities and sometimes outcomes of these programmes (for example, Woodward, Sloth-Nielsen, & Mathiti, 2007; Wyatt, 2002). There is a sparsity of literature exploring the challenges of this work or the development of programmes over time.

Drawing from my session notes, this article considers my experiences of the challenges and development of music therapy groups for young offenders as part of SPARC. This might offer insights to music therapists facilitating similar programmes.

## A Review of the SPARC Music Therapy Programme

In order to explore how my experiences of music therapy groups reflected the development of the SPARC programme from 2006 to 2016, I engaged in the following process:

1. I chronologically reviewed my own recorded session notes from 17 music therapy groups that I facilitated between 2006 and 2016.
2. I marked statements regarding my experiences of challenges, my approach, what worked well, and what did not within group activities and processes.
3. Through this process, I noted recurring concepts.
4. Concepts were grouped into categories, from which emergent themes highlighted specific points of focus in the work, as well as changes occurring over time.

## Emergent Patterns

*Chaos* was the most prominent thematic idea that permeated every part of my reflections of this work. My session notes are full of questions: “What am I doing here, and why?”

A closer look revealed distinct patterns woven through the chaos, both within group sessions and processes, and through the project over time. Although difficult to discern in the midst of chaotic experiences, these patterns offered insights into the potential and challenges of the SPARC music therapy programme. Emergent themes map four broad patterns reflected through my session notes.

Importantly, these themes reflect my personal experiences. My session notes included reference to comments and opinions of group members, but these were articulated from my viewpoint. Thus, a discussion of each theme indicates how *I* engaged with challenges through my approach and practice. Continuing challenges within this work are also noted.

I felt that the four themes were best depicted through titles from some (currently) popular hip-hop songs my group members enjoyed:

1. “**Come to my Kasi**” (Priddy Ugly, 2016): In South Africa, a ‘kasi’ is a popular shortening for the word ‘location’, where black people were forced to live during the years of apartheid. Many impoverished to middle class black people still reside in townships that can be characterised by a high population density, violence, and crime (Findley & Ogbu, 2011). Through the South African genre of ‘kasi rap’, hip-hop artists use their music to convey some of their personal lived

experiences in townships, rapping in a blend of English and vernacular languages such as Zulu or Tswana (Sithole & Stockenstrom, 2014). Young people in my groups made use of songs from this genre (most often performed by male artists) to articulate aspects of their lives. Whilst I understood this as providing group members with a sense of agency in exploring their experiences, this music also accentuated my alienation from these young people, as a white, female therapist from the vastly contrasted social and economic reality of the 'suburbs'. In addition to my struggle to conceptualise the life worlds conveyed through the lyrics, I often did not understand the language and metaphors used. As such, this theme highlights my struggle to connect with therapy groups and the Teddy Bear Clinic Organisation, to some extent also reflecting the contemporary residue of the historical weight of apartheid in South Africa.

2. **"...It's not that easy..."** (Shane Eagle, 2016): In his song, 'Cutting corners', Shane Eagle talks about his struggle to start a new life, though he is invested in making this change a reality. One of my groups particularly enjoyed Shane Eagle's music and noted that both the lyrics and "chilled" beat helped them to become calm and not to give up when things were difficult. This theme considers how the balance between *doing* and reflecting musically and verbally and viewing group members as *experts* could best support group members through the process.
3. **"All eyes on me"** (AKA, 2014): This song was a favourite in many groups I facilitated, motivating young people to dance and sing along loudly. Many young people enjoy AKA's catchy music and outspoken attitude as someone with loads of money and fame (and women). This theme highlights challenges around how group members *perform* their identity through the therapy process within a community.
4. **"Am I ever gonna quit? Hell naw"** (Nasty-C, 2016): Nasty-C wrote the song "Hell Naw," saying he will never quit what he does because he loves it. Just as this song strengthened group members' determination to hold on to the good things they had in their lives, so it resonated with some of my personal experiences as a music therapist working with young people.

## Discussion

### THEME 1a: Come to my Kasi: Moving from an awkward outsider to an outsider inviting moments of connection

Excerpt 1<sup>1</sup>: "The group's music was chaotic...My keyboard was slower than the group beat... and did nothing to draw group members together ..."

Part of the chaos of forming SPARC music therapy groups was precipitated through many disconnections, misconnections, and sometimes surprising connections between the group members and me. As shown in this excerpt, my notes highlight numerous experiences where I musically and verbally felt unable to connect to often fragmented and awkward groups. On reflection, there are multiple factors which contribute to this. I am a white woman from a well-resourced and relatively wealthy community and I work with groups of young men of mixed races, some of whom reside in impoverished communities fraught with violence or instability. Our separate life histories and world views show very few commonalities that might connect us. Whilst I can only speak English and Afrikaans, these young people speak any number of languages including Zulu, Xhosa, Sotho, Tswana, Afrikaans, or English. Their fluency in English or Afrikaans (or other languages spoken by individuals in the group) varies and this impacts on our ability to communicate adequately. In addition to the complexity of connecting with such diverse groups, some of the young people referred to this diversion programme struggle to connect with others in healthy ways. Furthermore, these are young people in a compulsory programme, and some show little interest in connecting

with others in this context. The mere prospect of trying to meet one another often feels daunting and nearly impossible!

Based on my session notes, however, even within diverse or resistant groups, making music together instigated powerful experiences of connectedness. Many young people already participate in a musical culture that is both a highly significant part of their individual and social lives and often shared among members of the group (Miranda, 2013). If I, as the therapist, managed to play some good music, I was sometimes tentatively invited into this culture, even if I was the strange white lady who listens to hip-hop! When young people bring and share their own music, they seem to invest in therapy processes more openly (Rio & Tenney, 2002; Wyatt, 2002).

Most group members are also drawn to trying out music-making. Drumming or playing the same instruments with set, repeated beats can offer a powerful sense of belonging (Watson, 2002), that may motivate a strong desire to work together. This was a common experience in groups I facilitated. When this did not happen, I documented how the disconnections highlighted in music-making were often addressed through simplifying rhythms and encouraging group members to teach one another (and me) how to play them, simultaneously finding healthy ways to collaborate. Even in the most chaotic of sessions, my notes include statements such as: “the drumming really worked” or “drumming just brought us all together.”

We may have the capacity to connect through making music, but this capacity has been formed within diverse cultural contexts. A culture-centred approach to music therapy, where relationships, music, and music-making are considered as culturally situated, highlights the importance of considering what every group member (and I) bring to the group (Stige, 2002). The co-creation of a musical culture that draws from the affordances each of us bring is pivotal. As the therapist, this often requires me to find innovative ways to invite group members to allow me into their worlds.

Over time, I have emphasised the importance of situating ourselves within context before even attempting to make music. I begin groups saying that it may feel strange to encounter this white lady coming along with her drums, a direct introduction that can bring some relief in groups. It invites group members to situate themselves. In turn, some have shared more openly, sometimes ‘using phrases like: “For us black people, it’s like this”... (Oosthuizen & Hadley, 2013, p. 55).

I also clearly state the group purpose: “Right, you are here today because you’ve hurt some children...or (depending on the ages and offences committed by group members) because of sex.” This places music therapy as a complement to the overall SPARC programme, rather than an optional extra. This also brings group members honestly into our space so that when we write songs I can encourage them not to pretend their lives are all about fancy cars and good-looking women (emulating lyrics of some artists they enjoy), and when we play music that enables the release and exploration of difficult feelings such as aggression, these feelings can be named and owned. In this way, groups begin with an invitation. My invitation presents who I am, why we are here, and what we might do together. I invite group members to contribute willingly to our process.

A continuing challenge is just how far to extend this invitation. Given struggles with transport and activities at school that compete with group time, how do I negotiate boundaries such as attendance and timeliness? And what about the music? In early groups I spent hours searching for popular hip-hop music with lyrics that were not degrading or explicit and might be useful in therapy. In agreement with some other music therapists working with young offenders, it felt important to set a standard (Skaggs, 1997; Wyatt, 2002). But this music excluded a large part of what young people were listening to outside sessions. In choosing to work with music young people shared, should I simply acknowledge the great beat to affirm a group member, or should I challenge the lyrics? My notes record how these questions had to be reconsidered for each group.

The chaos of connecting within groups is also situated within and influenced by the broader context of the Teddy Bear Clinic.



## THEME 1b: Come to my Kasi: Moving from my music therapy in your organisation to our SPARC music therapy programme

Excerpt 2: (Due to renovations we had to work outside): ... the only space we had to work would be next to two large rubbish containers...And then, the social worker informed me – there was no way they could get electricity to here – I'd have to leave the keyboard out... He said, "Ja, we can just do some drumming."

Ansdell (2004) described a "circumstantial" community as a grouping of people who happen to be in the same place at the same time, sometimes for different reasons. Music therapy is very visible (and audible) at the Teddy Bear Clinic. Most members of this circumstantial community (including staff and social workers co-facilitating groups with me, passers-by, student volunteers, or children receiving therapy) notice the enjoyment and positive energy expressed by group members. It suggests that this therapy may offer something important. My perception is that they also notice the chaos and noise, and some query my aims or competence.

I find starting as a music therapist in any organisation difficult. The fact that clinic managers had accepted my proposal for this work did not imply that those I co-facilitated groups with initially had any knowledge and interest in what I was doing. There seemed to me a disconnection between many colleagues' concepts of what a music person should do, and what I considered to be music therapy. Social workers required to accommodate my groups may have seen no issues with changing session times or venues. After all, can't you make music anywhere? On the other hand, as a newly qualified therapist I found it unsettling to move away from strict boundaries regarding my practice, such as creating a contained therapeutic space next to rubbish containers with only a few drums to go around! As a sessional worker, I also had little time to engage with staff casually and talk through my roles. Misunderstandings led to some conflicts that impacted my work with groups. When relationships with staff were more strained, my notes reflected far more on negative aspects of group processes. I questioned my presence in the organisation and found the work less rewarding.

Within the chaos of misunderstandings and miscommunications, my music therapy might often have been a misfit. I had to decide whether to quit or find ways of working as a professional *within* this system, forming a unique SPARC music therapy programme. This meant loosening my boundaries. Closed groups might include interns or siblings in negotiation with group members. I collaborated and offered training rather than vociferously defending boundaries between what music therapy is and is not and who can or can not do it. I offered experiential debriefing workshops for the staff, presenting and talking about music therapy to anyone, anywhere. Slowly, the organisation has come to know me, and the programme has become *ours*. Social workers follow up and offer me feedback when I experience difficulties with group members. They stress the importance of music therapy, particularly for children who struggle to participate in CBT due to hyperactivity or concurrent disabilities. In this way our collaborative expertise enhances the programme overall.

The process of negotiating a practice within the Teddy Bear Clinic requires me to continually move and improvise along with SPARC programme developments and the transience of the community. On a parallel track, my work has had to adapt to meet the changing needs and potential of each group.

## THEME 2a: It's not that easy: Moving from just doing music towards a balance between musical and verbal, doing and reflecting

Excerpt 3: "...I've never heard my instruments played with such energy, almost aggression and fire before in my life. It was awful to be in the room it was so loud ..."

Music is a powerful means of enabling simultaneously physical, emotional, and social experiences of aspects that group members are dealing with in other areas of the programme (Skaggs, 1997). I graduated from a music therapy training predominantly

based within the approach of Nordoff-Robbins music therapy, where the therapeutic process is guided by a relationship between therapist and client developed within music-making (Guerrero, Marcus, & Turry, 2015). Without requiring verbal interventions, changes in the therapist's music might serve to reflect, contain, challenge, or extend the musical contributions of group members, which are considered as expressions of their personal and emotional worlds. I consider it a valuable necessity for group members to have a space to release aggression and fire, or the chaos of their outer (and inner) lives, and music-making can offer that opportunity. My notes often infer that most group members want to make music rather than talk. It is important that a significant portion of therapy processes involve engaging in musical activities.

However, the chaos played out through musical experiences such as the one described in the excerpt can be overwhelming. In this example, some group members actually left the room until the music-making became quieter. Without further reflection, as group participants returned to their own rather complex life situations, what did this leave them with? What resources or means of coping might they have gained through the experience?

In my session notes I describe how verbal reflections often acknowledged and eased the tension precipitated through intense music-making. A group could reconsider an experience they had written off as being horrible because they were bad musicians. Reflections assisted group members to try and make sense of their experiences and transfer aspects of the therapy process into their everyday lives.

Over time, I have increasingly offered space for verbal reflections in groups, which instigates new challenges:

Excerpt 4: While listening to different pieces of music: "Most group members liked every piece I played, saying things like they liked the beats or the music, everything, or the way the singer sang ... Group members seemed willing to open up and share their ideas if given time, but others quickly started squirming in their chairs, struggling to focus for long enough to allow this discussion..."

I am used to the process of reflecting. My session notes suggested that group members did not always find it easy. They appeared awkward and initial responses to questions were often limited. Group members might say they liked the beat and were not always sure why. Over time, I found it helpful to reflect *with* or *for* some groups, speaking aloud my own thoughts: "That beat was strong, it made me feel kind of powerful, or maybe tense, or annoyed? What do you think?" This could lessen anxiety and even generate some discussion. My notes also record instances where more articulate group members appeared to speak *for* others as they verbalised their personal experiences.

Even when verbally considering an experience, I consistently found the central feature of music in music therapy helpful, particularly for groups that struggled to find words or focus for long. My session notes articulate how musical structures helped group members to order their contributions and limited the anxiety caused by long periods of silence. I regularly encouraged group members to include reflections through a word or a rapped phrase in the rest beats of an ongoing drum rhythm. Hara (2012) suggested that the process of freestyle rapping or working on a product provides an accessible form that can motivate group members to reflect on their life experiences.

What remains a challenge for me is finding a balance between reflections and music-making, something that I need to determine and work out for every group. Who makes these decisions and how and when offers an additional challenge regarding the therapeutic process.

## THEME 2b: It's not that easy: Moving from *my* responsibility to *our* group

Excerpt 5: After writing a group story: "It was interesting what this story brought out about the lives of the boys ... the setting portrayed some of their real lives – shooting, abusive parent, sick parent, absent father, etc. Then there was the aspect of having to deal

with an issue alone ... The boys didn't even begin to move towards anyone coming to help...and ... killing people who had killed others seemed the only plausible solution."

There are instances when I find it hard to understand the reality of group members' lives. What healthy or normal behaviour is for me (formed within my privileged, resourced, community), might not be the same for these young people. My experience of chaos in groups might reflect necessary coping strategies employed by some group members. I am working with perpetrators, most of whom have deeply wounding experiences of being survivors of abuse, neglect, poverty, or violence (WHO, 2012). My focus might be to enhance healthy social skills such as empathy (and asking for help rather than seeking revenge), when group members need more opportunities to release aggression and hate and to be heard. They may need to "kill" what they are holding inside.

A resource-oriented approach to music therapy practice focuses on strengthening the resources young people bring to therapy rather than trying to fix things, according to my views of what that means (Rolvsvjord, 2006). The young people I work with *aren't* getting it all right – when it comes to relationships and the law for a start! But, they can be considered as experts in terms of their knowledge of their own lives and how they might transfer what happens in therapy beyond this space. And they are experts in terms of the music – the beats and artists and songs they bring, and musicality they express through their participation. In this way, the group can lead the process. I offer possibilities but cannot force change, or decide what I think that change "should" be.

Music is an existing resource for many adolescents (Miranda, 2013). Popular artists communicate powerful messages and through considering song lyrics, group members consider aspects of their own lives. There are artists who express anger, violence, and hate; regrets, as well as love; longing to change; hope and possibilities: and a sense of worth despite their circumstances (Yancy & Hadley, 2012). Some songs are chilled or low and can calm group members, others hear their anger and make them feel better, some can bring feelings of happiness and help them to put aside difficulties. Although young people may not always use music in healthy ways (for instance, they may listen to music that stimulates feelings of aggression), group members inevitably have to take responsibility for what music to listen to, and when, and how (McFerran & Saarikallio, 2014). Particularly in later groups, I encouraged young people to consider choosing music that could enhance their ability to cope in different life situations.

Through my session notes, I considered how active music-making affirmed the potential and positive contributions of group members. I could support musical contributions led by group members even if I could not understand their life views. Music-making enabled the release of emotional and physical turmoil that group members may not have been able to verbalise or vulnerable expressions that may have felt threatening to explore in other spaces. This was a meaningful experience for Nkosi<sup>2</sup>, who was often rebellious, loud and impulsive in groups:

Excerpt 6: "The most surprising was with Nkosi, who played very gently, quietly and slowly on the keyboard, allowing me to match his playing very closely – it actually felt very intimate – such a change for him!"

If I listened carefully to the creative verbal and musical cues of group members, I was sometimes offered a glimpse into their lives. I was invited to share, or even contain tentative, new explorations of alternative possibilities.

A continuing challenge for me is that it is exceptionally difficult to manage my own feelings about what health is, the importance of the SPARC goals, what a group needs and how music therapy helps, versus attempting to understand and work with the constructs group members themselves bring to groups. What amplifies this challenge is that I am not able to directly engage with the home communities of group members. It sometimes feels aimless to engage with isolated individuals who return to communities who may not understand or support their growth. Thus, I continually consider different means of including the broader community in some aspects of our work.



### THEME 3: All eyes on me: Engaging the paradox of stigma alongside affirmation within the broader community

Excerpt 7: Working in a school - the break bell rings and a whole lot of children rush into the hall. "Please Miss" says one young girl, "how can we join this group?"

Most SPARC groups are facilitated on the Teddy Bear Clinic premises. This ensures that the stories accompanying group members and what happens in groups is strictly confidential, kept separate from the broader communities of those who attend. In the few groups we facilitated in schools or children's homes, we had to carefully consider how to manage issues of confidentiality when there were constantly children running past hearing the music, sometimes just joining us.

Working in these contexts was a reminder that everyday communal life cannot be separated to what happens in groups. Young people belong to communities that might support or ostracise them. There is a fragile balance between the damaging stigma of being labelled a sex offender and a longing for recognition as someone who has value despite what they have done.

For most groups I facilitated, my session notes indicate that creating a musical product to perform was experienced positively (and often seemed to be an expected part of making music). This offered a means of consolidating the therapy process, emphasised as group members often chose to direct the messages of their songs to young people "just like us." A performance of this product for caregivers and Teddy Bear Clinic staff enabled group members to share their growth through the therapy process and identities as musicians and young people with potential.

The process of moving towards a performance, however, was rarely easy and often chaotic or unpredictable. It took time and commitment that group members did not always have over a short-term process. My notes are full of examples where, as the process got under way, an initially enthusiastic group resisted this through numerous excuses, or just reciting raps from their favourite artists that did not relate to their personal stories or experiences.. Perhaps this highlighted the tension young people felt in balancing their need for privacy and affirmation. Many performances ended up as last minute, improvised affairs, even though groups remained very excited to perform.

Due to work or other obligations, many caregivers of SPARC participants have been unable to attend final performances. Thus, group members are also offered a recording of their musical products, and certificates acknowledging their potential that they can take back to their communities. Recordings enable group members to choose with whom they share their performance, to exhibit their positive potential, find support, or just share a part of their lives. In later groups, I described how group members themselves used social platforms such as Facebook or Whatsapp to record and share their performances. Whilst this has been valuable, it has become increasingly important to explore these options as a group to ensure that all will feel acknowledged but also respected and protected.

Whether working in a children's home or school, or in the context of communities that may be unseen, a continual challenge in my work in this context involves considering who could and should be included and excluded from group members' performance of their growing identities and how. Similarly, through the process, I have had to reflexively negotiate my own engagement with groups.

### THEME 4: Am I ever gonna quit? Hell naw: Moving from a need to get things "right" to listening, reflecting, and allowing the process

Working with adolescents can be intense and confusing and sometimes it just feels as if I hold the unbearable. On the surface, my work sometimes appears to me as little more than noise and young people bashing everything and anything. As part of an emerging music therapy profession in South Africa, when people show interest, I am tempted to advocate for my work based on my perceptions of what colleagues, allied professionals

or funders might consider as valuable, as opposed to focusing on what a group might need. It feels harder to explain the importance of raucous playing and chaos than the synchronous music-making of a calm, focused group.

My work never feels easy and requires constant reflection, not only regarding group and contextual dynamics, but also my own personal and professional process. An advantage of working as a music therapist, is that I do not go into sessions alone. I have music – my co-therapist. My session notes record numerous instances where music motivated young people to participate and facilitated experiences of belonging and release. Music could contain the chaos of a group. I could get slower, faster, move towards the energy of a group, and try out new possibilities. It was not often that I had to stop everything and yell and say: “Now, sit down, calm down!” It was more often that a strong, clear rhythm achieved this. The more confidence I had in the music, the more I trusted this resource.

Building good relationships with colleagues over time has also supported me and is as important as my work with actual group members. When my colleagues began to view me as a professional part of their team, I could take up that role. At the same time, as I built stronger relationships with group members themselves, my session notes reflected my surprise at how willing they were to try out supposedly uncool activities (such as a relaxation to quiet music).

It remains a challenge to work with young people in a process of defining their own identities in an organisation needing to uphold its identity (for funding) as a music therapist needing to assert my identity and that of my profession! And yet, over time, as I worry less about the chaos, I have been able to wait, listen, reflect, and find the possibilities through and in this chaos.

## Conclusion: Co-creating through chaos

Underlying my experiences of chaos, the patterns revealed through reflecting on challenges and developments in the SPARC music therapy programme stipulate the importance of co-creating this work within the context of the organisation, group members, and their communities. Sometimes this has required wading through the chaos of disconnections or misunderstandings. Sometimes the co-creation of this programme has required me to be flexible despite of, or even within the chaos. Aspects that I might have thought of as absolutes, such as starting sessions on time, are negotiable (Oosthuizen, 2006). Strong boundaries and consistency look different in different contexts. My ideas of health and therapeutic growth are negotiated with my co-experts, the group members themselves. Music therapy is part of the overall SPARC programme that both sets boundaries and accentuates possibilities of this work. This work must regard the communities to which group members belong – whether physically present, or not. Recordings and social media offer different ways of interacting with these communities, empowering group members with the choice of how and with whom they share their musical and self performances.

Most surprisingly, there are moments when chaos has *enabled* the growth of groups and the programme through supporting intense and confusing expressions, motivating growth and allowing for explorations of possibilities that initially did not make sense to me. Chaos is a real aspect of my experience of this work, but could it be considered as a potential *resource*? This may be a pertinent issue requiring further exploration.

## Limitations

In stressing the importance of co-creating this project, a limitation of this inquiry is that it relies on a review of my own session notes over time. A more comprehensive study of the SPARC music therapy programme that includes views of group members themselves, Teddy Bear Clinic staff and possibly even views of significant members of group members' communities would be valuable.

## Editorial note

Paper presented at the Online Conference for Music Therapy, February, 2017.

## Notes

1. All excerpts are quoted from my session notes. No dates or details about groups are included to respect the confidentiality of participants
2. Names have been changed to respect the confidentiality of clients

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