PSYCHO-EDUCATIONAL GUIDELINES FOR THE USE OF MUSIC IN A GROUP ANGER MANAGEMENT PROGRAMME FOR CHILDREN IN RESIDENTIAL CARE IN GAUTENG

by

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DECLARATION

Student number: 0826-172-5

I declare that **PSYCHO-EDUCATIONAL GUIDELINES FOR THE USE OF MUSIC IN A GROUP ANGER MANAGEMENT PROGRAMME FOR CHILDREN IN RESIDENTIAL CARE IN GAUTENG** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

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SIGNATURE   DATE

Mrs. B De Villiers

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I wish to acknowledge and express my sincere gratitude to the following people who contributed significantly to the completion of this research study:

SUMMARY

This study explored the utilisation of a music anger management technique as an effective therapeutic aid in addressing the problems that children in residential care have in managing and expressing their anger.

A literature review was conducted which provided evidence that music can be a helpful tool in teaching children appropriate ways to manage their anger. An empirical study was conducted and five participants were chosen through a sampling process. Background information of the five participants was obtained and data analyses were presented from the data gathered in the pre-and post-assessments processes before and after the implementation of the music anger management technique. The data that gave rise to several empirical findings were then reduced.

From the empirical study, it can be concluded that the music anger management technique can be used effectively to improve inappropriate anger management. Getting firsthand experience of the implementation of the music anger management technique led me to derive psycho-educational guidelines, which can assist the educational psychologist in using the music anger management technique in addressing unmanaged anger in children in residential care.

Keywords

Residential care, anger, anger management, music, power of music, music and emotions, music therapy, group therapy, group music therapy, music anger management technique, psycho-educational guidelines.

TABLE OF CONTENTS

LIST OF FIGURES

LIST OF TABLES

CHAPTER 1: INTRODUCTORY ORIENTATION, ANALYSIS OF THE PROBLEM, AIM OF RESEARCH AND CLARIFICATION OF CONCEPTS

1.1   INTRODUCTION

Many children in South Africa are in Child Welfare or private children's homes, as their biological parents or other caregivers are unable to care for them. Some of these children previously lived in violent homes; others were neglected, abused or abandoned. These influences have a powerful effect on how these children relate to their world, as in most cases, it results in their being angry (Kendrick 2008:50).

According to the Child Welfare League (CWLA), children in residential care are typically angry and depressed, and they act out. For many youths, their placement into residential facilities very often is their last chance at social services before a move into the juvenile justice system.

Some children in residential care have never learnt ways to cope with their anger and feel that they only receive attention when, for example, they throw tantrums, break windows or hurt other children (Kendrick 2008:141). According to Borba (2001:81–83), anger is an inevitable part of life, but some ways of dealing with it are better than others. In today's world, learning to cope with anger and frustration in a positive way may be one of the most important tools our children can learn.

Learning how to 'take charge' of angry feelings is an important lifelong skill. 'Taking charge' of angry feelings means developing a 'bag of tricks' or coping skills that can be used in different situations (Borba 2001:24). Music is one of those 'tricks in the bag' that can be used to help children to cope with their angry feelings better (Crowe 2004:7). Music can act as a bridge between the physicality of the experience of anger and the children's ability to speak and think about this experience. Schneck and Berger (2006:22–25) state that music has power. It can change attitudes, relax or energise the body, animate the spirit, influence cognitive development, enhance the body's self-healing mechanisms, amuse, entertain and foster a general response which can be a state of comfort, or in some instances, even discomfort.

1.2   ANALYSIS OF THE PROBLEM

1.2.1   AWARENESS OF THE PROBLEM

The choice of the theme for the research study was influenced by a thought pattern that has developed over years of being involved with music, musical instruments and children at a non-professional level. My passion for music and the experiential knowledge gained through interacting with children has motivated an ongoing search for creative ways in dealing with angry children using music.

The Epworth Children's Village is a residential village that was established in 1921 to care for children who are removed from their families for various reasons. It is a registered non-profit organisation, licensed with the Department of Health, and has accommodated thousands of traumatised children over the years. Hereafter the Epworth Children's Village will be referred to as Epworth.

As an educational psychology intern at Epworth, I became aware of the increasing number of children who were angry because of their social circumstances. Miss Alge McClintock, the educational psychologist at Epworth, is of the opinion that children are becoming increasingly angrier. She voiced the need for effective anger management programmes for the children in residential care, as there are currently no such programmes. This confirms the need for effective anger management programmes for children in residential care.

Given my background and involvement with children and music, I wish to investigate the effectiveness of music as part of an anger management programme that is specifically focused on groups of children in residential care. Musical activities in group therapy easily lend themselves to interaction goals.

Singing, movement and instrument playing in groups encourage tolerance of and physical contact with others. These activities, including facing each other in a circle, playing instruments together and listening to each other in music group therapy, contribute to the distinction between self and others and the improvement of social behaviour (Davis, Gfeller & Thaut 1999:23). I believe it will be beneficial to conduct research on this matter, as it will greatly enhance an anger management programme for children in residential care.

In the preliminary literature investigation, it became clear that the use of music in therapy has been extensively explored from different perspectives (Aldridge 2005; Cassity & Cassity 2006; Hallam 2005 & Suess 2008). Evidence of research into anger management

programmes in residential care was also found (Child Welfare League of America; Atkinson 2005, Eriksson & Tjelflaat 2004:48–50). However, no research into the curative value of music in a group anger management programme for children in residential care could be found.

1.2.2 LITERATURE STUDY

Anger is a normal response to feeling threatened or frustrated. According to Lench (2004:512), diagnosing and treating individuals with anger problems has been an increasing concern to health organisations, clinicians and society as a whole. Resent conceptualisation has focused on anger as an adaptive mechanism for dealing with obstructed goals and perceived threats (Lench 2004:513).

Oaklander (1988:221) is of the opinion that anger is the 'most feared, resisted, suppressed, and threatening emotion – because it is so often the most important and the deepest hidden block to one's sense of wholeness and well-being'.

Oaklander (1988:224–225) mentions that the child cannot sit still with the 'painful spike in the flesh'. Anger results in activity, in doing something about the cause. However, a child lacking experience and diplomacy, may often express him or herself in an unacceptable way. For example, a child may say: 'I hate you. I will kill you'. If adults hear this, they are shocked and forbid such self-expression. The child then represses or internalises these feelings. The child is thus made to feel that he or she cannot effectively manage or control his or her anger. The child learns to keep such feelings to him/herself and often develops physical problems, such as stomach aches and headaches; enkopresis, enuresis and stealing can also occur. All of these problems appear because the child turns his or her negative energy inside his or her body. The child may not own it; therefore he or she represses it.

Children who own their anger can feel their emotions and are more in contact with themselves than children who continually try to suppress their anger and assume that no negative feelings exist (Schoeman & Van der Merwe 1996:66–69).

However, if anger is not well managed, it becomes a problem, threatening every aspect of the child's life including relationships. To manage excessive anger, you need to learn how to express your feelings in a healthier way so that anger becomes a helpful, controlled reaction to everyday frustrations. Shah (2007) mentions that anger is an emotional state that varies in intensity, ranging from mild irritation to violent rage. Like other emotions, it is

accompanied by changes in the body, including increased adrenaline levels and a faster heartbeat.

Some children are able to express their anger in a controlled and constructive way, while others lash out in an aggressive, uncontrolled way either immediately or after letting their feelings build up. This can lead to intimidating, violent or bullying behaviour that endangers other people and/or property. Anger can even lead to self-harm (Shah 2007).

Anger management only becomes an issue when we are no longer able to control our anger, and have destructive outbursts. A destructive outburst does not necessarily mean that you have broken something or hurt someone physically as a manifestation of your anger; it just means that, because of your inability to control your angry responses to a real or perceived stimulus, you have harmed someone, something, or even yourself (Cole 2007).

Authors such as Blom (2004:47), Goleman (1995:273), Oaklander (1988:221), Wright and Olivier (1995:90) and Shapiro (1997:285) explain that the effective management of anger is one of the problems that children have to deal with most often in their daily lives and that it is often suppressed. Goleman (1995:273) adds that programmes should discuss topics such as 'empathy, perspective-talking and caring, thus emphasizing social and emotional skills'.

Cole (2007) states that when the child's anger controls him or her, the child may feel at the mercy of something that he or she cannot control. Anger can cause the child to do things the child normally would never do, and even things that the child could regret for the rest of his or her life. Anger can even affect the child's physical well-being in many ways. It can cause him or her to regress to the caveman era emotionally, when the fight or flight response was the only way to stay alive in an uncivilised world. Uncontrolled anger does not only affect the child's personal relationships with others, it affects the child physically as well.

According to Suess (2008:30–31), music is far from the first thing we associate with anger management, but music can be a helpful tool in learning to manage strong emotions such as anger. Music's expression of emotions through the stories we hear in songs can help to raise emotional awareness and the awareness of different options of expressing them.

Feelings are of primary importance to children. The way a child goes about an action is a function of the way he or she feels about it. The emotional life of a child is reached directly through music (Nordoff & Robbins 1985: 49–50).

Oaklander (1988:115) mentions that music and rhythmic beats are ancient forms of communication and expression and are therefore appropriate in therapeutic work with children.

Music, like language, can both express and induce emotion. Omar and Peynircioğlu (2006:511) state that a variety of studies explored the relationship between musical variables e.g. tempo, dynamics and rhythm, and judgements of emotions in music. For instance, strong associations have been observed between fast and slow tempo in music and ratings of happiness and sadness, as well as ratings of anger and fear, respectively. Omar and Peynircioğlu go further to say that similar associations have been observed between regular rhythms and positive moods, and irregular rhythms and negative moods.

Portowitz (2007:260) is of the opinion that within the domain of social well-being, music has been found to contribute positively to self-efficacy, social activities and self-regulation. Music is an alternative field where children can succeed.

Suess (2008:35–46) explains that music's expression of emotions through the stories we hear in songs can help to raise emotional awareness and the awareness of options for expressing them. Emotional awareness is the first part of any anger management training programme, whether the programme is tailored to individuals or groups. To manage anger, a person needs to know just how angry or upset he or she is. Songs that portray stories can be used to 'diagnose' how angry the person in the song seems to be. Talking about the situation in a song can give a child a bit of detachment from the emotion that they may find hard to realise when they themselves are in such a situation.

According to Suess, after focusing on the song, the child can personalise the situation to describe the feelings he or she might experience in the same situation. It is in this capacity that anger management and music therapy are so incredibly effective.

Songs can also be used to pick out the emotions contributing to anger. Anger is often a secondary emotion. The grief, sense of loss or injustice, or perhaps jealousy or shame behind the anger can be identified in a song or in the child when in a similar situation. Sometimes a therapist may ask a child to choose a song that mirrors a situation in the

child's life. This helps the therapist and the child to explore the emotions behind the anger (Suess 2008:57–63).

Another form of anger management is explained in the Doing Anger Differently (DAD) programme (Currie 2004:276). The programme uses Latin and African percussion – congas, djembes and other hand drums, bass, snare and other stick drums, cowbells, whistles and shakers, and allows each child his or her own instrument with which to participate in the exercises. Currie (2004:277) mentions that the percussion assists the children to symbolise their inner experience, acting as a bridge between the physicality of the experience of anger and the ability to speak and think about this experience. According to Currie, many angry children experience difficulties in speaking about negative emotions. This symbolisation acts as a metaphor for internal experience, assisting children to understand the difference between their internal response to a situation and the situation itself and addresses characteristic habits of angry children to blame others for their feelings and actions and to confuse emotion and action.

Currie (2004:278) adds that percussion creates group cohesion, bypassing the negative and destructive language of angry children. It offers an invitation to the possibility of play, creation, and enjoyment within a powerful latticework of in-group relationships.

Drums have been used throughout history to communicate, to go to war and have symbolised power (MacIntosh 2003; Camilleri 2002 & Bensimon, Amir & Wolf 2008), as such, drums provide an excellent outlet for dealing with low assertiveness and those who experience overwhelming anger (MacIntosh 2003:21). In MacIntosh (2003:21), Slotoroff (1994) explains that he uses the drumming technique to help children to increase their awareness of their feelings, emotions, thoughts and coping styles. By practicing how to tolerate difficult feelings rather than acting impulsively; and by practicing how to handle conflict assertively and/or anger management through drumming, the goal of helping children develop assertiveness and/or anger management skills is accomplished. Slotoroff, in MacIntosh (2003:22), further indicates that children learn that anger can often come on suddenly and be difficult to control but that given the opportunity to experience the build up of the emotion, they will be better able to control it.

Plach (1996:3) defines music in group therapy as the use of music or music activities as a stimulus for promoting new behaviours and exploring predetermined individual or group goals in a group setting. Nordoff and Robbins (1985:135) explain that whatever the

requirements, a therapist who uses music as a therapeutic tool, works in a flexible way to meet the group through and within an active musical experience.

Choi, Lee and Lee (2007:575-579) investigated the effects of group music intervention on anger and self-esteem in children with highly aggressive behaviour. The findings of the study suggest that music can reduce anger and improve self-esteem in children with highly aggressive behaviour. Music intervention is an easily accessible therapy for children and, as such, may be an effective intervention for aggressive behaviour.

1.3   DELIMITATION OF RESEARCH FIELD

For the purpose of this particular study, I have decided to limit the research to the following:

- The population of learners will be limited to children who are in residential care at Epworth
- A sample of girls and boys between the ages of nine and eleven years of age, who have shown significant problems in controlling their anger, will be used
- Children who do not have any neurological problems, as prescribed medication will affect their behaviour and thus influence the results
- Children who do not currently receive any other form of psychotherapy
- Group therapy sessions of no more than five members in a group.

1.4   STATEMENT OF THE PROBLEM

What psycho-educational guidelines can be proposed regarding the use of music in a group anger management programme, focussing on children in residential care?

1.5   AIMS OF THE STUDY

1.5.1   PRIMARY AIM

The aim is to develop psycho-educational guidelines for the use of music in a group anger management programme for children in residential care.

1.5.2   SPECIFIC AIMS

To achieve the primary aim, research will be conducted along specific aims to find answers to the following research questions:

a) What is the curative value of music in relation to children in residential care who have problems with anger management?

b) What effective anger management techniques and music therapy will form part of a music anger management technique?

These specific aims comprise:

1.5.2.1 A literature study

A wide literature study will be conducted to gain background knowledge on anger, anger management, music therapy and the curative value of music. Particular focus will be placed on the emotions, feelings and thoughts that underlie anger and the healthy options for expressing these feelings and thoughts, conflict resolution and practice in a positive manner. The literature study will provide insight into these aspects and the above research questions.

1.5.2.2 Empirical research

Based on the finding of the literature study, an understanding and assessment of a music anger management technique for children in residential care will be gained through the analysis and interpretation of data gained from projection media; observations; interviews and questionnaires in pre- and post-assessment sessions; official documents and artefacts. A questionnaire designed to obtain information on how the child expresses anger in the different contexts will be used. The data will be analysed using qualitative methodology.

1.6   CLARIFICATION OF CONCEPTS

1.6.1 ANGER

The Reader's Digest Oxford Complete Word finder (1992) describes anger as extreme or passionate displeasure, hostility, indignation, resentment or exasperation toward someone or something, rage, wrath. The word *anger* comes from the Old Norse word *angry*. Anger, to the Vikings, referred to someone who was tightly or painfully constricted by pain and grief; anger also denoted a painful spike (in the flesh).

Shah (2007) describes anger as a strong emotion of displeasure caused by some type of grievance that is either real or perceived to be real by a person. The cognitive behaviour theory attributes anger to several factors such as experiences, behaviour learned from others, genetic predispositions, and a lack of problem-solving ability. To put it more simply, anger is caused by a combination of two factors: an irrational perception of reality (it has to be done my way) and a low frustration point (it's my way or no way). Anger is an internal reaction that is perceived to have an external cause. Angry people usually blame their reactions on some person or event, but rarely do they realise that the reason they are angry is because of their irrational perception of the world. Angry people have a certain perception

and expectation of the world that they live in and when that reality does not meet their expectations, they become angry.

Curry (2004:275) states that a high level of anger in early adolescence often translates into crime, violence, low achievement, and physical and mental illness in later adolescence and adulthood, particularly with boys. Intervention becomes more difficult beyond the age of 15 as young people have become more firmly ensconced in a culture of offending and punishment.

1.6.2   ANGER MANAGEMENT

According to Berry and Berry (2008:45-50), the term *anger management* commonly refers to a system of psychological therapeutic techniques and exercises by which someone with excessive or uncontrollable anger can control or reduce the triggers, degrees, and effects of an angered emotional state. Some techniques for controlling anger are finding agreement with another person rather than a conflict. The use of deep breathing and meditation can be used as a means of relaxation.

Suess (2008:226–335) mentions that a critical step in anger management is addressed through music by learning how to pull back. When a child has an awareness that his or her anger is escalating, there is a window of opportunity that each child must identify for his/herself. This is the critical point of escalating anger when the child still has the ability to exert self-control, but he or she must disengage from the situation to stop escalating to the point where he or she no longer has control. The methods of pulling back can be normalised through discussing songs.

Humour can also be injected to help detach from the emotions and the act of pulling back can be helped by appropriate venting and calming. Again, music can be helpful in providing outlets. A therapist might present expressive drumming as a means of releasing anger safely. Sometimes playing angry music or exercise will help a child to vent and music can be used as an energiser to encourage venting exercise. Calming is often needed when pulling back, or when leaving the situation is not possible. Relaxation techniques are part of most anger management programmes. A therapist can teach relaxation to music by choosing the appropriate calming music for the children and showing them various relaxation techniques.

There are many ways that anger management and music can work together to raise awareness of feelings, to depict the emotions that are felt in different situations, to describe

many options for the expression of emotions, as well as to present techniques for venting and calming.

Atkinson (2005) states that when managed properly, anger does not have to be an obstacle for children. Anger management is a difficult skill to master, but proven approaches abound. The process of managing anger requires structured teaching, a lot of practice, and frequent feedback that is both positive and corrective. Managing anger can take months, even years to achieve, and slip-ups are inevitable. It is therefore important for staff and parents to focus on children's successes and encourage them to view the rough spots not as failures, but as opportunities to learn and grow.

1.6.3 RESIDENTIAL CARE

According to Miles and Stephenson (2004), residential care can be defined as a group living arrangement for children. Adults, who would not be regarded as traditional carers within the wider society, are remunerated for taking care of the children.

From a young person's point of view, residential care might be described as being looked after away from home by people who are not his or her parents.

Davidson-Arad (2004:77) is of the opinion that children reach these residential care facilities for a variety of reasons, including the risk of being neglected or abused at home; having a range of physical, emotional, and cognitive disorders; and anti-social or delinquent behaviour. The facilities provide them with physical care, social learning opportunities, specialised behaviour training, and the promotion of general health and well-being.

According to the new Children's Bill, Chapter 14 (Government Gazette 2003) Child and Youth Care Centres are defined as follows:

1. A child and youth care centre is a facility for the provision of residential care to more than six children outside the child's family environment in accordance with a residential care programme or programmes suited for the children in the facility, but excludes a:
   (a) partial care facility;
   (b) shelter or drop-in centre;
   (c) boarding school;
   (d) school hostel or other residential facility attached to a school; or
   (e) any other establishment which is maintained mainly for the tuition or training of children other than an establishment which is maintained for children ordered by a court to receive tuition or training.

2. A child and youth care centre must offer a therapeutic programme designed for the residential care of children outside the family environment, which may include a programme designed for the:

   (a) reception, care and development of children otherwise than in their family environment;

   (b) reception, care and development of children on a shared basis with the parent or other person having parental responsibilities and rights;

   (c) reception and temporary safe care of children pending their placement;

   (d) reception and temporary safe care of children to protect them from abuse or neglect;

   (e) reception and temporary safe care of trafficked or commercially sexually exploited children;

   (f) reception and temporary safe care of children for the purpose of:

   (i) observing and assessing those children;

   (ii) providing counselling and other treatment to them; or

   (iii) assisting them to reintegrate with their families and the community;

   (g) reception, development and secure care of children awaiting trial or sentence;

   (h) reception, development and secure care of children with behavioural and emotional difficulties;

   (i) reception, development and secure care of children in terms of an order under the Criminal Procedure Act, 1977 (Act No. 51 of 1977);

   (j) reception and care of children for any other purpose that may be prescribed by regulation.

3. A child and youth care centre may, in addition to its residential care programmes, offer:

   (a) the provision of appropriate care and development of children with physical or mental disabilities or chronic illnesses;

   (b) the treatment of children for addiction to dependence-producing substances; or

   (c) any other service that may be prescribed by regulation.

1.6.4 GROUP THERAPY

According to Anderson (2007:224), group therapy is viewed as an interactive process in which a professionally trained therapist works with multiple members simultaneously from an organisational, intrapersonal, and interpersonal focus to help them achieve their goals. Group therapy may include psycho-education and psychotherapeutic elements with a focus on teaching and learning as well as remediation, curing, and healing. The members of the group are the most important part of group work and the purpose of group work should be that the group must be self-curing and members should be helpful to each other.

When working with groups, musical activities can be structured to promote cooperation, sharing, and taking turns, thus enhancing social and group skills (Davis et al. 1999:18). Music work in group therapy can offer a complex and rich musical context for persons to engage with one another. The fundamental nature of these engagements can result in some group members feeling a powerful connection to other members (Pavlicevic 2003:34).

1.7   MUSIC THERAPY

Music therapy is the use of sounds and music within an evolving relationship between client and therapist to support and encourage physical, mental, social and emotional well-being (Bunt 1994:5).

Choi et al. (2007:567-568) defines music therapy as the controlled use of music and its influence on the human being to aid in the physiological, psychological and emotional integration of the individual during the treatment of an illness or disease. They further state that music therapy is one of the options for controlling aggression and that music provides a positive channelling of emotions, especially aggression and anger, through emotional catharsis.

Responding to music is an instinctive human capacity, unimpaired by injury, handicap or trauma. One of the main advantages of music therapy is that it is a non-verbal means of communication. When it is difficult to use words to describe a traumatic experience, music can often express the inexpressible. This gives voice to the unheard and unhealed experience, and facilitates the healing process.

Music is a vibrant part of all cultures and is therefore a powerful tool when working with children. As music is non-verbal, it can be used to convey thoughts and feelings that feel inexpressible, especially in traumatic situations. Children often do not have the vocabulary to say what they have seen or felt, especially when they have witnessed violence. Music therapy gives a voice to the unheard and unhealed experience, and assists the remedial process. Musical structures, such as songs, can be used to tell a person's individual story and the playing of certain instruments (e.g. drum) can help in dealing with strong emotions, such as anger (MacIntosh 2003:20).

1.8   RESEARCH DESIGN

The research will be conducted using a qualitative procedure. According to Creswell (1994:145), qualitative research operates from the underlying assumptions that:

- qualitative researchers are primarily concerned with process rather than outcomes or product
- qualitative researchers are interested in meaning – how people make sense of their lives, experiences and structures of the world
- qualitative research involves fieldwork. The researcher goes to the people, setting, site or institution to observe or record behaviour in its natural setting
- the process of qualitative research is inductive in that the researcher builds abstractions, concepts, hypotheses and theories from details.

The research is primarily descriptive in its objective. McMillan and Schumacher (2001:33) consider the purpose of most descriptive research as describing an existing phenomenon and characterising something as it is.

The mode of inquiry will be interactive. McMillan and Schumacher (2001:35) define interactive inquiry as an in-depth study using face-to-face techniques to collect data from people in their natural setting. The researcher interprets phenomena in terms of the meaning people bring to them.

Permission to conduct research will be secured from the Director of Epworth. The envisaged data collection strategies include questionnaires, interviews, projection media, observations, official documents and artefacts. Data analysis will be based on the reduction and interpretation process. Creswell (1994:154) describes this as a process whereby voluminous amounts of information are taken; reduced to certain patterns, categories, or themes; and interpreted using some schema. A comprehensive literature study will be conducted to obtain the related information.

Prior to the music anger management technique, each child in the group will be pre-assessed for one session where information will be gathered regarding the anger experience of the child by means of data collection using the following instruments: questionnaires, interviews, projection media, observations, official documents and artefacts. The official documents will be scrutinised prior to the programme. Each participant will be post-assessed after the music anger management technique has been completed. This entails comparing the post-assessment data with the pre-assessment data to determine if there was any improvement in the participant's anger management.

A questionnaire is designed to obtain information from the childcare worker on how the child expresses his or her anger in different contexts i.e. the school, social/peer groups and the

community. The questionnaires will be used initially to select the five children with the highest scores to participate in the music anger management technique. The participants will be purposefully selected as information rich cases who could contribute significantly towards the study (Patton 1990:196).

I hope that the research conducted will contribute to the establishment of an effective anger management programme that will help angry children in residential care.

1.9   RESEARCH PLAN

The dissertation consists of five chapters:

- Chapter 1: Introductory orientation, analysis of the problem, aim of the research and the clarification of concepts
- Chapter 2: Literature review
- Chapter 3: Research design and methodology
- Chapter 4: Music anger management technique, results, presentation and discussions
- Chapter 5: Findings, conclusions and recommendations.

1.10   CONCLUSION

Many children in residential care previously lived in violent homes; others were neglected, abused or abandoned. It is therefore expected that some of them are angry because of their social circumstances. Their anger is an emotional state and varies in intensity from mild irritation to violent rage.

To assist these children in coping with their anger, effective anger management programmes need to be in place. This refers to psychological therapeutic techniques and exercises to control or reduce the effects of an angered emotional state. A therapist can include music with the other techniques used in the programme by choosing the appropriate calming music for the children and teaching them various relaxation techniques.

Music can be a helpful tool in learning to manage anger. There are many ways anger management and music can work together to assist with venting and calming, for instance. Furthermore, when music and anger management is presented as group therapy, musical activities can be structured to enhance social and group skills.

CHAPTER 2: LITERATURE REVIEW

2.1   INTRODUCTION

Unconditional love and acceptance is of the utmost importance in any person's life. A child first needs love from his or her parents and then from others in the child's world. As children develop, they must be allowed to be themselves. Most important is that the child 'needs to be allowed to express his feelings – to be angry, to be negative, to say "no" and to have to obey when someone gives him an order' (Janov 1990:7). Soon after birth, the child quickly learns which of his or her behaviours elicits the required responses. 'From birth they are all feeling, and sense every nuance of their parents' (Janov 1990:10). The child quickly learns if he or she is not 'accepted' for the person he or she is, and that he or she has to create a 'new person' i.e. the child surrenders his or her personal power to have his or her behaviour dictated by other people. This might cause a child to become angry at his or her life world, especially if the child is in residential care (Kendrick 2008:50).

According to the South African Law Commission Issue 13, there are at present about 29 000 children in residential care in South Africa, including places of safety, schools of industry, reform schools and children's homes, and about 74 000 children in foster care. Children who are out of control pose one of the most serious management and treatment problems for residential programmes (Stein 2007).

Stein argues further that anger seems to be their normal emotional state, their baseline. Their anger may not be evident when something is going on, they may smile and laugh appropriately when there is something to stimulate them, but when they are all alone, when they are not engaged in anything, they feel angry again. These are often the children who cannot go home for whatever reasons; children who have been abused, abandoned and/or neglected, or who have bounced from one placement to another (Stein 2007).

2.2   ANGER

2.2.1   DEFINING ANGER

Emotions can be considered as processes that involve involuntary action readiness. Basic emotions, such as anger, provide organisms with relatively complex and biologically prepared behavioural potentials that assist in coping with major challenges to their welfare. Although humans may possess the same emotional instincts as other animals, we may not be as controlled by the dictates of emotions and thus we have more choices. Consequently,

our emotions can be regulated, which may directly affect our behaviour (Cavell & Malcolm 2007:99).

An emotion is not a 'thing' according to Cavell and Malcolm (2007:99–100), but is best considered a process that is made up of basic processes such as feelings of pleasure or displeasure, facial-expression components, particular appraisals, and particular action plans and activation states. Anger is a relatively unpleasant feeling, and it is described using words such as annoyed, angry, and enraged, which express differences in intensity.

Kennedy (1992), as stated in DiGiuseppe and Tafrate (2007:21), define anger as follows:

> Anger is an affective state experienced as the motivation to act in ways that warn, intimidate, or attack those who are perceived as challenging or threatening. Anger is coupled to and is inseparable from sensitivity to the perception of challenges or a heightened awareness of threats (irritability). This affective motivation and sensitivity can be experienced even if no external action occurs.

According to Hall (2008:48), in modern society, anger is viewed as an immature or uncivilised response to frustration, threat, violation, or loss. Conversely, keeping calm, coolheaded, or turning the other cheek is considered more socially acceptable. This conditioning can cause inappropriate expressions of anger such as uncontrolled violent outbursts, misdirected anger or repressed feelings of anger when it would be an appropriate response to the situation. Anger that is constantly 'bottled up' can also lead to persistent violent thoughts or actions, nightmares and even physical symptoms. Anger can also aggravate an existing mental health problem, such as clinical depression.

Many researchers believe that depression is anger turned inwards (Lench 2004:513). This is because many depressed children react to stress by turning their anger inward as a response to physical or mental abuse or neglect from parents or others. One secondary effect of the depression sufferer's denial of anger is that their interpersonal relationships are often unhappy and unhealthy.

Lench (2004:513) states that another side effect of anger is that it can fuel obsessions, phobias, addictions and manic tendencies. Many children who are unable to express their anger will let it out in some sort of furious activity, which can result in clinical depression or even bipolar disorder. Anger can also fan the flames of paranoia and prejudice, even in normal, everyday situations.

Alternatively, Lench (2004:523) proposes that the words *anger* and *rage* are often imagined as being at opposite ends of an emotional continuum; mild irritation and annoyance at one end and fury or murderous rage at the other. Hall (2008:67) has challenged this idea by conceptualising anger as a positive, pure and constructive emotion that is always respectful of others; only ever utilised to protect the self on physical, emotional, intellectual and spiritual dimensions in relationships. She argues that anger originates at 18 months to 3 years of age to provide the motivation and energy for the individuation developmental stage whereby a child begins to separate from their caregivers and asserts his or her differences. Anger emerges at the same time as thinking is developing, therefore it is always possible to access cognitive abilities and feel anger at the same time.

Everyone feels angry sometimes. Anger is a normal response to feeling threatened or frustrated. According to Lench (2004:512), diagnosing and treating individuals with anger problems has been an increasing concern to health organisations, clinicians and society as a whole. Resent conceptualisation has focused on anger as an adaptive mechanism for dealing with obstructed goals and perceived threats (Lench 2004:513).

According to Shah (2007), it is important to understand that not all anger is unhealthy. Anger is one of our most primitive defence mechanisms that protects and motivates us from being dominated or manipulated by others. It gives us the added strength, courage, and motivation needed to combat injustices done against us and our loved ones. However, if anger is left uncontrolled and free to take over the mind and body, then anger becomes a destructive goal. This arousal, according to the theory, can only be reduced by acting aggressively.

2.2.2 TYPES OF ANGER

Anger can be one of two main types: Passive anger and aggressive anger. These two types of anger have certain characteristic symptoms (Hall 2008:65; Lench 2004:514; Blake & Hamrin 2007:219):

2.2.2.1 Passive anger

Passive anger can be expressed in the following ways:
- Secretive behaviour, such as stockpiling resentments that are expressed behind people's backs, 'giving the silent treatment' or under the breath mutterings, avoiding eye contact, putting people down, gossiping, anonymous complaints, poison-pen letters, stealing, and conning.

- Manipulation, such as provoking people to aggression and then patronizing them with forgiveness, provoking aggression but staying on the sidelines, emotional blackmail, false tearfulness, feigning illness, sabotaging relationships, using sexual provocation, using a third party to convey negative feelings, withholding money or resources.

- Self-blame, such as apologising too often, being overly critical, inviting criticism.

- Self-sacrifice, such as being overly helpful, making do with second best, quietly making long suffering signs but refusing help, or lapping up gratitude.

- Ineffectualness, such as setting yourself and others up for failure, choosing unreliable people to depend on, being accident prone, underachieving, sexual impotence, expressing frustration at insignificant things but ignoring serious ones

- Dispassion, such as giving the cold shoulder or phoney smiles, looking cool, sitting on the fence while others sort things out, dampening feelings with substance abuse, overeating, oversleeping, not responding to another's anger, frigidity, indulging in sexual practices that depress spontaneity and make objects of participants, giving inordinate amounts of time to machines, objects or intellectual pursuits, talking of frustrations but showing no feeling

- Obsessive behaviour, such as needing to be clean and tidy, making a habit of constantly checking things, over-dieting or overeating, demanding that all jobs be done perfectly.

- Evasiveness, such as turning your back in a crisis, avoiding conflict, not arguing back, becoming phobic.

2.2.2.2 Aggressive anger

The symptoms of aggressive anger are:

- threats, such as frightening people by saying how you could harm them, their property or their prospects, finger pointing, fist shaking, wearing clothes or symbols associated with violent behaviour, tailgating, blowing a car's hooter excessively, slamming doors.

- hurtfulness, such as physical violence, verbal abuse, biased or vulgar jokes, breaking a confidence, using foul language, ignoring people's feelings, wilfully discriminating, blaming, punishing people for unwarranted deeds, labelling others.

- destructiveness, such as destroying objects, harming animals, destroying a relationship between two people, reckless driving, substance abuse.

- bullying, such as threatening people directly, persecuting, pushing or shoving, using power to oppress, shouting, using a car to force someone off the road, playing on people's weaknesses.

- unjust blaming, such as accusing other people for your own mistakes, blaming people for your own feelings, making general accusations.

- manic behaviour, such as speaking too fast, walking too fast, working too much and expecting others to do the same, driving too fast, and reckless spending.

- grandiosity, such as showing off, expressing mistrust, not delegating, being a sore loser, wanting centre stage all the time, not listening, talking over people's heads, expecting kiss and make-up sessions to solve all problems.

- selfishness, such as ignoring other's needs, not responding to requests for help, queue jumping.

- vengeance, such as being over-punitive, refusing to forgive and forget, bringing up hurtful memories from the past.

- unpredictability, such as explosive rages over minor frustrations, attacking indiscriminately, dispensing unjust punishment, inflicting harm on others just for the sake of it, using alcohol and drugs, illogical arguments.

2.2.3 CAUSES OF ANGER IN CHILDREN

Humphrey and Brooks (2006:15) advise that practitioners first comprehend the origins of anger and the contexts in which it is triggered, before developing programmes to help young people understand and control their anger.

Children tend to express their anger either passively or aggressively through the fight-or-flight response. The passive *flight* response is repression and denial of anger for safety. However, aggressive behaviour is associated with the *fight* response and the use of the verbal and physical power of anger to abuse and hurt others (Lench 2004:522; Blake & Hamrin 2007:215).

Fisher (2005:14–15) states that children are getting angrier today than a few years back, partly because of their high consumption of fast foods and partly because of a lack of healthy adult role models for them to look up to and emulate. Children often receive mixed messages from their parents. This makes children very confused and out of this confusion comes hurt, fear and then anger. Children can also suffer profound pain because parents and teachers lack the emotional literacy to understand why children may start behaving destructively.

According to Wilde (2002:14), children who manifest high levels of anger are also at risk of a number of behavioural, social, and physical concerns and have poorer academic performance. He goes on to say that the family domain for the high-anger group of children is characterised by a lack of parental support.

In a study related to family environment and anger (Lopez & Thurman, 1993 in Wilde 2002:15) it was revealed that children with high levels of anger on the Trait Anger Scale (TAS) reported more than usual family conflict. Fryxell (2002) in Wilde (2002:14) examined the characteristics of children who were designated as either high-anger or low-anger depending on teacher ratings and their scores on the Multidimensional School Anger Inventory (MSAI). Children designated as high-anger scored lower on a self-report measure of physical appearance and global self-worth.

In cognitive-behavioural terms, anger is caused by maladaptive thinking patterns, which mask an individual's core beliefs about themselves and their surroundings, triggering negative emotional and behavioural responses (McGinn & Sanderson, 2001:23).

However, according to Humphrey and Brooks (2006:16), one must also consider the scripts that individuals bring to situations of potential conflict. According to the transactional analysis theory, life scripts are the *blueprints for being* that influence behaviour, and are passed on to children and young people by their parents and significant others (Steiner 1990:28–30). Certain life scripts can be extremely destructive; consider the example of the *you do not let anyone speak down to you* dictum in the context of a conflict between a teacher and student in school. Anger and aggressive behaviour can therefore be triggered by specific external events (and the memories they elicit) in addition to internal stimuli (e.g. thoughts and physiological arousal). 'Anger occurs when events are judged to involve a trespass upon the personal domain, an insult to or an assault upon ego identity, a violation of values and expectations, and/or unwanted interference with goal-directed behaviour' (Deffenbacher 1999: 297).

According to Cavell and Malcolm (2007:105), researchers have often considered anger to be the result of physical or psychological restraint or of interference with goal-directed activity (Lewis 1993:149). This action-oriented approach to understanding the cause of anger is consistent with populations advanced by other major theoretical perspectives (Cavell & Malcolm 2007:106).

Neo-behaviourists, according to Cavell and Malcolm (2007:106), suggested that the actual or signalled arrival or termination of pleasant or unpleasant events (positive or negative reinforces) was the primary cause of emotions; these ideas were extended by Gray (1987:24), who included stimulus omissions and interactions with the individuals' resources, such as the ability to deal with events. According to these models, angry emotions such as frustration, anger and rage, occur as a result of the omission or termination of a positive reinforcer. Cavell and Malcolm (2007:107) add that Lewis (1993:148-168) proposed that the thwarting of a goal-directed action is an unlearned cause of anger.

Similarly, in considering the causes of anger, Berkowitz (1989:60–65) extended the original frustration-aggression model with a cognitive neo-associative model of anger and aggression. According to this model, any unpleasant situation, including pain, discomfort, frustration, or social stress, provokes a negative effect. Wilde (2002:27–29) concurs by saying that all aggression is caused by negative emotional arousal, typically arising from frustrating experiences that block an individual from achieving his or her goal. This arousal, according to the theory, can only be reduced by acting aggressively.

DiGiuseppe and Tafrate (2007:62–64) mention that influences by Darwin (1939) proposed the frustration-aggression hypothesis. The frustration-aggression hypothesis has lost favour in recent years because the theory is misinterpreted as a stimulus-response model without mediating or moderating variables such as appraisals, thoughts, or evaluations-variables that became popular after the cognitive revolution in psychology. However, according to DiGiuseppe and Tafrate, the frustration-aggression hypothesis was more complicated than a simple stimulus-response theory.

The frustration-aggression hypothesis stressed the role of resentment in the development of aggression. The model recognised that expectations of retaliation or punishment for using aggression would produce fear that could inhibit aggression. It hypothesised a process called displacement, where the person aggresses against a safer target to achieve the desired retaliation (DiGiuseppe & Tafrate 2007:63).

Cavell and Malcolm (2007:106–107) are of the opinion that another main theoretical approach aimed at understanding the causes of anger is the cognitive approach. Theorists propose that emotions are caused by an individual's appraisal of a situation. According to appraisal theorists, persons constantly evaluate (appraise) the situations in which they find themselves. A central assumption of appraisal theories is that it is not the situation itself that causes emotion, but rather the ways in which the individual appraises the situation.

Cavell and Malcolm go further to say that all appraisal theorists agree that anger is evoked in negatively appraised situations. These situations are often described as situations where the individual's goals are blocked. To clarify what is meant by goals, Scherer (2001:95) states that the instigating circumstances must be evaluated as being personally significant in some way so that if there is to be an angry reaction, it has goal relevance. Goals, as broadly defined by some researchers, include not only consciously sought goals but also basic needs. Thus, pain or discomfort could be considered as blocking the individual's goals to be comfortable (Cavell & Malcolm 2007:107).

Roseman (1991:163) defines an anger-evoking situation as 'one appraised as delivering the absence of a reward or the presence of punishment', whereas Scherer (2001:97) defines an anger-provoking situation as 'one appraised as containing an obstruction to goal attainment'.

There are numerous factors, according to Blake and Hamrin (2007:210), Crick and Dodge (1994:77) and Lochman, Barry and Pardini (2003:916), that can lead to the development of anger and aggressive behaviours in children. These include the following:

- Biological factors, such as a difficult or an uninhibited temperament, influence a child's ability to regulate the effect of his or her behaviour responses.
- Children with social cognition deficiencies are at risk of developing aggressive behaviour patterns.
- Children exhibiting high levels of anger have deficits in social information processing, which comprises several stages.
- Angry children tend to perceive neutral cues in their environment as threatening and hostile. In turn, the misappraisals justify their negative emotions.
- Negative parenting may indirectly influence antisocial behaviour in children by fostering poor social competence and academic failure.
- Additional risk factors for the developing of negative emotions (anger) and aggression in children are school environment, negative peer relationships, socio-cultural factors and community violence.

Many children enter residential care suffering from insufficient pre-natal and health care, poverty, homelessness, exposure to alcohol and other drugs, learning problems in school, and, of course, physical abuse, sexual abuse, and neglect. These influences have a powerful effect on how these children relate to their world, as in most cases it resulted in their being angry (Kendrick 2008:50). To manage excessive anger, these children need to

learn how to express their feelings in a healthier way so that anger becomes a helpful, controlled reaction to everyday frustrations.

2.3   ANGER MANAGEMENT

2.3.1   DEFINITION OF ANGER MANAGEMENT

Hagiliassis, Gulbenkoglu, Di Marco, Young and Hudson (2005:86) define anger as 'a state of emotion that involves varying intensities of feelings from aggravation and annoyance to rage and fury'. According to Hagiliassis et al., although anger is a normal emotion, it can become problematic if it is expressed inappropriately; experienced in excessive, intensive, or prolonged forms; and if it results in impairment in personal functioning.

Hagiliassis et al. (2005:87) note that poor anger control was shown to be an important determinant of aggressive and other forms of challenging behaviour for children in residential care. Black, Cullen and Novaco (1997:45) reported that anger expressed through aggression can result in obvious negative outcomes for children in residential care (e.g. restricted opportunities, impaired social relationships and diminished self-esteem).

The behavioural consequences of anger can also present as a burden to families and staff working in residential care, as well as to the wider community. Even anger that is not expressed through aggression, but rather through passive means (e.g., insults, complaints, sarcasm, intimidation), can have detrimental consequences for the individual and others (Hagiliassis et al. 2005:88).

Anger is a significant problem for many children in residential care, and is strongly associated with aggressive behaviour (Taylor & Novaco 2005:156). In addition to adverse consequences for the individual, such as an increased likelihood of cardiovascular problems or involvement with the criminal justice system, anger and aggression also present significant management problems for childcare workers and can lead to the breakdown of residential placements (Taylor & Novaco 2005:157).

Hall (2008:75) notes that the term *anger management* commonly refers to a system of psychological therapeutic techniques and exercises by which someone with excessive or uncontrollable anger can control or reduce the triggers, degrees, and effects of an angered emotional state.

The use of deep breathing and meditation can be used as a means of relaxation. Other interventions include learning empathy, stress management skills, forgiveness, changing how you speak about yourself or others and improving optimism. As the issue of anger varies from person to person, the treatments are designed specifically for each individual (Hall 2008:77).

Until recently, providing appropriate anger management for children in residential care has been neglected (Kendrick, Milligan & Furnivall 2004:184). Despite the high prevalence of anger among these children, a number of studies have shown that children in residential care are less likely to be provided with therapeutic help than those living in private households (Kendrick 2008:54), the main reason being a lack of specialist services (Blower, Addo, Hodgson, Lamington & Towlson 2004:119; Mental Health Foundation 2002). Kendrick et al. (2004:185) state that fortunately, over the past ten years, there has been increased policy awareness of the psychological needs of children in residential care.

According to Humphrey and Brooks (2006:6–7), the importance of developing effective anger management interventions in residential care cannot be understated. Unchecked aggressive behaviour can have very negative consequences for children and young people. In the short term, children exhibiting anger problems are at risk of temporary or permanent exclusion from school (Snyder, Kymissis & Kessler 1999:1411) and engaging in delinquent behaviour (Aseltine, Gore & Gordon, 2000:258). In the longer term, uncontrolled anger is linked to substance abuse (Liebsohn, Oetting & Deffenbacher 1994:19–21), domestic violence (Hampton, Oliver & Magarian 2003:534), health problems (Siegman & Smith 1994:22), and the breakdown of relationships (Enright & Fitzgibbons 2000:193–214).

According to the Child Welfare League (CWLA), the goal of anger management programmes with children and youth in residential care who are experiencing mental health and behavioural difficulties is to assist them to handle stress and develop self-control.

The predominant approach to the treatment of anger in children in residential care is based on a cognitive-behavioural model, proposed by Novaco and Jarvis (2002:79), that views anger as an emotion with three components: physiological, behavioural and cognitive, which are addressed in therapy by relaxation, behavioural coping skills and cognitive restructuring, respectively. The effectiveness of this approach to the treatment of anger in children in residential care is supported by seven controlled studies on the efficacy of anger management interventions in secure or community settings where the participants undergoing anger management were compared with untreated control groups (Rose, West

& Clifford 2000:175; Taylor, Novaco, Gillmer & Thorne 2005:152; Willner, Jones, Tams & Green 2005:225; Taylor & Novaco 2005:161).

These studies provide evidence that anger management programmes, in which participants are taught techniques for coping with anger-provoking situations, are effective and useful in decreasing the expression of anger by these children. Anger management training provides a range of skills that address physiological, behavioural and cognitive components of anger (Novaco & Jarvis 2002:82), but a global assessment of anger expression provides no insight into the processes underlying the therapeutic gains.

In short, individuals with chronic anger difficulties can become a menace to themselves and others. Research has shown that when children become aggressive at an early age, the tendency toward violent behaviour seems to remain relatively stable and resistant to treatment (Whitfield 1999:401–405), adding to the primacy of early intervention in this area (Mental Health Foundation 1999).

2.4   MUSIC

2.4.1   DEFINITION OF MUSIC

Although there are intrinsic problems in defining any subject of study, it does not seem overly difficult to surmise what might be meant by *behaviours* such as locomotion, mating, or parenting. The term *music*, however, covers such a variety of different and sometimes odd practices and notions that its definition remains largely unresolved and contested. Music is not a unified and homogenous reality, but is mixed and heterogeneous (Molino 2006:169).

Music, an ancient and uniquely human creation, is valued by all cultures. Its importance is enshrined in literature and it has been credited with *soothing the troubled breast* and being the *food of love* (Unwin, Kenny & Davis 2002:175).

According to Dissanayake (2001:160), until the last decade or so, psychologists and philosophers of music were rarely concerned with its biological origin or purpose. It was more or less taken for granted that music, like religion or language, was simply part of human culture. If anything, its particular manifestations required socio-cultural explanation since it is obvious that musical forms and traditions differ among social groups, as do languages and customs.

Dissanayake (2001:165–167) says that few would disagree that a concept of 'music' typically includes such things as singing and instrumental playing, both composed and improvised instances, numerous styles or varieties (e.g., 'pop', folk, electronic, and classical music), and the use of elements of melody, harmony, rhythm, and pulse or meter.

General definitions and descriptions of music therapy emphasise the use of musical experiences and the relationships developing through them. Typical techniques generally include free and structured improvisation, singing familiar or improvised songs, listening to music and verbal reflection of the musical processes in relation to the child's problems (Gold, Wigram & Voracek 2007:578).

Music has also been found to have many therapeutic and protective effects among children (Sunah; Kverno, Lee, Hwa Park, Hwa Lee & Hyun Lye 2006:104).

2.4.2 POWER OF MUSIC

Some of the key areas where music benefits people beyond providing pleasure, stimulation and solace, are (Sunah et al. 2006:106; Dissanayake 2001:166; Katagiri 2009:17; Nawrot 2003:77),:

- individual skill development – making music utilises many skills such as aural, intellectual, physical, emotional, communication and musical skills
- responses to music – music can be experienced physiologically, through movement, mood and emotion, and cognitively
- functions of music in society – music is a part of all human cultures and is expressed in religion, celebrations and dance. It forms part of all major occasions and celebrations such as weddings, funerals, pageants, rites of passage and festivals
- communication – music assist in the process of increasing communication and provides a means of expressing a range of feelings such as love, sadness, and a sense of belonging, which are sometimes difficult to verbalise
- anti-establishment role of music – music can allow the expression of an identity that is counter to societal norms, and can be a powerful tool for change
- music in our everyday lives – the development of the electronic media revolutionised access to and the use of music and is today an integral part of our lives
- music in art – music is an important part in films, theatre, TV, films and video

- the music industry – music is a high income generator in most developed countries

- music and medicine – music has been used to support health education, reduce anxiety and pain in medicine and dentistry, increase relaxation, improve recovery rates, support rehabilitation after brain damage, help people to work through grief and depression and many other uses

- the effects of music on early development – music supports the development of gross and fine motor activities, language skills, cognitive behaviours and promotes sucking and weight gain in babies

- personal and social development – there are positive effects of involvement with music on children's personal and social development, particularly for low-ability, disaffected pupils and those of low economic status

- music for all – musical opportunities are being created to enhance the quality of lives of those with aural impairments, learning difficulties and autism. Music also supports the learning of children with emotional and behavioural difficulties.

- music, commerce, advertising and work – the commercial and industrial uses of music constitutes major industries and is a major component of consumer marketing; it has also been used to manipulate consumers' shopping, eating and drinking habits.

2.4.3 MUSIC AND EMOTIONS

Music is considered by large to be a potent stimulus for expressing and evoking emotions. Its value is evident in its widespread use in therapeutic applications. It has been shown that the emotional characteristics of a piece of music contribute significantly to the capacity of music to influence behaviour (Ritossa & Rickard 2004:5).

Konechi, Brown and Wanic (2008:289–290) state that through the appropriate choice of dynamics, mode, rhythm and harmonic change, among other structural means, music can express, depict, allude to and evoke the differential auditory patterns commonly associated in the abstract with the fundamental emotions such as joy, sadness and anger. In short, music can tell a story about emotions; it can refer to and describe the features of emotions and their display.

Sunah et al. (2006:104) found that music reduces stress levels and improves mood in healthy children. According to Katagiri (2009:17), research has shown that the basic emotions of happiness, sadness, fear, and anger in music are communicated quite

consistently to listeners. Musical cues that facilitate emotional responses are embedded in music's tempo, sound level, timing, intonation, articulation, timbre, vibrato, tone attacks, tone decays, and pauses.

As early as 1976, Purvis and Samet found that music could be a highly effective means of developing the social-emotional skills of children. They provided music experiences to develop the emotional understanding of children through listening, playing, singing, moving, creating and verbalising (Katagiri 2009:18).

Goshen (2006), in Katagiri (2009:18-19), noted the effect of background music on the moods, emotions and behaviour of both individuals and groups, and found that children who heard a story with happy and sad music succeeded in understanding the emotional context of the story. Hermelin and Pring (1999), in Katagiri (2009:20), found that children could recognise emotional expression in music.

Omar and Peynircioğlu (2006:511–534) explored the role that lyrics and melodies played in conveying emotions in songs. It appeared that lyrics can indeed influence the overall emotional valence of music. In all the experiments, the participants rated the music that conveyed positive emotions higher than the music that conveyed negative emotions. These results are consistent with those of Balkwill and Thompson (1999:43–64) who found that there was a tendency for the participants to rate their intensity of *joy* and *peace* to be higher than that of *anger*.

Labbé, Schmidt, Babin and Pharr (2007:163–165) report findings that suggest listening to relaxing music, such as some selections of classical music, results in the listener experiencing positive emotions and increases in parasympathetic nervous system arousal. They found that violent songs compared to non-violent songs led to more aggressive thoughts and feelings of hostility even when not provoked, while soothing and relaxing music reduced negative emotions.

Robarts (2006:250) states that our bodily movements show rhythmic features that arise directly from our emotional states and motivational impulses. There is tone in our voices, not only when we are singing, but also in speaking, laughing and crying.

Kreutz, Ott, Teichmann, Osawa and Vaitle (2008:101–102) point out that it is important to note that emotional responses to music listening are significantly influenced by variables

indicating cultural learning. Furthermore, individual differences and personality traits have been observed to influence the emotional responses to music listening.

2.4.4   MUSIC THERAPY

Assiogoli (1965), in Friedman (2000:40), says that 'rhythm' is the element that has the most intense and immediate influence on man and it affects both the body and the emotions directly.

Music has been recognised for its therapeutic powers since ancient times (Gouk 2002:10; Hordern, 2005:25 & Tyler 2000:230). According to Robarts (2006:249), the universality of music in every culture has its roots in human musicality, which appears to be innate and functions in our everyday existence as a basic emotional resonance. Music is part of our human identity; 'Many, if not all, of music's essential processes can be found in the constitution of the human body and its patterns of interaction with other bodies in society' (Blacking 1973:24).

Music therapy can be defined as the controlled use of the influence of music on the human being to aid in the physiological, psychological, and emotional integration of the individual during the treatment of an illness or disease. Active and passive music therapy can be distinguished. In active music therapy, the therapist and patient are actively involved in playing music, using instruments and voice. Passive music therapy is conducted with the patient at rest. The therapist plays calming music and invites the patient to visualise peaceful images with the aim of producing a state of mental relaxation (Choi, Lee & Lim: 2008:567–570).

Modern music therapy is based on the premise that we are all innately musical, and that this musicality is rooted in our brain, surviving even significant neurological trauma and impairment (Darnley-Smith & Patey 2003:78). According to Robarts (2006:250), it has been defined as 'a systematic process of intervention wherein the therapist helps the client(s) to achieve healthy, using musical experiences and the relationship that develop through them as dynamic forces of change'.

Furthermore, music therapy is the clinical and evidence-based use of music interventions to accomplish individualised goals within a therapeutic relationship. It is a type of psychotherapy where the clients listen to a variety of music and are encouraged to play musical instruments within a calm environment. The assumption is that music will have a positive influence on the child's state of mind as well as his or her physiological functions.

Music psychotherapy makes use of musical experiences to facilitate an interpersonal process. Psychotherapy differs from other intervention techniques because the therapeutic relationship between the therapist and the client is essential for the healing process (American Music Therapy Association 2005; Bonny 1997:66; Bruscia 1998:2-3; Hordern 2005:14).

Basically, music therapy allows the individual to experience events in certain ways. Although the past experiences of the individual may serve as a basis (often a very important one) for organising the therapeutic situation, that situation always begins in the present and goes into the future. No therapist can change the past experiences of the individual, but he or she can organise a present situation so that the effect of the past is altered for a more adequate future (Sears 1996:34).

Sears's concept of music therapy as providing experiences that brought order and change was developed further by Nordoff and Robbins (2004:25–67). They also recognised the integrative potential of music to help children who found relationship impossible or difficult, and set about exploring the effects of improvising music as a form of communication and relationship in individual and group music therapy.

Leite (2003:118) mentions that the value of psychotherapy lies in the process of talking about our thoughts, feelings and experiences, which is assumed to release the anxiety that is associated with them and transform undifferentiated internal states into conscious ideas and organised behaviour. The value of music therapy and other creative arts therapies lies in that they invite the client to give form and meaning to the same internal states without having to reduce them to the linearity of verbal language or having to master the abstract components of that same language.

2.5   MUSIC AND ANGER MANAGEMENT

Saarikallio and Erkkilä (2007:89) point out that the use of music in emotional management has been acknowledge in empirical research. In their own research, Saarikallio and Erkkilä (2007:107–108) proved that music is an extremely multifaceted means for the management of emotions. According to them, it offered the adolescents, who were used in the study, resources for increasing and restoring well-being, and made their emotional life more varied and colourful.

Suess (2008:30–31) states that music is not the first thing to be associated with anger management, but music can be a helpful tool for individuals to learn how to manage strong emotions such as anger.

Suess further suggests that music can help children identify the emotions that underlie anger and increase their awareness of the feelings and situations that can trigger them. If a situation or emotion is presented in a song, the healthy options for expressing that feeling can be discussed and conflict resolution and problem solving can be practiced in a positive manner. It is in this capacity that anger management and music are so incredibly effective.

Suess (2008:57–65) writes that songs can also be used to select the emotions contributing to anger. Sometimes a therapist may ask a child to choose a song that will reflect his own life situation. This helps the therapist and the child to explore the emotions behind the anger. In the same way, the stories in songs can be examined to help to identify the thoughts behind emotions and which thoughts can contribute to the escalation of anger in the child. These thoughts, which are sometimes irrational, can then be worked on and sometimes changed. This is another reason why anger management and music therapy are so effective when combined.

According to Suess (2008:80–81), an early goal in anger management and music therapy is to help the child be able to rate his or her stress or *upsetness level*. The children can work on a scale that ranges from 1 to 10, which will allow them to become aware of their baseline levels. This also helps children to know when they need to engage in preventative de-stressing techniques such as exercise, meditation, or recreational pursuits. This anger management technique also helps children recognise when they are escalating and need to take an immediate *time out* away from the source of stress. Again, songs can be used to describe the situations that children have the most difficulty with in keeping their cool.

The next step in a successful anger management and music therapy session is to address the feelings that may be behind the anger. This makes it easier to identify the situations and the thoughts that may contribute to the escalating anger. Music therapy can be useful in examining situations in songs and identifying if the anger in a song is expressed passively, assertively, aggressively, or passive-aggressively (Suess 2008:85–87).

A critical step in anger management that is addressed by music therapy is learning how to pull back. When a child has an awareness that his or her anger is escalating, there is a window of opportunity each child must identify for him/herself. This is the critical point of

escalating anger when the child still has the ability to exert self-control, but he or she must disengage from the situation to stop escalating to the point where he or she no longer has control. The methods of pulling back can be normalised by discussing songs (Suess 2008:102).

Suess (2008:105) states that humour can be injected to help detach from the emotions. The act of pulling back can be helped by appropriate venting and calming. Again, music can be helpful in providing an outlet. Suess is of the opinion that a therapist might present expressive drumming as a means of getting anger out in safe ways. Another use of drumming can be a non-verbal conversation on drums where the ability to listen to the other person's drumming is needed to *converse* on the drums.

Friedman (2000:4) states that the psychological applications in which hand drums are used include, among others, the releasing of pent-up anger and negative emotions of *high-risk* children and adolescents. He is of the opinion that drums have also been used with a spectrum of major mental illness, to increase self-esteem and create feelings of accomplishment.

Drake (2003) describes other therapeutic effects of drumming. He says that a recent medical research study indicates that drumming boosts the immune system dramatically after just one drumming session. Other study results demonstrate that drumming is a valuable treatment for stress, fatigue, anxiety, hypertension, headaches, chronic pain, and sleep and emotional disorders.

According to Friedman (2000:39–40), psychologists have long studied the effects of rhythm on our psyches. Roberto Assiogoli, who in 1908 found psychosynthesis, noted that ancient people used the drum and rattle to promote healing.

Drums have been used very successfully with *at-risk* children and adolescents. Drums are a very natural way of helping children and adolescents deal with anger for a number of reasons. Drumming:

- is a peer-respected activity
- is fun
- provides a means of releasing pent-up emotions
- helps to develop a stronger concept of self-worth.

How does the drum help to relieve anger?

Friedman (2000:88) is of the opinion that when people drum, they are generally having fun. It is difficult to be in a playful mode and be angry at the same time. The drum has the capacity to release negative emotions, such as anger. When one hits the drum, one is placed squarely in the here and now. Most of the anger that children in residential care have is from past and future thoughts of fear, worry or regret. Therefore, as Friedman says, when one plays a rhythm, the chatter of the mind is reduced.

Another healing aspect of the drum is its ability to induce a greater state of inner peace; drumming increases the alpha brainwaves that are associated with feelings of well-being and euphoria (Friedman 2000:89).

By focusing on a rhythm that echoes positive statements, the subconscious is often able to internalise the positive statement, allowing the individual to access the change of thought or desired behaviour more quickly. In using the drum with positive statements, each syllable of the statement becomes a beat each phrase becomes a rhythm. Hitting one drumbeat per syllable reinforces the positive statement and helps to improve it in one's consciousness. This exercise is useful for building self-esteem, improving self-concept and creating positive beliefs (Friedman 2000:153).

Suess (2008:122) believes that playing angry music can help a client vent and music can be used as an energiser to encourage venting exercise. Calming is often needed when pulling back, or when leaving the situation is not possible. Relaxation techniques are part of most anger management programmes. A therapist can teach relaxation to music by choosing the appropriate calming music for the children and showing them various relaxation techniques. Friedman (2000:151–152) points out that drumming to a slow rhythm can also relax the body.

Baker and Wilgram (2005:285) report that song writing can be a powerful means for children to express thought and angry feelings about their past. Within the therapeutic relationship, song writing can address many anger issues in a creative and unique manner. Music and lyrics are created in a process that allows children to express many feelings and ways of managing their anger. Song writing often begins with finding a rhythm on an instrument (e.g. congas, djembes and other hand drums, bass, snare and other stick drums, cowbells, whistles and shakers) which can express what the child is feeling at that moment. That beat becomes the foundation upon which a song can emerge.

In describing Doing Anger Differently (DAD), a group treatment for young adolescent boys with high levels of anger, Currie (2004:275–294) utilised music in the form of percussion to engage this difficult to treat population into treatment and to represent the experience of anger. The programme uses Latin and African percussion (congas, djembes and other hand drums, bass, snare and other stick drums, cowbells, whistles and shakers) and allows each child his or her own instrument with which to participate in the exercises.

Choi et al. (2008:567–570) investigated the effects of group music intervention on aggression and self-esteem in children with highly aggressive behaviour. Forty-eight children were allocated to either a music intervention group or an untreated control group. The music intervention group received 50 minutes of music intervention twice weekly for 15 consecutive weeks. The outcome measures were the Child Behaviour Checklist Aggression Problems Scale (Parents), Child Aggression Assessment Inventory (Teachers) and Rosenberg Self-esteem Scale. After 15 weeks, the music intervention group showed a significant reduction of aggression and improvement of self-esteem compared with the control group. All outcome measures were significantly lower in the music intervention group than prior to treatment, while there was no change in the control group. These findings suggest that music can reduce aggressive behaviour and improve self-esteem in children with highly aggressive behaviour.

2.6   USE OF MUSIC IN GROUP THERAPY

2.6.1   GROUP THERAPY

Joyce, Piper, and Ogrodniczuk (2007:269) maintain that group therapy is a form of psychotherapy in which a small, carefully selected group of individuals meets regularly with a therapist. The purpose of group therapy is to assist each individual in emotional growth and personal problem solving. The term can legitimately refer to any form of psychotherapy when delivered in a group format (Yalom & Leszcz 2005:9).

The broader concept of group therapy can be taken to include any helping process that takes place in a group, including support groups, skills training groups (such as anger management, mindfulness, relaxation training or social skills training), and psycho-education groups (Yalom & Leszcz 2005:10). Group therapy is a process by which a professional therapist guides a group. The objective of group therapy is the immediate and primary therapeutic welfare of the group (Kanas 2005:161).

Group therapy encompasses many different kinds of groups with varying theoretical orientations that exist for varying purposes. All therapy groups exist to help individuals grow emotionally and solve personal problems. All the members utilise the power of the group, as well as the therapist who leads it, in this process. Unlike the simple two-person relationship between client and therapist in individual therapy, group therapy offers multiple relationships to assist the individual in his or her growth and problem solving (Yalom & Leszcz 2005:13).

The value of group therapy lies in the curing effect it has on the group members (Yalom & Leszcz 2005:25; Kanas 2005:163; Lorentzen, Bogwald & Hoglend 2002:420; Joyce et al. 2007:270; Hales, Yudofsky & Gabbard 2008:1336–1338). The following are some of these curing effects:

- Imparting information is an important activity in group therapy. It is found that the imparting of information is more effective in groups than between individuals. Information may come from the therapist or other group members. By means of formal and informal teaching, group members share important information with each other.

- Group therapy provides the opportunity to develop socialising techniques. Group setting gives an opportunity to develop and practice socialising techniques such as listening, sharing thoughts and feelings and assessing the feedback. In a group set-up, members will learn to communicate with each other in new and usually more open ways and disclosure often fosters disclosure. Communication skills developed in the group will probably help members to improve social interactions in other relationships.

- The installation of hope is an important curative element in group therapy because the example of others brings hope to the group members. Hope is an essential ingredient in therapeutic success.

- In the group, the children become aware of the universality of their problems because in a group set-up children realise that they are not unique in their feelings and problems. There is relief in knowing that they are not alone, which helps them to talk about their problems.

- Altruism may develop in group therapy because people often share their need for love, nurturing, forgiveness and support in the group. Group members try to meet the needs of others and there is relief in helping others as well by gaining a feeling of worthiness.

- Each member of the group has unique behaviour patterns that will be manifested in the group as well. The group provides the opportunity to redo a relationship and play out old trauma to a new and healthier conclusion. The therapist and the

other members provide feedback, confrontation and encouragement to explore these patterns, work them through, and discover new ways to replace those that are no longer useful, and have the opportunity to develop corrective recapitulation.

- Furthermore, the group provides ample opportunity for imitation, which can lead to important and powerful new insights.

- Catharsis (corrective emotional experience) is an important curative element provided by group therapy. It is a strong interpersonally directed expression of feeling that involves some risk-taking on the part of the client by revealing him/herself and his or her true feelings. The group normally supports this risk-taking by permitting it and often encouraging it. The client can examine the behaviour and get feedback from the group by which he or she can check him/herself about what is happening. In this way, the client learns to discriminate between appropriate and inappropriate interpersonal behaviour. Catharsis results in a deeper and more honest level of interaction with other people.

2.6.2   GROUP MUSIC THERAPY

All music groups can offer a complex and rich musical context for persons to engage with one another. The fundamental nature of these engagements can result in some group members feeling a powerful connection to the other members (Pavlicevis 2003:104).

Plach (1996:3) defines group music therapy as 'the use of music or music activities as a stimulus for promoting new behaviours and exploring predetermined individual or group goals in a group setting'. Plach notes that the individual client, attending group music therapy, would be able to transfer the social responsibility evoked by the group music therapy experience into other situations.

When working with groups, musical activities can be structured to promote cooperation, sharing, taking turns and learning appropriate ways to greet people, thus enhancing social and group skills (Davis, et al. 1999:15).

Davis, et al. (1999:17) go further to say that musical activities in music therapy groups easily lend themselves to interaction goals. Singing, movement and instrument playing in groups encourages tolerance of and physical contact with others. These activities, including facing each other in a circle, playing instruments together and listening to each other in

group music therapy, contribute to the distinction between self and others and the improvement of social behaviours.

Currie (2004:278) states that the use of percussion instruments with group therapy creates group cohesion, bypassing the negative and destructive language of angry children. He is of the opinion that anger is most often expressed in the context of relations with others. The group provides an opportunity to capture and work with this type of anger at the moment of its expression.

2.7 ENVISAGED ANGER MANAGEMENT TECHNIQUE: THERAPEUTIC GOALS FLOWING FROM THE LITERATURE STUDY

The design of the music anger management technique will be based on certain therapeutic goals and outcomes as derived from the literature study. These therapeutic goals need to emphasise the curative value of music in relation to children in residential care who have problems with anger management. The music anger management technique will also be designed by using the most effective anger management techniques and music therapy to address the problems that children in residential care have in managing their anger. These therapeutic goals are grouped into three main goals (see section 2.5). This will include, but not be limited to:

2.7.1 ANGER MANAGEMENT GOALS

The goals of anger management are to:

- identify the emotions and thoughts that underlie anger and increase the children's awareness of these emotions to help them reduce the aggression levels (Suess 2008:30);
- use music as a healthy option for expressing their feelings, working with irrational thoughts, resolving conflict and practicing these options in a positive manner;
- use music as a form of venting and calming to release anger (Suess 2008:105) by choosing the right kind of music as a form of communication in relationships; use improvisation to create new songs (creative song writing i.e. my own 'anger song') as mentioned by Baker and Wilgram (2005:285).

2.7.2 PERSONAL DEVELOPMENT GOALS

The music anger management technique will improve the children's self-esteem, self control and their handling of stress by helping them to:

- understand that the method of pulling back can be normalised through discussing songs (Suess 2008:102);

- improve their emotional skills by releasing pent-up anger and negative emotions (Friedman 2000:4);

- create the feeling of accomplishment by playing the instruments (Friedman 2000:4); and

- stay calm when leaving the situation by teaching them different relaxation techniques (Suess 2008:122, Friedman 2000:152).

2.7.3   SOCIAL DEVELOPMENT GOALS

The objective is to improve the children's social interaction and behaviour once they manage their anger more effectively. This will be achieved by helping them to:

- improve their social relationships through their interaction in the group sessions (Davis, et al. 1999:17)

- improve their socialising and communication techniques by interacting with each other, cooperating in the group activities as well as sharing and taking turns to participate or use the instruments (Davis, et al. 1999:17)

- learn how to behave in a social and group setting such as greeting people (Davis, et al. 1999:15)

- improve their listening skills as an important communication skill through the use of *converse* on the drums (Suess 2008:105)

- be more tolerant of others and have physical contact with others through singing, movement and instrument playing in groups (Davis, et al. 1999:17).

The above therapeutic goals will be used when designing the music anger management technique. This technique will be discussed in detail in chapter four.

2.8   CONCLUSION

In conclusion, it is evident there are many ways in which anger management and music therapy can work together to raise awareness of feelings, depict the emotions felt in different situations, describe many options for the expression of emotions, as well as present techniques for venting and calming. Music intervention is an easily accessible therapy for children and may be an effective intervention for anger in children in residential care.

CHAPTER 3: RESEARCH DESIGN AND METHODOLOGY

'The methods and procedures are really the heart of the research ... activities should be described with as much detail as possible and the continuity between them should be apparent' (Wiersma & Jurs 2005:416).

3.1   INTRODUCTION

The previous chapters have created an understanding of how music intervention is an easily accessible therapy for children and as such may be an effective intervention for anger in children in residential care. Insights gained from local and international literature were used as a basis for the research and the findings are aimed at illuminating more precisely how music can be used with a group of children with anger problems who are in residential care.

It is therefore the aim of this chapter to subject the use of music in a group anger management programme with children in residential care to an empirical investigation. This chapter focuses specifically on the: purpose of research, research methodology, research design, data analysis and ethics. This empirical investigation should correlate meaningfully with the information collected in the previous literature investigation.

3.2   PURPOSE OF THE RESEARCH

The aim is to develop psycho-educational guidelines for the use of music in a group anger management programme for children in residential care. To achieve this, two research questions were posed:

a) What is the curative value of music in relation to children who have problems with anger management?

b) What effective anger management techniques and music therapy will form part of a music anger management technique?

3.3   RESEARCH METHODOLOGY

Silverman (2004:306) states that methodology refers to the choices the researcher makes about cases to study, the methods to be used for data collection and data analysis; planning as well as carrying out the research study. 'Methodology examines, evaluates and prescribes methods which are used to produce knowledge which claims to be "truthful" or "valid" (Du Plessis, Appelbaum & Pretorius 2001:9). According to Van Manen (1990:27), 'methodology' refers to the philosophical framework, the fundamental assumptions and

characteristics of a human science perspective and it includes 'the general orientation to life, the view of knowledge and the sense of what it means to be human which is associated with or implied by a certain research method'. Babbie and Mouton (2002:647) define research methods as the 'methods, techniques and procedures that are employed in the process of implementing the research design or research plan, as well as the underlying principles and assumptions that underlie their use'.

3.3.1   RESEARCH DESIGN

Mouton (2001:33) defines a research design as a plan or blueprint of how one intends conducting the research. In this study, a qualitative research design will be implemented. According to Van den Aardweg and Van den Aardweg (1993:46), qualitative research is a description of a situation in words, rather than numbers. Henning (2004:5) refers to qualitative research as 'the term that denotes the type of enquiry in which the qualities, the characteristics or the properties of a phenomenon are examined for better understanding and explanation'. Collins and O'Brien (2003:68) add that the qualitative researcher 'pays close attention to the context and to the meanings participants attach to social behaviour'. A flexible research design, typical to a qualitative research approach, allows the researcher to become part of a situation in order to set context-bounded generalisations (Malan 2001:3). Fouché and Delport (2005:261–262) view a qualitative research paradigm as research that elicits the participants' accounts of meaning, experience or perceptions. Creswell (1994:162) as well as Whitely and Crowford (2005:108) concur, and add that the main purpose of a qualitative research is to understand a phenomenon from a fresh point of view to emphasise subjective meaning, perception and experience.

Qualitative research is descriptive in nature. It produces descriptive data in the participant's own written or spoken words (Fouché & Delport 2005:263). Qualitative research thus describes and analyses people's individual and collective social actions, beliefs, thoughts and perceptions and is primarily concerned with understanding the social phenomena from the participants' perspective (McMillan & Schumacher 2001:395).

By means of words, an understanding and assessment of a music anger management technique for children in residential care will be gained from the participants' perspectives through the interpretation and analysis of data gained by certain psychological media, observations, interviews and questionnaires in pre- and post assessment sessions.

A case study design will be employed to gain an in-depth understanding of the situation and meaning of those involved. Case studies are distinguished from other types of qualitative

research in that they are intensive descriptions and analyses of a single unit or bounded system such as an individual, a programme, event, group, intervention or community (Henning 2004:41). A group of five participants will be selected. Intensive descriptions and analyses will be used to gain an in-depth understanding of the efficiency of music as an intervention strategy in a group anger management technique.

3.3.2 SAMPLING

Sampling is a method of selecting some part of a group to represent the whole group. In research, the total group is called the population, while that part of the total that is selected is called the sample. The qualitative researcher's concern is to find cases that will enhance what he or she learns about the processes of social life in a specific context (Neuman 2006:219). Informants and events are selected for their unique ability to explain, understand, and yield information about the meaning of expressive behaviour or the way the social system works (Vockell & Williams-Asher 1995:200).

The study will be located at Epworth where most of the children are either orphaned or been abused and/or neglected. These children are removed from their families by the Child Welfare Society and placed in a place of safety following a court order. There are currently 49 children at Epworth and 21 of them are between 9 and 11 years of age. Purposeful sampling will be implemented. This allows the researcher to 'select particular individuals or cases because they would be particularly informative about the topic' (McMillan 2004:113).

Purposeful sampling also allows the researcher to apply his or her knowledge of the population to include information-rich participants. These few cases can then be studied in depth. Neuman (1991:206) states that the intention of purposeful sampling is less to generalise to a large population than it is to gain a deeper understanding of types.

A key decision point in a qualitative study and the search for data is the purposeful selection of participants, which must be guided by processes that will provide sufficient detail. In the case of purposeful sampling, researchers seek typical and divergent data (Strydom & Delport 2002:333–338). To set these processes in motion to obtain typical and divergent data, the prospective participants' guardian (in this case the Director of Epworth) must be informed of the proposed research study, as well as the ethical considerations involved, and the necessary consent must be obtained.

Epworth provides housing for the children in six different residences on site. Currently two of the six residences accommodate 21 children in the 9 to 11 age groups. However, two

children in this age group will be excluded from this research study as a result of their neurological problems; this was one of the delimitations of the research field as stated in chapter one (see 1.3). In these residences, childcare workers are responsible for the children's well-being, therefore fulfilling the duties of a parent to the children. There are four childcare workers responsible for the two residences mentioned – two for each residence. As they work in shifts, there are two workers in the day and two at night.

It was decided to select the childcare workers to complete the questionnaires based on their close interaction with the children. The two day-shift workers from each residence will be approached and asked to complete the Childcare Worker's Questionnaire (Addendum F). This questionnaire is discussed in detail later on in this chapter. The questionnaires will be completed by them during school hours when the children are at school. They will both be requested to complete the questionnaires at the same time in a session in my office; prior consent will be obtained from the Director of Epworth. This session will commence with a brief discussion informing them of the process to be followed, clarifying the content of the questionnaire with them and emphasising the importance of their objectivity, impartiality and honesty.

This questionnaire taps into information regarding the anger behaviour of the children as expressed in different contexts, i.e. the school, social/peer group and community (Prinz 1987:261). The questionnaires will be analysed by totalling the scores of each child and the five children with the highest scores will be selected to participate in the research. Hence, participants have to meet the following criteria:

- They have to be between the ages of 9 and 11;
- They have to display a lack of appropriate anger management skills;
- Their lack of anger management skills must not be as a result of neurological problems; and
- They must not currently receive any form of psychotherapy.

3.3.3 SETTINGS AND LOGISTICS

The pre- and post assessment sessions will be held in my office at Epworth on an individual basis. The music anger management technique will also be done at Epworth, but in a hall that is big enough for the whole group to have ample space for movement during the music anger management technique. The group will meet twice a week for a 45-minute session after school. The music anger management technique is designed to run over eight

therapeutic sessions and will be conducted by me only. I will provide the music, instruments and audio equipment.

3.3.4 DATA COLLECTION

Most qualitative research depends on multi-method strategies to collect data. The Multi-method is the use of multiple strategies to collect and corroborate data (McMillan & Schumacher 2001:428).

Prior to the music anger management technique, each participant in the group will be pre-assessed in a session where information will be gathered regarding the anger experience of the child. Data collection entails using the following instruments: questionnaires, interviews, projection media, observations, official documents and artefacts. Official documents will also be scrutinised prior to the programme.

Each participant will also be post-assessed after the music anger management technique has been completed. This entails comparing the post-assessment data with the pre-assessment data to determine if there was any improvement in the participant's anger management. Interviews will not form part of the post-assessment, as this is a short-term anger management technique and there will most possibly not be a significant change in their answers over such a short period. Official documents will also not form part of the post assessment, unless new reports are added subsequent to the pre-assessment.

3.3.4.1 Questionnaires

McMillan (2004:156) defines a questionnaire as 'a written document containing statements or questions that are used to obtain subjects' perceptions, attitudes, beliefs, values, perspectives, and other traits'. A questionnaire will be used to assess the child's expression of and control over anger:

CHILD CARE WORKER'S QUESTIONNAIRE:

Finch and Eastman, in Prinz (1987:249–250), designed a questionnaire (see Addendum F) to assess children's aggressive behaviour. This questionnaire was designed to obtain information regarding the child's anger expression from the teacher's point of view in different contexts, i.e. the school, social/peer groups and the community. This questionnaire consists of 29 Lickert scale questions. The questions are presented as statements to which the teacher (or in this case the childcare worker) indicates his or her agreement or disagreement. The 4-point Lickert scale varies between 'Not a problem', 'Occasionally a problem', 'Frequently a problem' and 'Always a problem'. The questionnaires will initially be

used to select the five children with the highest scores to participate in the music anger management technique. I will also use the scale to discern whether there is a change in the child's anger expression and anger control after the music anger management technique has taken place, by also totalling the scores.

3.3.4.2 Interviews

McMillan (2004:167) describes interviews as a form of data collection in which questions are asked orally and the subjects' responses are recorded. This allows the researcher to obtain information that might not otherwise have been offered; more accurate responses are elicited, as the interviewer may clarify the questions. The interview allows for greater depth and richness of information.

In qualitative research interviewing, the participant involves procuring a description of the experience, and then reflectsing on it. It is important that the researcher have the ability to differentiate between content and process during the interview. The content refers to what the participant is saying whilst the process involves reading between the lines and noticing how the participant talks and behaves during the interview (Greeff 2005:287–291).

I will also use semi-structured interviews in this study. Semi-structured interviews are organised around areas of particular interest, while still allowing considerable flexibility in scope and depth. The researcher is able to follow up on particularly interesting avenues that emerge and the participant is able to give a fuller picture. The researcher may have a set of predetermined questions, but the interview is guided rather than dictated by the schedule (Greeff 2005:292–297). The semi-structured interview predetermines topics and questions but also leaves the researcher with 'some space for following up interesting topics when they arise' (Rugg & Petre 2007:138). The semi-structured one-on-one interview is usually used to gain a detailed picture of a participant's beliefs about, or perceptions or accounts of, a particular topic (Greeff 2005:296).

In this study, semi-structured interviews will be held with each participant on an individual basis before the intervention. All interviews will be conducted through the medium of English. All terminology used in the data collection process will be simplified to the level of the participant. Questions will be formulated so that they are not leading or suggestive. The participant's reactions, such as becoming aggressive or emotional, refusing to answer the questions, or using profane language, will be noted immediately.

A semi-structured interview schedule with general themes and questions regarding the participant's experience of anger will be used to enrich the data collected (See Addendum G). These questions can be categorised into the following themes:

- Reasons for being angry
- Physical reaction when angry
- Behaviour when angry
- Consequences of aggressive behaviour.

3.3.4.3 Projective media

Huberty and Eaken (1994:285) state that the subjective nature of anger makes it difficult to assess and suggest that projective and interview techniques that address cognitions, perceptions and conflicts, may be helpful for the child to reflect the perceptions that he or she is unwilling or unable to verbalise.

a) Projective drawing

Koppitz (1968), in Huberty and Eaken (1994:287), states that drawings may represent, among other things, a child's anger. He suggests that the examiner should consider three points when a drawing is interpreted:

- How the child drew the figure
- Whom the child drew
- The message that the child is trying to convey.

The Draw-A-Picture (DAP) will be used to determine the child's anger experience. The interpretability is improved when the examiner asks questions about the picture. The DAP will be administered during both individual sessions with each participant, before and after the intervention, to assess if there was any improvement in the child's anger management.

First an overall impression of the picture is obtained, without concern for specific details. The drawing is then analysed for the presence or absence of specific characteristics that are representative of anger, as mentioned above. Drawings may further be examined for heavy lines, re-drawing of a picture without erasing the initial attempt, and paper turning, which might be an indication of hostility (Koppitz 1968 in Huberty and Eaken 1994:288).

Oster and Gould (1987:89–103), Van Niekerk (1986:148–160) and Leibowitz (1999:72–111) suggest the following characteristics of drawings as being representative of anger:

Characteristic	Description
Page	Rotates the page.
Line quality	Heavy, excessive shading.
Kinaesthetic feelings	The picture depicts feelings of aggression, i.e. hands on hips; legs wide apart; cigarette in mouth.
Fingers	Sharp and long; spike-like; drawn without hands.
Toes	Drawn despite wearing shoes, circled with a line.
Teeth	Large and protruding
Size	Large/covering entire page
Hands	Big; placed on hips; large and heavily shaded; bigger than face of the figure
Mouth	Straight horizontal line representing mouth; presence of teeth; over-emphasised (verbal aggression); harsh expression.
Arms	Long and/or sticking out; shading; folded over chest.
Eyes	Dark, big, emphasised, threatening
Nose	Prominent; big nostrils
Hair colour	Excessive colouring in and emphasised
Transparencies	Draws outline of a figure and then draws clothes around figure
Face	Deliberate shading of whole or part of face
Aggressive characters	Soldiers; people with weapons; people in combat

Table 3.1: Characteristics representing anger in drawings

b) Metaphor

Schoeman and Van der Merwe (1996:56–57) state that metaphors function by portraying object and situations indirectly, often through paradoxical comparisons, to give them meaning. The value of the metaphor for the child is not only that he can learn from it, but that it also forms his perception of the world in which he lives.

Arad (2004:249) points out that animals exist in all cultures as symbols. They manifest themselves in popular sayings such as *the early bird gets the worm* and in myths, fairy tales, and fables. According to Arad, by relating to an image of an animal, we actually relate to its significant characteristics and its symbolic meaning. This experience forces us to realise the vast range and complexity of strengths and weaknesses, possibilities and limitations, successes and failures that are symbolised by a single animal image, and by extension, any human being.

The therapist can also explore which characteristics (physical, symbolic, or behavioural) of the selected animal appeal or do not appeal to the attribution for the child. Some of the information gathered and discussed about the animal can be particularly helpful for assessing the child's emotions and behaviours towards him/herself and others (Arad 2004:250).

According to Sommer (1988:666), an investigation of popular metaphors for human characteristics can explore the:

- terms chosen to be used as metaphors
- aspects of personality likely to be described by the use of metaphor
- linkage between popular terms and personality processes as mediated through metaphor.

Sommer (1988:679) affirms that animal metaphors have connotations that are higher on behavioural dimensions, which make them more useful for descending human characteristics.

In a study done by Caramelli and Montanari (1995) it was found that the meaning of the same metaphor changes with the age of the child. Six-year-old children rely on the physical and action dimension of the metaphor. At nine years of age, children rely only on the action dimension, while with children who are eleven years of age, the connotative meaning of the word or sentence (positive or negative character of the intended meaning of the metaphor) is added to the action dimension.

Metaphors are relatively difficult concepts for children to grasp. After clarifying any issues relating to the concept of metaphors, the participants will be asked to describe the type of animal they would like to be and the reason for their choice. The child will be asked relevant questions to gain clarity on the significant characteristics and symbolic meaning it has for the child.

3.3.4.4 Observation

Participant observation involves a systematic description and analysis of behaviour and talk in real-world settings. For example, a researcher may record speech, interpersonal interaction and behaviour. These are usually recorded as a collection of field notes that provide a basis for later analysis (Whitely & Crawford 2005:110; Willig 2001:195). I will constantly be observing the children's behaviour in order to understand their anger experience from the individual's point of reference. Examples of the field notes will be appended as addenda, which will be referred to in the next chapter.

3.3.4.5 Documents and artefact collection

Document and artefact collection is a non-interactive strategy for obtaining qualitative data with little or no reciprocity between the researcher and the participant. 'Artefact collections are tangible manifestations that describe peoples' experience, knowledge, actions and values' (McMillan & Schumacher 2001:451).

The following two types of artefacts are important:

- *Personal documents:* this is any important first-person narrative, which describes individuals' actions, experiences and beliefs. Examples of such documents would be diaries, letters or anecdotal records that can surface anytime during the interview or participant observation.
- *Official documents:* these documents include the more formal records, such as the student's record at school or the client's case history. Minutes of staff meetings documenting children's behaviour in the houses will also be used to gather information. These records provide an institutional perspective on the child and are more objective in nature.

In this research, only official artefacts or documents will be used. Before the onset of the music anger management technique, I will consult official documents and research the participant's history by reading his or her school reports and case history. The participant's psychological case history includes reports written by the social workers overseeing the participant's placement as well as previous psychological assessments. The minutes from staff meetings will also be used to gain information.

3.4   PROCESSING, ANALYSING AND INTERPRETATION OF DATA

The purpose of conducting a qualitative study is to produce findings. Qualitative analysis of data is needed to transform data into findings. This demands the process of bringing order, structure and meaning to the mass of collected data. In turn, this involves reducing the volume of raw information, sifting significance from trivia, identifying significant patterns and constructing a framework for communicating the essence of what the data reveals (De Vos 2005:(246–248).

After the music anger management technique has been completed, another assessment will take place where the same media will be used as in the first assessment. The comparing of the questionnaires, interviews, projective media as well as observations will result in a large amount of data that must be summarised and interpreted. Poggenpoel (1998:340) suggests that data analysis consists of the following three linked sub-processes:

- Data reduction;
- Data display
- Conclusion and verification.

The qualitative phases of data collection and analyses are the interactive research processes that occur in overlapping cycles. These strategies are flexible and dependent on each prior strategy (McMillan & Schumacher 2001:405). These processes will occur during the research design and planning; during data collection an interim and early analysis will be carried out and after data collection as final products will be approached and completed.

3.4.1   DATA REDUCTION

The process of data reduction was documented in chapter one as well as in this chapter. It starts with the selection of a conceptual framework, research questions, cases and instruments. The process continues with data summaries, finding of themes obtained through the interviews (content analysis), questionnaires, observations, projection media document and artefact collection, mostly contained in the next chapter and relevant addenda. The objective is to reduce the data without significant loss of information and without stripping the data from their context (Punch 2005:198).

The data analysis of the observations and document and artefact collection will be displayed mostly through data summaries. Projection media data analysis will be done in table form, while the questionnaire data analysis will be presented in graphic form. This helps the reader to make sense of a large data set, which might otherwise be spread over

many pages. Such charts can do the basic work of laying out the main findings, leaving the text to provide comparisons and interpretation (Huberman & Miles 1983:286).

The main method that will be used to analyse the data gathered from the interviews, will be content analysis. Content analysis is a method of sorting the content of data obtained through communications. The aim is to identify and describe patterns and themes from the perspective of the participants and then attempt to understand and explain these patterns and themes. The content analysis will focus on the meaning of the data in the themes and not the frequency of the themes itself (Rosnow & Rosenthal 1998:82).

3.4.2   DATA DISPLAY

Data will be displayed in an organised, concise assembly of information so that conclusions can be drawn in chapters four and five. The reduced set of data will be used as a basis for thinking about its meaning and will be of assistance in drawing conclusions (McMillan & Schumacher 2001:462).

3.4.3   DATA INTERPRETATION AND CONCLUSION

The displayed data will be interpreted and its meaning will be conveyed. Music therapy makes use of musical experiences to facilitate an interpersonal process. Data will be interpreted in line with the objectives of this music anger management technique (see 2.7) and tactics such as comparing contrasts, noting patterns and themes, looking for negative cases, following up on unexpected results and checking results with respondents, will be included. This entails:

- comparing the scores of the pre- and post assessment questionnaires to determine whether there was a positive decline in the total scores, which indicates that the change in the participant's aggression was observed by the childcare worker
- studying the common and woven themes derived from the content analysis, which will provide meaning to the change in the aggression levels of the participant
- the Draw-A-Picture (DAP) and metaphor projective media, which will be used to determine the participant's anger experience as described above.

As mentioned by Merriam (1988) in Creswell (1994:158), the intent of qualitative research is not to generalise the findings, but to form a unique interpretation of the events. McMillan and Schumacher (2001:414) describe the extension of the findings as enabling others to

understand similar situations and apply these findings in subsequent research or practical situations. In this study, the extension of the findings may be applicable to other angry children and the findings may have relevance to the use of music as a medium for effective anger management at Epworth, where the study will be conducted, as well as at other similar institutions.

3.5   ETHICAL MEASURES

As stated in Maguire (2004:224), 'professional ethics is conceived broadly as elements of human virtue, in all its complexity, as expressed through the nuances of attitudes, intentions, words and actions of the professional'. Ethics also provide the guidelines for proper and responsible behaviour (Jennings, Sovereign, Bottorff, Pederson, Mussell & Vye 2005:32).

Ethics is not a simple matter. It depends not only on the code of ethics of controlling bodies such as the HPCSA but also on the researcher's own personal perspective (Tisdale 2004:17). During the music anger management technique, the participants may provide me with information based of mutual trust. Creswell (1994:165) is of the opinion that researchers have an obligation to respect the rights, needs, values and desires of the informants. Mouton's (2001:243–245) guidelines will be followed to protect the participants' rights, needs, values, interests, desires and sensitivities. Thus, the participants' basic rights will be stated, followed by a description of the ethical considerations that will be employed throughout this music anger management technique to ensure that their rights, interests and sensitivities are protected.

3.5.1   OBTAINING INFORMED CONSENT AND ASSENT

Prior to the onset of the music anger management technique, consent must be obtained from the Director of Epworth to conduct the research on the premises (see Addendum A). Furthermore, informed consent must be obtained from the legal guardian (Director of Epworth) in respect of the participants involved (see Addendum B), the childcare workers (see Addendum C) and assent must be obtained from the participants (see Addendum D). When these have been obtained, all parties will be informed:

- that I am the researcher as well as the purpose and procedures of the music anger management technique. The duration of the music anger management technique will also be discussed.
- that the participants would remain anonymous by using pseudonyms and there will be no reference to their real identity

- that the participants can withdraw from the music anger management technique at any point without being penalised for making this decision
- that the participants' rights, anonymity and confidentiality will be honoured
- of any possible risks and discomfort (they might be provoked to become angry)
- of the possible benefits (obtaining anger management skills)
- the name of my supervisor as well as the institution that guides the ethical approval.
- the possibility of receiving a summary of the results.

These regulations will be conveyed to the participants before the initial assessment. None of the participants will be forced to participate in the music anger management technique and their consent will be obtained in writing. Each participant must be given the opportunity to ask questions for further clarification and must feel comfortable participating in the study (Allan 2007:5–6; Coolican 2006:203; Liamputtong & Ezzy 2005:42; & Neuman 2006:135–136).

3.5.2   RIGHT TO PRIVACY, ANONYMITY AND CONFIDENTIALITY

The three underlying principles to consider are privacy, anonymity and confidentiality (Neuman 2006:138–139). As mentioned before, the participants will remain anonymous through the use of pseudonyms to protect their identities from disclosure and their privacy from being violated. Any biographical information that might provide a link to the participant will be excluded.

Data will be gathered by means of a voice recorder, questionnaires, interviews, participant observations and projection media. The participants will be informed about the workings of the devices and that they are free to reject them. Ultimately, they will be ensured that the information gathered will be treated as confidential.

3.5.3   RIGHT TO PROTECTION AGAINST POSSIBLE HARM

The participant will be informed that there might be a moderate risk involved in the participation of the research. Any risks that might possibly exceed everyday life risks will be attended to. I must be aware of my own shortcomings and will strive towards objectivity and integrity at all times during the conduct of the research.

3.6   TRUSTWORTHINESS

Quantitative research is evaluated against criteria such as 'reliability' and 'validity'. However these criteria are not applicable to qualitative research because of the divergent nature of the approach. It would therefore be erroneous to apply the same criteria to determine the worthiness or merit of these diverse approaches. Poggenpoel (1998:348–351) provided a model that ensures trustworthiness without sacrificing the relevance of the qualitative research. He identified four strategies namely credibility, transferability, dependability and confirmability, to ward off biases and ensure trustworthiness.

3.6.1   CREDIBILITY (TRUTH-VALUE)

Truth-value establishes the researcher's confidence in the truth of the findings based on the research design, informants and context. The findings have to be credible. Research findings meet these criteria when they present such accurate descriptions or interpretations of human experience that people who share the experience immediately recognise the description. To ensure strong credibility, a number of methodological strategies must be used to ensure that the phenomenon of anger will be accurately identified and described (Poggenpoel 1998:349).

3.6.2   TRANSFERABILITY (APPLICABILITY)

Applicability refers to the degree to which the findings can be generalised to larger populations.

Applicability can be measured against the transferability of the results. Research findings are transferable if they fit into similar contexts outside the study situation. To accomplish this, sufficient data must be presented to allow for any subsequent comparisons (Poggenpoel 1998:350).

3.6.3   DEPENDABILITY (CONSISTENCY)

The research findings will be consistent if the same results are obtained when the enquiry is replicated with the same subjects or in a similar context. To ensure dependability, it will be endeavoured to account for changing conditions, as well as changes in the design created by an increasingly refined understanding of the setting (Poggenpoel 1998:350).

3.6.4   CONFIRMABILITY (NEUTRALITY)

Neutrality indicates that the research results and findings are without bias. The criteria for neutrality are confirmation of the data, i.e. the research results could be confirmed by another. To ensure objectivity, the approach must be neutral (Poggenpoel 1998:351).

3.7   SUMMARY

This chapter described the empirical phase of the study. This included a description of the basic research approach and design (in this instance a qualitative approach and interactive case studies), a report on the sampling procedures, a description of the data collection techniques, an explanation of the processing, an account of the ethical measures and trustworthiness, and ultimately the methods of analysis and interpretation. The findings of the empirical investigation will be presented in the ensuing chapter,.

CHAPTER 4: MUSIC ANGER MANAGEMENT TECHNIQUE, RESULTS: PRESENTATION AND DISCUSSIONS

4.1.   INTRODUCTION

The previous chapters have created an understanding of how music may be an effective intervention as part of an anger management programme for children in residential care.

This chapter focuses specifically on the music anger management technique by presenting and discussing the results of the technique. The results will also be discussed, keeping the research questions in mind:

c) What is the curative value of music in relation to children in residential care who have problems with anger management?

d) What effective anger management techniques and music therapy will form part of a music anger management technique?

The chapter begins with a discussion of the research sample, providing a background summary of the personal history of each of the five participants that was obtained from the official documents and artefacts that were scrutinised prior to the programme (see 3.3.4.5). The results of the pre-assessment are then discussed and are followed by the description of the music anger management technique. This includes the therapeutic goals and a short overview of each session. The results of the post-assessment are then discussed.

The data analysis is presented from the data initially gathered from questionnaires, interviews, projective techniques, and observations in the pre- and post-assessments, and then reduced. The post-assessment did not include an interview.

It must be noted that the results of the pre- and post-assessments could not be reduced any further without significant loss of information and without stripping the data from their context. For the purposes of clarity and understanding the music anger management technique, the content of the sessions were reduced as far as possible to what is discussed further on in this chapter.

4.2.   BACKGROUND INFORMATION OF THE PARTICIPANTS

The sampling and selection of the participants was discussed in chapter three (see 3.3.2). As mentioned above, a summary of each participant's background information will be briefly

discussed. Due to the limited scope of this study, a more detailed description of each participant's background is contained in Addendum E. Pseudonyms are used to ensure anonymity and maintain confidentiality. All the information below on each participant was gathered from documents and artefact collections (see 3.3.4.5).

4.2.1 PAUL

Paul is a nine-year-old boy who is currently in Grade 3. Since his placement at Epworth, concerns were noted about his adjustment to a large residential care facility. He misses his foster parents tremendously and therefore became highly aggressive. According to the reports of the childcare workers who are responsible for him, it seems that his behaviour displayed characteristics of aggressive anger (see 2.2.2.2), as seen in the table below.

Aggressive anger	
He has explosive rages over minor frustrations.	He uses foul and abusive language towards children when he is provoked.
He involves other children in disruptive and defiant behaviour.	Paul will not start a fight, but when other children provoke him, he will react in rage by hurting them.
When he is angry, he becomes destructive. He has broken a window as well as his own and/or other people's property.	

Table 4.1: The characteristic symptoms of Paul's type of anger

4.2.2 DANIEL

Daniel is a nine-year-old boy who is currently in Grade 3. Daniel and his brother, John, were placed in Epworth in December 2007. Daniel is extremely hurt by, and angry with, his family and showed insight into their apparent abandonment of him. According to the reports of the childcare workers who are responsible for him, it seems that his acts displayed characteristics of passive as well as aggressive anger (see 2.2.2.1 & 2.2.2.2), as seen in the table below:

Passive anger	
He 'emotionally blackmails' other children in the house so that they take the blame and responsibility for his behaviour (e.g. breaking a window)	Daniel would give the other children in the house the 'silent treatment' if they do not do what he says.
Aggressive anger	
He bullies the other children by threatening, pushing or shoving them and uses power to oppress the younger ones in the house.	He involves the other children in disruptive and defiant behaviour.
Destructiveness in regard to his own or others property.	Daniel accuses other children of things that he has done wrong.
Plays on other children's weaknesses.	Has an explosive rage over minor frustrations.
Daniel will hurt others just for the sake of it.	He wants to be the centre of attention all the time and becomes jealous when the childcare workers pay attention to other children.

Table 4.2: The characteristic symptoms of Daniel's type of anger

4.2.3 WAYNE

Wayne is a 10-year-old boy who is currently in Grade 4. He was placed in Epworth in April 2009. According to reports of the childcare workers who are responsible for him, his behaviour displayed characteristics of aggressive anger (see 2.2.2.2), as shown in the table below:

Aggressive anger	
He will play on other children's weaknesses.	He bullies and threatens other children by pushing or shoving them around.
Displayed explosive rages over minor frustrations.	He blames other children for things that he has done wrong.
He uses foul and abusive language towards others.	He involves the other children in disruptive and defiant behaviour.

Table 4.3: The characteristic symptoms of Wayne's type of anger

4.2.4 MAGGIE

Maggie is an 11-year-old girl who is currently in Grade 4. She was placed in Epworth in January 2005 to start school. According to the reports of the childcare workers who are responsible for her, it seems that her behaviour displayed characteristics of passive as well as aggressive anger (see 2.2.2.1 & 2.2.2.2), as shown in the table below:

Passive anger	
She expresses her resentment towards others behind their backs or mutters so that they cannot hear what she says.	Maggie avoids eye contact and enjoys gossiping about others.
Aggressive anger	
She threatens other children by saying how she would harm them.	She will point her finger at others or show her fist in a way to threaten them.
She would push other children around and shouts at them if she does not get her way.	She accuses other children for her own bad behaviour
She sometimes refuses to do her chores and gives the childcare workers dirty looks.	She often challenges adult authority and does the opposite of what is requested or just ignores the request.
She shouts at others if she does not get her way.	

Table 4.4: The characteristic symptoms of Maggie's type of anger

4.2.5 INGRID

Ingrid is a 10-year-old girl who is currently in Grade 3. She was placed in Epworth in February 2005. Because her extended family is unknown, she has never received any visits. According to the reports of the childcare workers who are responsible for her, it seems that her behaviour displayed characteristics of passive as well aggressive anger (see 2.2.2.1 & 2.2.2.2), as indicated in the table below:

Passive anger	
She expresses her resentments towards others behind their backs and mutters in a way that they can't hear what she says.	When she is in a bad mood she will give everybody the silent treatment.
Aggressive anger	
Although she does not physically hurt other children, she will threaten them by pointing her finger at them or showing her fist in a threatening way.	She would shout at others if she does not get her way.
She sometimes refuses to do her chores and give the child care workers dirty looks.	She wants to be the centre of attention and becomes jealous when the childcare workers pay attention to other children.
She is very bossy in the house and thinks that other children must obey her. If they do not, she reacts with immediate anger.	She often challenges adult authority. She will do the opposite of what is requested or just ignore the request.
She has explosive rages over minor frustrations.	She is manipulative and provokes other children until they become angry. She will then blame them for shouting at her.

Table 4.5: The characteristic symptoms of Ingrid's type of anger

4.3   DATA ANALYSIS

Prior to the music anger management technique, each participant in the group was pre-assessed and data was gathered regarding his or her anger experience. The data collection entailed using the following instruments: questionnaires, interviews, projection media, observations and official documents and artefacts. After the music anger management technique was completed, a post-assessment with each participant took place. Official documents and interviews were not used during the post-assessment, as no reports had been added subsequent to the pre-assessment and it was felt that, due to the short time frame involved, an interview would most probably not deliver any meaningful changes from the initial interview.

A mass of data was gathered and a qualitative analysis of this data was needed to transform data into findings. This is a process where order, structure and meaning is brought to this mass of collected data (see 3.4). It is suggested that data analysis consists of three linked sub-processes namely data reduction; data display; and conclusion and verification (see 3.4).

4.3.1 DATA REDUCTION

In reducing the data, the aim was to identify and describe patterns and themes related to the anger experience of the participants and then attempt to understand and explain them. The following methods were used in reducing the data collected (see 3.4.2):

- The background information obtained through document and artefact collection was mostly displayed through data summaries;

- The data analysis comparing the pre- and post-assessment of the CHILD CARE WORKER'S QUESTIONNAIRE were presented in a graphical form that enhances their comparability and interpretation;

- The data gathered from the interviews were reduced through content analysis to identify the participants' anger experience;

- In respect of the projective media used, the pre- and post-assessment data analysis were reduced to tables for ease of comparison and interpretation.

- The data obtained through observations were summarised.

4.3.2 DATA DISPLAY

The reduced data are displayed in comparative tables, graphical format, themes and summaries per method used, enhancing comparability, interpretation, findings and drawing of conclusions at the end of this chapter as well as in chapter five.

4.4 INSTRUMENTS USED FOR DATA COLLECTION

The following are descriptions of the instruments used in the pre-and post assessment:

- It was important to make continuous general *observations* of each participant, as personal development is one of the therapeutic goals of this music anger management technique (see 3.3.4.4).

- The *CHILDCARE WORKER'S QUESTIONNAIRE* was used to obtain information regarding the participant's anger expression from different contexts, i.e. the school, social/peer groups and the community. This questionnaire consists of 29 Lickert scale questions (see 3.3.4.1). The results of these questionnaires are contained in Addendum H.

- Semi-structured *interviews* were held with each participant individually, and a schedule with general themes and questions was used to enrich the data collected. The questions of the semi-structured interview schedule was categorised into four themes: reasons for being angry; physical reaction when angry; behaviour when angry and the consequences of aggressive behaviour

(see 3.3.4.2). As this study is only a short term music anger management technique, the interviews formed part of the pre-assessment only.

- Two projective techniques were used. First the *Draw-A-Picture (DAP)* was used to determine the participants' anger experiences through projection. The interpretability was improved by asking questions about the picture. The drawing was then analysed for the presence or absence of specific indicators of anger. These indicators are the characteristics representing anger (see 3.3.4.3). Secondly, the concepts of *animal metaphors* were used to determine underlying anger. The participants were asked to describe the type of animal they would like to be and the reason for their choice. Relevant questions were asked to gain clarity of significant characteristics and the symbolic meaning for each participant.

4.5   PRE-ASSESSMENT RESULTS

The following are descriptions and interpretations of the results from the pre-assessments. Further on in the chapter, there will be a discussion on the comparison and interpretation of the results of the pre-and post-assessments. The detailed questionnaire results are attached in Addendum H and the pre-assessment projective drawings are attached in Addendum I.

4.5.1   PAUL

4.5.1.1   General observations

Paul entered the room with hesitation and presented as apprehensive and anxious. He made adequate eye contact but was hesitant to engage in a conversation with me. He became more relaxed as the assessment continued but appeared very shy and insecure.

4.5.1.2   Questionnaire

Assessing Paul's pre-assessment results, 22 questions were marked 'Always a problem', four questions were marked 'Frequently a problem' and three questions were marked 'Occasionally a problem'. From the childcare worker's perspectives, it seems that Paul's anger expression is perceived to be an overall problem.

4.5.1.3   Interview

Theme 1: Reasons for being angry: he gets angry when the boys in the house swear at his mother, hit him and because he cannot go back to his mother and has to stay at Epworth.

Theme 2: Physical reaction when angry: it feels as if his head wants to burst when he gets very angry and afterwards he has a headache. He also cries when he is angry or sad.

Theme 3: Behaviour when angry: he gets very aggressive and would react physically (hitting, kicking and/or stomping somebody). He will break other people's belongings and uses profane language and swears at those that made him angry.

Theme 4: Consequences of aggressive behaviour: he is sent to his room to lie on his bed.

4.5.1.4 Projective media

a) Projective drawings

According to Paul, his drawing represented a boy that was angry because he played Play Station and lost against the other person in the karate game. Hanging from the roof was a spider that wanted to bite him. He did not say anything about the spider, even though I asked questions about it. The characteristics representing anger in his drawing included the quality of the lines that were heavy with parts of excessive shading. The mouth has a harsh expression with large protruding teeth. Paul emphasised the eyes and drew them dark and threatening. Aggressive characters like this 'karate boy' are also indicators of anger.

b) Metaphor

Paul chose to be a kangaroo because the kangaroo can put her baby in her stomach implying that nobody can take the baby away and perhaps reflecting on his own situation. He indicated that the kangaroo can jump away when she gets scared. The kangaroo gets angry when other people swear at his mother and he said that the kangaroo will jump on that person to hurt him. The metaphor chosen by Paul seems to present some physical aggression by saying 'the kangaroo will jump on the person to hurt him' although the primary need is for protection and belonging. If he feels threatened in any way, his defence might be to either get aggressive or withdraw from the situation.

4.5.2 DANIEL

4.5.2.1 General observations

Daniel presented as apprehensive and anxious but made adequate eye contact. He was hesitant to engage in a conversation with me. His answers to the questions were mainly short and he did not elaborate on them. He came across as being very insecure.

4.5.2.2 Questionnaire

Assessing Daniel's pre-assessment results, 21 questions were marked 'Always a problem', two questions were marked 'Frequently a problem' and six questions were marked 'Occasionally a problem'. It seems that Daniel's anger expression is perceived to be problematic from the perspectives of the childcare workers.

4.5.2.3 Interview

Theme 1: Reasons for being angry: when he is physically hurt, when others talk about him behind his back or when he is a victim e.g. when the older boys take his stuff.

Theme 2: Physical reaction when angry: he did not express any physical reactions but talked about the emotional reaction of sadness.

Theme 3: Behaviour when angry: he becomes physically aggressive by hitting others as well as verbally aggressive by swearing at others; he breaks other children's stuff and sometimes picks a fight by teasing other children.

Theme 4: Consequences of aggressive behaviour: he is sent to his room to lie on his bed.

4.5.2.4 Projective media

a) Projective drawings

According to Daniel, his drawing represented a boy playing with his friend. He erased his drawing a few times. Despite the amicable context of the drawing, characteristics representing anger in his drawing are the quality of the lines that were heavy with parts of excessive shading. The mouth presented with large protruding teeth. Large and heavily shaded fingers without hands were present with shaded arms. The eyes were emphasised by drawing them dark, big and threatening. A big prominent nose with big nostrils was present. Excessive colouring-in and emphasised hair colour was noted.

b) Metaphor

Daniel chose to be a lion because he said that the lion fights with other animals. He bites them when they talk about him. If the other animals talk about him he gets angry and then he hits them. Anger was projected through the metaphor of a lion. Physical aggression was also projected. If he feels in any way vulnerable or inferior (for example when others talk about him) it seems that he uses aggression as a defence mechanism.

4.5.3 WAYNE

4.5.3.1 General observations

Wayne presented as friendly and talkative. He was able to establish a warm rapport and good eye contact was maintained. He was co-operative and interacted well during the assessment. It seemed as if he was overly eager to please.

4.5.3.2 Questionnaire

Assessing Wayne's pre-assessment results, 22 questions were marked 'Always a problem', four questions were marked 'Frequently a problem' and three questions were marked 'Occasionally a problem'. From the child care worker's perspectives, it seems that Wayne's anger expression is perceived to be an overall problem.

4.5.3.3 Interview

Theme 1: Reasons for being angry: he said that he does not really get angry, but will get angry when children say bad things to him (such as swearing at his mother) or hit him.
Theme 2: Physical reaction when angry: he said that his mind tells him not to get angry, but he still does. He said that his body starts to shiver when he gets angry.
Theme 3: Behaviour when angry: physical aggression towards those that makes him angry by hitting them with his fist. He also swears at them (verbal aggression).
Theme 4: Consequences of aggressive behaviour: he is told to clean the house.

4.5.3.4 Projective media

a) Projective drawings

Wayne's drawing presented a young girl who was busy tanning. He was unsure about his drawing and erased it a few times. Characteristics representing anger in Wayne's drawing was that it was large and covered nearly the entire page. The qualities of the lines were heavy with parts of excessive shading. The mouth presented with large and protruding teeth. The eyes were emphasised by drawing them dark and big. A big prominent nose with big nostrils was present. Excessive colouring-in and emphasised hair colour was noted.

b) Metaphor

Wayne chose to be a lion because a lion is strong and he catches his own prey. Wayne said that the lion's prey is a rabbit because the rabbit is not strong and cannot fight with the

lion. The projection of anger was present in the metaphor. This seems as if Wayne expresses his pent-up anger onto smaller and more vulnerable children by bullying them.

4.5.4 MAGGIE

4.5.4.1 General observations

Maggie entered the assessment situation seemingly apprehensive. She presented as timid, shy, withdrawn and anxious and avoided eye contact. She was reluctant to engage in a conversation with me and seemed very insecure.

4.5.4.2 Questionnaire

Assessing Maggie's pre-assessment results, 19 questions were marked 'Always a problem', three questions were marked 'Frequently a problem' and seven questions were marked 'Occasionally a problem'. It seems that from the childcare worker's perspectives, Maggie's anger expression is an overall problem.

4.5.4.3 Interview

Theme 1: Reason for being angry: when her friends shout at her.

Theme 2: Physical reaction when angry: her body starts to shake.

Theme 3: Behaviour when angry: verbal aggression e.g. shouting and uses abusive language towards those who made her angry, or physical aggression (hitting others).

Theme 4: Consequences of aggressive behaviour: she is sent to her room to lie on her bed.

4.5.4.4 Projective media

a) Projective drawings

The paper was presented to Maggie in a vertical way, but she immediately turned the page horizontally. Paper turning could be an indication of hostility (see 3.3.4.3) and anger (see Table 3.1). According to Maggie, her drawing represented a girl playing with her friend. Characteristics representing anger in Maggie's drawing are the quality of the lines that were heavy with parts of excessive shading. Only one eye was drawn and was emphasised by drawing it dark and big. Excessive emphasis was placed on the hair, covering a part of the face and deliberately shading it.

b) Metaphor

Maggie indicated that she would choose to be a dolphin because a dolphin likes swimming and then she as a dolphin can swim in the sea and be free. She said that dolphins like to help people and she also wants to help people. No anger was projected with the use of her metaphor, but there are indicators that she might feel trapped in her current circumstances.

4.5.5 INGRID

4.5.5.1 General observations

Ingrid entered the assessment situation seeming uncertain and apprehensive, but settled down and appeared more relaxed during the assessment. She presented as a friendly young girl and made eye contact throughout the assessment.

4.5.5.2 Questionnaire

Assessing Ingrid's pre-assessment results, 20 questions were marked 'Always a problem', five questions were marked 'Frequently a problem', three questions were marked 'Occasionally a problem' and one question was marked 'Not a Problem'. It seems that Ingrid's anger expression is perceived to be an overall problem from the child care worker's perspectives.

4.5.5.3 Interview

Theme 1: Reasons for being angry: when people are mean to her, when they take her friends away or when the childcare workers in the house want to tell her what to do.

Theme 2: Physical reaction when angry: her heart beats faster.

Theme 3: Behaviour when angry: hitting others (physical aggression), as well as shouting and swearing (verbal aggression).

Theme 4: Consequences of aggressive behaviour: she is sent to her room to lie on her bed or the childcare worker sometimes ignores her and does not speak to her.

4.5.5.4 Projective media

a) Projective drawings

Ingrid said that she drew a young girl that was busy playing netball. Characteristics representing anger in her drawing are the quality of the lines that were heavy with parts of excessive shading. Long arms were drawn that were sticking out. The eyes were

emphasised by drawing them dark. A big prominent nose with big nostrils was present. Excessive colouring-in and emphasised hair colour was noted.

b) Metaphor

Ingrid chose to be a cheetah because it can run fast, mainly depicting a need to escape. She said that the cheetah can hide easily and that he eats other animals. The cheetah wants to hide from scary animals and when they find him, he runs away. He likes to eat small animals. He gets angry when other cheetahs want to take his food and then he fights with them. The metaphor chosen by Ingrid partially presents anger. It seems as if she expresses her pent-up anger onto smaller and more vulnerable children. If she feels threatened in any way, her defence might be to either become aggressive or withdraw (hide away).

4.6   THE MUSIC ANGER MANAGEMENT TECHNIQUE

4.6.1   THERAPEUTIC GOALS

The main aim of the music anger management technique is to provide the results and insight required to develop psycho-educational guidelines for the use of music in a group anger management programme for children in residential care. The technique must also provide the information required to address the research questions, as mentioned above. It was mentioned in chapter two (see 2.7) that the design of the music anger management technique will be based on certain therapeutic goals derived from the literature study. These therapeutic goals (see 2.7) need to emphasise the curative value of music in relation to children in residential care who have problems with anger management. The music anger management technique was designed to use the most effective anger management techniques and music therapy to address the anger management problems of children in residential care. These therapeutic goals were grouped into three main goals including, but not limited to:

4.6.1.1 Anger Management Goals

The goals of anger management are to first identify the emotions, feelings and thoughts that underlie anger, increase the children's awareness of these emotions and help them to reduce their aggression levels. They will be taught healthy options to express their feelings, to work with irrational thoughts, conflict resolution and to practice these options in a positive manner. Secondly, to use music as a form of venting and calming to release anger by

choosing the right kind of music as a form of communication in relationships and to use music improvisation to create new songs (creative song writing).

4.6.1.2 Personal Development Goals

The personal development goals are to improve the children's self-control and handling of stress; help them to understand the method of pulling back; improve their emotional skills; increase their self-esteem by creating the feeling of accomplishment; and to teach them different relaxation techniques.

4.6.1.3 Social Development Goals

The social development goals are to improve the children's social interaction, behaviour and relationships through interaction in the group sessions; to improve their socialising and communication techniques; to improve their listening as an important communication skill and to encourage tolerance of, and physical contact with others through singing, movement and playing instruments in the group.

4.6.2 CONTENT OF THE SESSIONS

A summary of the content, focus areas and activities of each session are discussed below. The lyrics for all the songs are contained in Addendum L. Where possible, the therapeutic goal of each activity is indicated in adjacent brackets.

At the commencement of the first session, it was necessary to set the scene and explain the music anger management technique to the participants. They were asked to sit in a circle and the 'ground rules' and processes of the technique were explained:

- All sessions will start and end with a 'hallo' and 'goodbye song'.
- Nobody is allowed to hurt another person.
- All the instruments need to be handled with care.
- No profane language or swearing is allowed.
- No teasing is allowed.

SESSION 1
• The session started by teaching the participants the 'Hallo song' (social development).
• Pent-up anger was released through loud drumming (anger management and personal development).
• Each participant then had to beat their names on their drums (personal development).

- They listened to the song 'Can you feel it?' on the CD player. I asked them what does feeling happy/mad/scared look like in their bodies. They listened to the song again and had to make facial expressions of the emotions in the song. They had to demonstrate the emotion through movement as a way of expressing their emotions (anger management).

- We then discussed emotions and I emphasised that we are allowed to have emotions, just like in the song. We talked about anger as an emotion and that we are allowed to be angry. The focus was placed on the way we react when we are angry (anger management).

- They then walked, marched, jumped, and ran whilst the 'Walk & Stop' movement song played, and had to stop when the words said 'STOP'. A link was made between how they can control their anger in the same way as they controlled their bodies during the movement song (personal and social development, and anger management).

- A relaxation technique 'bubble breathing' was introduced. They practiced taking deep breaths in and then blew out using a bubble wand and bubbles. Calming music was played to create a relaxed atmosphere (personal development and anger management).

- The session ended by teaching them the 'Good bye' song (social development).

Observations and summary of session 1

The session covered all three main therapeutic goals, and an awareness of music to release pent-up anger was created. Emphasis was placed on group and social interaction to ensure cooperation for future sessions. The beating of their names on the drums went well, but it was observed that their self-esteem was low. Paul and Daniel had to be encouraged to participate and Maggie refused to partake. A discussion followed that we are allowed to feel angry, but we need to express our anger in an appropriate manner. The importance of self-control was achieved through the movement song and the discussion on the importance thereof in the context of controlling their bodies when they become angry.

SESSION 2
- The session started by singing the 'Hallo song' (social development).
- Pent-up anger was released through loud drumming (personal development; anger management).
- Participants then had to explore beating their names on the drums in different rhythms (building self-esteem; personal development).
- Expression of emotions was encouraged through drumming. The chosen emotions were

happiness, fear, sadness and anger. As a group, the participants decided on how to beat each emotion on the drum. It was decided that happiness would be played as a series of rapid beats, fear would be expressed as staccato beats, sadness would be expressed as slow, ponderous beats and anger became hard, loud, energetic drumming. They were encouraged to play their emotions on the drum to help them release that specific feeling (anger management; social development).

- The 'Walk & Stop' movement song was played again. They had to move around while the music played and stop when the song said 'STOP'. This activity encouraged them to develop more self-control (personal-and social development; anger management).

- A DVD named 'Butterscotch Playground – Anger song' was showed to the group and a discussion followed on how they can create their own 'angry songs' through improvisation (personal development).

- They then improvised the words of the 'Walk & Stop' song to improve self-control. Group interaction was encouraged to change the words to 'When I'm angry, angry, angry I STOP and THINK' (anger management; personal and social development).

- In preparation for practising deep breathing as a relaxation technique, the children learnt the words of the 'Bubble song' (anger management; personal development).

- 'Bubble breathing' as relaxation technique was practiced by taking deep breaths in and blowing them out while the 'Bubble song' was played (anger management, personal development).

- The session was ended with the 'Good bye' song (social development).

Observations and summary of session 2

The session covered all three main therapeutic goals. The participants were hesitant to experiment with different rhythms to find their own unique rhythm to their names. The value of music as a medium of expressing emotions was emphasised. It was obvious that Daniel had a lot of pent-up anger in the way he was beating the drum. Paul participated this time by beating his name on the drum, but Maggie still refused to partake in this activity. The group enjoyed creating their own version of the 'Walk & Stop' song. The music improvisation and relaxation exercises served well as anger management techniques.

SESSION 3
- The session started by singing the 'Hallo song' (social development).   - This was followed by the participants exploring different rhythms to beating their names on the drums (personal development).   - Releasing pent-up anger was encouraged by listening to 'angry' classical music to help

them to vent angry emotions. They could do any movement to express their anger (anger management, personal development).

- Expression of emotions through percussion instruments followed. Happiness was presented with bells, sadness was presented with shakers, anger was presented with rhythm sticks and the tambourines presented fear. They were encouraged to play their emotion on the instrument that represented how they felt, helping them to release that specific emotion. Pre-recorded parts of a variety of music that evoked different feelings were played. When they could relate their emotion to that specific music part they were encouraged to play their emotion on the instrument that presented best how they felt, helping them to release that specific emotion (anger management; social development).

- The song 'I feel so angry' was played and the emotions underlying the anger were identified. This increased their awareness of feelings and situations that can trigger different emotions such as anger (anger management).

- Sliding whistles were used to explain the scale of anger. The low tone of the whistle represented low levels of anger and the high tone high levels of anger. They had to show how angry they felt using the whistle. The levels ranged from 1 to 10 and this made them aware of their own anger levels. They had to discover their baseline anger level to help them realise when they need to engage in relaxation techniques such as deep breathing (anger management; personal development). This technique also helped them to realise when they are feeling very angry and to find 'time out' away from the source of the anger (anger management).

- They then had to do 'balloon breaths' while the 'Bubble song' played softly, to learn to focus on breathing and self-soothing. Calming music was used to create a relaxed atmosphere in which this relaxation technique was practiced (anger management; personal development).

- The session ended with the 'Good-bye' song (social development).

Observations and summary of session 3

The session covered all three main therapeutic goals. Awareness was created of feelings and situations that can trigger anger. A focus point was the realisation of when to engage in relaxing techniques when one is angry. Maggie still refused to partake in the beating of her name on the drum. In every session, Ingrid insisted on sitting next to me and during this session she even sat on my lap a few times. The realisation of their anger levels in the whistle blowing activity increased their awareness and the effectiveness of the relaxation technique.

SESSION 4
• The session started by singing the 'Hallo song' (social development)
• This was followed by the participants exploring different rhythms to beating their names on the drum (personal development).
• The other group members had to listen and copy that specific rhythm on their own drums (social development).
• They were asked to beat positive statements about themselves on the drum (personal development).
• Releasing pent-up anger was encouraged by listening to 'angry' classical music to help them to vent angry emotions. They could do any movement to express the anger (anger management; personal development).
• A discussion on positive (constructive) ways in which they can express their angry feelings followed (anger management).
• As a group, the well known song 'If you're happy and you know it' was sung (social development). Through creative song writing, an improvised version of the song was created: 'If you're angry and you know it … '. They were encouraged to participate in creating a group 'angry song' (anger management; social development).
• The relaxation technique 'Bubble breaths' was practiced while they sang the song. They placed their hands together at the centre of their chests; closing their eyes when they breathed in deeply. They raised their arms above their heads, making a big balloon. As they breathed out, they lowered their hands to their chests again (anger management; personal development).
• The session ended with the 'Good-bye' song (social development).

Observations and summary of session 4

The session covered all three main therapeutic goals. Awareness of the use of music as a medium of expressing anger in a healthy way was enhanced. They were again encouraged to explore with different rhythms to find their own unique rhythm for their names. Maggie eventually participated in beating her name on the drum but did not have the confidence yet to beat a unique rhythm; she only beat three beats. Nevertheless, she was praised for her participation. They all found it difficult to create a positive statement about themselves at first. They would use emotions such as 'I am happy' instead of positive statements for example 'I am special'. Maggie did not want to participate in the activity.

They enjoyed the improvisation to make up their own song but it took a lot of group interaction to find lyrics for the song. Ingrid was very bossy and found it difficult to give

others an opportunity. Her behaviour upset the others, which lead to a build-up of angry emotions. They were told to do 'bubble breaths' to relax. This was an opportunity for them to realise how effective relaxation techniques are.

SESSION 5
• The session started by singing the 'Hallo song' (social development). • They were asked to beat positive statements about themselves on the drum (personal development). • The other group members had to listen and copy that specific rhythm on their own drums (social development). • They listened to the song 'I feel so angry'. Each participant was asked if they ever felt the same way. Different scenarios were discussed that could trigger angry feelings. They were encouraged to talk about their experiences that triggered angry feelings and the way they expressed their anger. Identifying emotions underlying anger was also discussed (anger management). • Healthy expression of anger was discussed. They listened to the song 'When I feel mad' and we discussed ways of expressing anger by listening to the words of the song (anger management). • Each participant was asked to think about their experiences and mention a healthier way in which they could have expressed their anger differently, encouraging conflict resolution (anger management). • The group's 'anger song', 'If you're angry and you know it ...' was sung (anger management; personal and social development). • Muscle relaxation as a relaxation technique was introduced and practiced. Soft calming music was used to create a relaxed atmosphere. • The session was ended with the 'Good-bye' song (social development).

Observations and summary of session 5

The session covered all three main therapeutic goals. The value of improvising songs and relaxation techniques was enhanced by referring to the last session. Maggie participated in beating a positive statement but hid her face with her hands afterwards. Paul, Wayne and Ingrid found it easier to make positive statements, although Daniel still used emotions rather than statements. When they were asked to either beat their names or say positive statements on the drum, it was always done randomly and not in order as they were sitting in the circle. Ingrid lacked confidence to go first; when I asked her, she refused. This session lacked movement activities which the children enjoy doing.

SESSION 6
• The session started by singing the 'Hallo song' (social development).
• This was followed by the participants exploring different rhythms to beating their names on the drums (personal development).
• They were asked to beat positive statements about themselves on the drum (personal development).
• Participants were grouped together in two's and took turns copying each other's drumming rhythm (social development).
• Each participant was then asked to play a specific part of a song with a specific percussion instrument. They had to listen when it was their turn to play their part (social development).
• The participants were asked to stand like a teapot. First they had to hold the 'stream' in their cheeks and secondly they had to 'blow off steam'. This lead to a discussion on how they can set the steam (anger) free. With group interaction, another creative song was improvised from the melody of 'Father Jacob'. The participants created the 'Steam pot angry song' (anger management; personal-and social development).
• The group's 'anger song' 'If you're angry and you know it…' was also sung (anger management; social development).
• A new relaxation technique was taught. It began by taking slow, deep breaths; At every exhale, the drum was hit once to match their breath to the drum (anger management; personal development).
• Venting anger by stomping feet, hopping etc. and then pulling back by doing a relaxation technique was practiced (anger management; personal development). When they had to vent their anger, 'anger' classical music was played, whilst during the relaxation technique, soft calming music was played.
• The session ended by singing the 'Good-bye' song (social development).

Observations and summary of session 6

The session covered all three main therapeutic goals. It was visible that the participants' self esteem was improving as they had much more confidence exploring and creating a unique rhythm for their names. The focus was on choosing the right kind of music when venting anger or doing a relaxation exercise. Ingrid still refused to go first with some activities. Maggie was hesitant, but beat her positive statement on her drum. The group praised her for her courage. The participants enjoyed the 'tea pot' song and the creation of their own song. Ingrid's behaviour was better than in session 4. She was not so bossy and interacted better within the group by also giving the others a chance to share their thoughts. The

participation in the song, where each had a part to play with a specific instrument, enhanced their self-esteem because they felt important and special.

SESSION 7
- The session started by singing the 'Hallo song' (social development).   - This was followed by the participants exploring different rhythms to beating their names on the drums (personal development).   - They were asked to beat positive statements about themselves on their drums (personal development).   - A 'freeze game' was played. 'Happy' classical music was played to develop self-control and release pent-up anger. The participants had to move around in any way they chose and had to 'freeze' when the music stopped and they heard the word 'freeze' (anger management, personal-and social development).   - The group's own created 'angry songs' were sung (anger management; personal and social development).   - Expression of emotions through percussion instruments followed. Happiness was presented with bells, sadness was presented with shakers, anger was presented with rhythm sticks and the tambourines presented fear. Pre-recorded parts of a variety of music that evoked different feelings were used. When they could relate their emotion to that specific music part, they were encouraged to play their emotion on the instrument that presented best how they felt, helping them to release that specific emotion (Anger management).   - The participants were encouraged to hit the drum slowly and visualise being alone but feeling strong. The aim was for them to feel the power in them to improve their self-esteem (personal development).   - Venting anger by stomping feet, hopping etc. and then pulling back by doing a relaxation technique of their choice was practiced again. When they had to vent their anger, 'anger' classical music was played whilst during the relaxation technique, soft calming music was played (anger management; personal development).   - The session ended by singing the 'Good-bye' song (social development).

Observations and summary of session 7

The session covered all three main therapeutic goals. It was visible that the participants' self esteem was improving more and more as they had much more confidence exploring and creating a unique rhythm for their names every time they did this activity. It was noticeable how proud they were of themselves.

The focus was on choosing the right kind of music when venting anger or doing a relaxation exercise. The sense to stay calm when leaving an impossible situation was developed. Maggie participated in beating the positive statement more confidently. It is important for Ingrid to have physical contact with me and she was either sitting next to me while touching me, or on my lap. The participants enjoy songs with movement and therefore had a lot of fun with the 'freeze game'. The value of the music coupled with the relaxation technique, can be seen as the children are now more confident in doing the exercises.

SESSION 8
• The session started by singing the 'hallo song' (social development).
• This was followed by the participants exploring different rhythms to beating their names on the drums (personal development).
• They were asked to beat positive statements about themselves on the drum (personal development).
• Follow-the-leader was played: one participant walked in front of the group while the others followed him or her and copied the rhythm he or she played on the drum (social development).
• The 'Walk & Stop' movement song exercise was practiced again to further enhance self-control and release pent-up anger (personal and social development; anger management).
• Each participant was asked to play a specific part of a song with a specific percussion instrument again. They had to listen carefully to know when it was their part to play (personal and social development).
• The song 'I feel so angry' was played again and the emotions underlying anger were identified. This increased their awareness of different feelings that can underlie anger.
• The group's two created songs were sung again (anger management, personal and social development).
• As this was the final session, positive (constructive) ways in which they can express their angry feelings were reviewed (anger management; personal development).
• A sense of venting (stomping feet, hopping etc.) and then pulling back by doing a relaxation technique of their choice, was enhanced. Different scenarios were created to practice venting and relaxation techniques.
• The session was ended by singing the 'good-bye' song (social development).

Observations and summary of session 8

The session covered all three main therapeutic goals and all the techniques used in the previous sessions were reviewed. The focus was on reviewing all the elements of the curative value of music, as well as the anger management and relaxation techniques. The sense to stay calm when leaving an impossible situation was enhanced. The participants were very upset because this was our last session. They verbalised how much fun they had. Even though this was a short term intervention programme, visible changes in the participants' confidence levels, self-esteem and social interaction was noticeable. The effectiveness of the relaxation techniques was discussed again. Music improvisation proved to be successful and the participants had a lot of fun creating their own songs.

4.7   POST-ASSESSMENTS RESULTS

The following are the descriptions and interpretation of the post-assessment results. The comparison and interpretation of the results of the pre- and post-assessments are discussed further on in this chapter. The post-assessment projective drawings of the participants are attached in Addendum J.

4.7.1   PAUL

4.7.1.1   General observations

Paul entered the room presenting as friendly with visibly more self-confidence than before. He appeared to be more relaxed and engaged easily in a conversation with me. He made adequate eye contact.

4.7.1.2   Questionnaire

According to Paul's post assessment results, 19 questions were marked 'Always a problem', six questions were marked 'Frequently a problem' and four questions were marked 'Occasionally a problem.

4.7.1.3   Projective media

a) Projective drawings

In the post-assessment, the paper was presented to Paul in a vertical way. He immediately turned the page horizontally. Paper turning could be an indication of hostility (see 3.3.4.3) and anger (see Table 3.1). According to Paul, his drawing represented a young man which is a famous star (singer). Characteristics representing anger in his drawing are the quality of the lines that were heavy with parts of excessive shading. The person was standing with his

legs wide apart. The eyes were emphasised and drawn dark, big and threatening. The hair was excessively coloured-in and emphasised.

b) Metaphor

Paul chose to be a lion because a lion is the king of the jungle. He can walk anywhere and the other animals are scared of him because he catches them and then he eats them. He gets angry when he is hungry and he cannot find food to eat. When the lion is angry, he runs and catches an animal to eat, normally a buck. The projection of anger when his basic needs are not met was present in the metaphor. It seems that Paul will express his anger onto others. It might reveal a person that feels trapped or powerless in his current circumstances. It might be assumed that he wants to create a feeling with others that he is powerful in an attempt to feel better about himself or to be acknowledged.

4.7.2   DANIEL

4.7.2.1   General Observation

Daniel entered the assessment situation seemingly more relaxed. He engaged more comfortably in a conversation with me and made adequate eye contact. His answers to the questions were still mainly short and he did not elaborate on any of them.

4.7.2.2   Questionnaire

According to Daniel's post assessment results, 15 questions were marked 'Always a problem', nine questions were marked 'Frequently a problem' and five questions were marked 'Occasionally a problem'.

4.7.2.3   Projective media

a) Projective drawings

Daniel said his drawing represented a boy that was happy because he was playing. Characteristics representing anger in Daniel's drawing are the quality of the lines that were heavy with parts of excessive shading. A straight horizontal line presented the mouth. The eyes and the hair were emphasised but the eyes were drawn dark and big. However, the overall impression of the picture is a boy at peace.

b) Metaphor

Daniel chose to be a monkey because the monkey plays in the trees and eats bananas. He said that the monkey never gets angry, but would walk away from the situation if he does get angry. The projection of anger was not present in the metaphor, but rather someone who wants to have fun. He denied getting angry, but when asked what the monkey will do when he gets angry he showed insight into the management of his anger.

4.7.3 WAYNE

4.7.3.1 General Observation

Wayne entered the assessment situation seemingly happy and friendly. He interacted well but complained because he had to do the same activities as in the pre-assessment. I explained to him the purpose of the post-assessment and he was more co-operative.

4.7.3.2 Questionnaire

Wayne's post assessment results indicated that 24 questions were marked 'Always a problem', four questions were marked 'Frequently a problem' and one question was marked 'Occasionally a problem'.

4.7.3.3 Projective media

a) Projective drawings

Wayne indicated that his drawing represented 'Sponge Bob Square Pants' who has done something wrong and feels sad that he has stomped Mr Crabs. He is saying sorry to Mr Crabs. Characteristics representing anger in Wayne's drawing are the quality of the lines that were heavy with parts of excessive shading. The hands were drawn on the hips. A horizontal line presented the mouth. Parts of the arms were shaded that presented the sleeves of the shirt. The eyes were emphasised and drawn dark and big. The hair was excessively coloured-in and emphasised.

b) Metaphor

Wayne chose to be a lion because it is strong and not scared of anything. He becomes angry when people push him or hit him for no apparent reason. The lion expresses his anger by fighting with them. The projection revealed the presence of physical anger. Wayne might project a desire to be less fearful and gain control over his life.

4.7.4 MAGGIE

4.7.4.1 General Observation

Maggie appeared more relaxed and answered the questions with more confidence. There were times during the assessment that she made adequate eye contact however for most of the assessment she looked down at the ground.

4.7.4.2 Questionnaire

Maggie's post assessment results indicated that 17 questions were marked 'Always a problem', five questions were marked 'Frequently a problem', four questions were marked 'Occasionally a problem' and three questions were marked 'Not a problem'.

4.7.4.3 Projective media

a) Projective drawings

Just as in the pre-assessment, the paper was presented to Maggie in a vertical way, but she immediately turned the page horizontally. As mentioned before, paper turning could be an indication of hostility (see 3.3.4.3) and anger (see Table 3.1). According to Maggie, she drew a girl sitting in the garden who was happy. Characteristics representing anger in her drawing were a figure with a mouth with large protruding teeth. She emphasised the girl's hair. She also drew the one part of the face covered with hair.

b) Metaphor

Maggie chose to be a horse because it can run fast and eat grass. The horse was at the stadium and running in a race. She said that the horse was excited because he was going to win. There was no projection of anger and aggression present in her projection. She denies her anger but reveals a person with better self-esteem.

4.7.5 INGRID

4.7.5.1 General Observation

Ingrid entered the assessment seemingly more confident. She presented as a friendly girl who was polite and made adequate eye contact. She immediately engaged in a conversation with me. She was co-operative and interacted well during the assessment.

4.7.5.2 Questionnaire

Ingrid's results indicated 19 questions were marked 'Always a problem', four questions were marked 'Frequently a problem', five questions were marked 'Occasionally a problem' and one questions was marked 'Not a problem'.

4.7.5.3 Projective media

a) Projective drawings

Ingrid said she drew a young girl who was happy and busy playing and skipping. Characteristics representing anger in her drawing are the quality of the lines that are heavy. Fingers with no hands were drawn. Big nostrils were present in the drawing. Some emphasises was placed on the hair.

b) Metaphor

Ingrid chose to be a bear because it is strong and powerful. She said that he is brave and wonderful and always wants to help people. He is not aggressive and likes to make new friends. He sometimes gets angry when others hurt him, but he just starts to breathe so that he can feel better. No anger was projected with the metaphor. The post-assessment seems to reveal a person who would rather help others than hurt them.

4.8   DATA INTERPRETATION AND CONCLUSION

Improvement or attenuation in the participant's anger expression and experience will be depicted by comparing the results from the pre-and post-assessments. This comparison will be used to derive the interpretation and conclusion. A detailed comparison of the change in the participants' specific aggressive behaviour, as rated by the childcare workers' per question in the pre- and post-assessment questionnaires, can be seen in Addendum H. A more detailed description of the questions and answers of the projective metaphors are contained in Addendum K.

4.8.1   PAUL

4.8.1.1 General observations

From the observations made in the pre- and post-assessments, it can be deduced that Paul's self-confidence and self-esteem visibly improved after the music anger management technique.

4.8.1.2 Questionnaire

The following graph displays a comparison between Paul's pre-and post-assessment results:
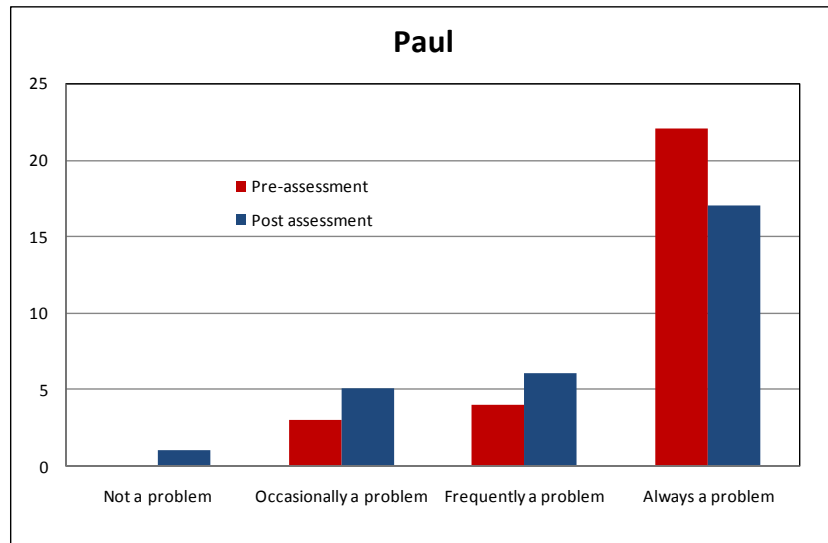
Figure 4.1: Paul's questionnaire results

Overall, there was a slight improvement in Paul's anger expression as rated by the childcare workers before and after the music anger management technique. As can be seen from the graph, items previously rated in the 'Always a problem' scale have moved down to scales reflecting a lower frequency.

4.8.1.3 Projective media

a) Projective drawings

Characteristic	Pre-assessment	Post-assessment
Line quality	Heavy, excessive shading	Heavy, excessive shading
Teeth	Large and protruding	
Mouth	Presence of teeth	
Eyes	Dark, big and emphasised	Dark, big, emphasised and threatening
Hair colour	Excessive colouring in	Excessive colouring in and emphasised
Aggressive characters	Boy doing karate	

Table 4.6: Comparing the indicators of the characteristics representing anger in Paul's drawings in the pre-and post-assessments

Comparing the pre-and post-assessments projective drawings, characteristics representing anger seemed to have reduced. He drew a friendly person in the post-assessment compared to an aggressive person in the pre-assessment.

b) Metaphor

Comparing the metaphors chosen in the pre-and post-assessments, there is less projection of anger and aggression present in the post-assessment.

4.8.2   DANIEL

4.8.2.1   General Observation

Comparing the observations made during the pre- and post-assessments, Daniel seemed less anxious and more relaxed after the music anger management technique.

4.8.2.2   Questionnaire

The following graph displays Daniel's post-assessment results compared with his pre-assessment results:

Figure 4.2: Daniel's questionnaire results

The graph indicates a significant improvement in Daniel's expression of his anger, as rated by the childcare workers before and after the music anger management technique. Six items previously rated in the 'Always a problem' scale have moved down to scales reflecting a lower frequency.

4.8.2.3 Projective media

a) Projective drawings

Characteristic	Pre-assessment	Post-assessment
Line quality	Heavy, excessive shading	Heavy, excessive shading
Teeth	Large and protruding	
Hands	Large and heavily shaded	
Mouth	Presence of teeth	Straight horizontal line representing the mouth
Arms	Shading	
Eyes	Dark, big, emphasised, threatening	Dark, big and emphasised
Nose	Prominent with big nostrils	
Hair colour	Excessive colouring in and emphasised	Emphasised

Table 4.7: Comparing the indicators of the characteristics representing anger in Daniel's drawings in the pre-and post-assessments

Comparing the pre-and post-assessments projective drawings, there were fewer characteristics representing anger in Daniel's post-assessment projective drawing. Because of the significant reduction in his anger projection, one can make the assumption that he has released some of his pent-up anger.

b) Metaphor

Comparing the metaphors chosen in the pre-and post-assessments, there is less projection of anger and aggression present in the post-assessment. It seems as if he is more in control when dealing with his anger.

4.8.3 WAYNE

4.8.3.1 General Observation

Comparing the observations made during the pre- and post-assessments, Wayne presented friendly and interacted well in both assessments.

4.8.3.2 Questionnaire

The following graph displays Wayne's post-assessment results compared with his pre-assessment results:
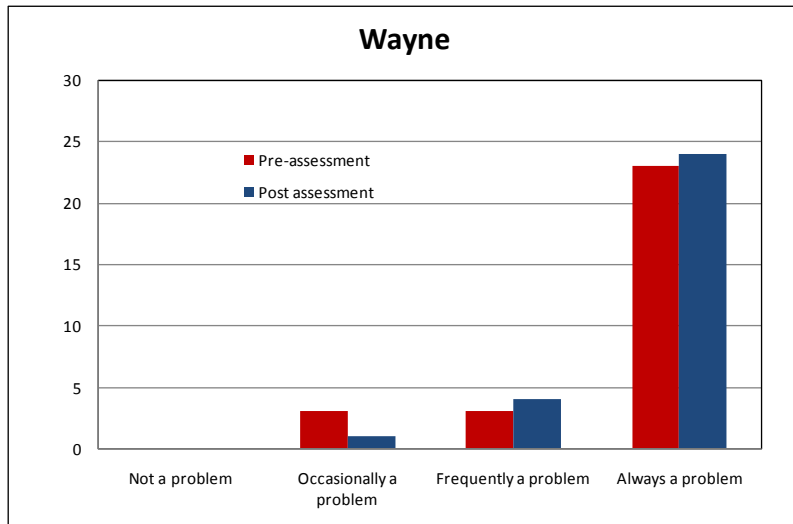
Figure 4.3: Wayne's questionnaire results

Wayne's expression of anger worsened from the pre-assessment, as rated by the childcare workers before and after the music anger management technique. Items previously rated in the 'Always a problem' and 'Frequently a problem' scales, increased.

4.8.3.3 Projective media

a) Projective drawings

Characteristic	Pre-assessment	Post-assessment
Line quality	Heavy, excessive shading	Heavy, excessive shading
Fingers	Drawn without hands	
Kinaesthetic feelings		Hands drawn on the hips
Teeth	Large and protruding	
Size	Large/ covering entire page	Large/covering most of the page
Mouth	Presence of teeth Over-emphasised	Harsh expression
Arms	Long	
Eyes	Dark; big; emphasised	Dark; big; emphasised
Nose	Prominent with big nostrils	
Hair colour	Excessive colouring in and emphasised	Excessive colouring in and emphasised

Table 4.8: Comparing the indicators of the characteristics representing anger in Wayne's drawings in the pre-and post-assessment

Although there were fewer characteristics representing anger in Wayne's pre-and post-assessment results, the overall impression of the post-assessment drawing depict more aggression. However, the first drawing of a girl with fairly huge breasts might be viewed as defiant behaviour. Apart from aggression, the second drawing might also depict submission and post-aggression regret.

b) Metaphor

Comparing the metaphors chosen in the pre-and post-assessments there is projection of physical anger and aggression present in both assessments. It would appear that he is expressing his anger in an inappropriate way.

4.8.4   MAGGIE

4.8.4.1   General Observation

Comparing the observations made during the pre- and post-assessments, Maggie appeared more relaxed after the music anger management technique but did not make adequate eye contact. Her self-esteem and self-confidence need further development.

4.8.4.2   Questionnaire

The following graph displays Maggie's post-assessment results compared with her pre-assessment results:

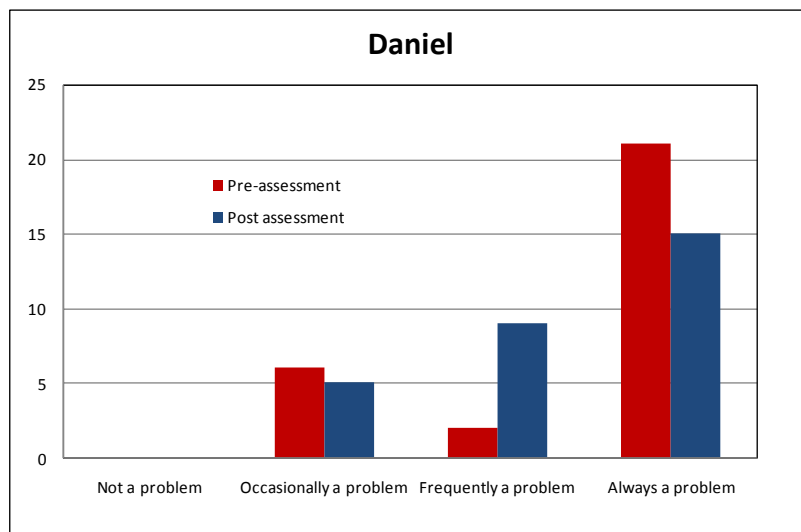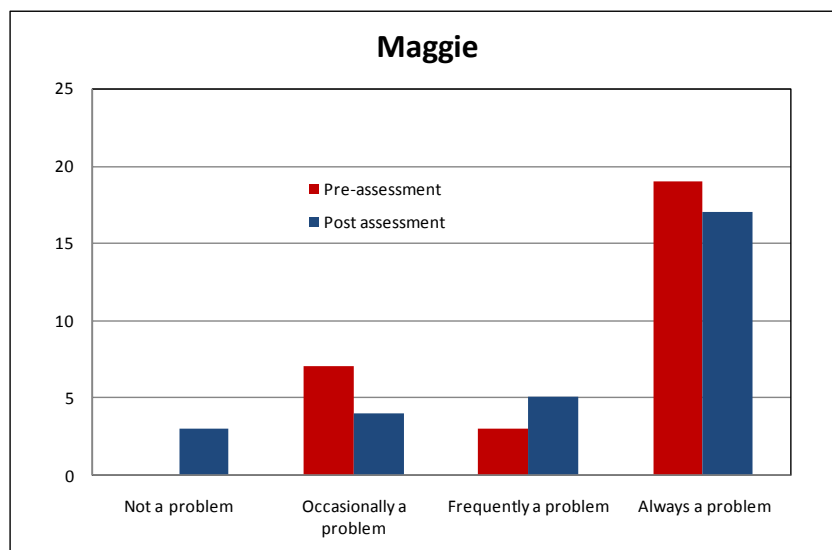**Figure 4.4: Maggie's questionnaire results**

There was a slight improvement in Maggie's anger expression, as rated by the childcare workers before and after the music anger management technique. Items initially rated in the 'Always a problem' scale have moved down to scales reflecting a lower frequency.

4.8.4.3 Projective media

a) Projective drawings

Characteristic	Pre-assessment	Post-assessment
Line quality	Heavy, excessive shading	
Teeth		Large and protruding
Mouth		Presence of teeth
Eyes	Dark, big, emphasised	
Nose	Big nostrils	
Hair colour	Excessive colouring	Emphasised
Face	Deliberate shading of parts of the face	

Table 4.9: Comparing the indicators of the characteristics representing anger in Maggie's drawings from the pre-and post-assessment

According to the pre-and post-assessment results there was an overall improvement in Maggie's anger. Even though she drew large protruding teeth in the post-assessment projective drawing, overall there were less characteristics representing anger present in the post-assessment.

b) Metaphor

Comparing the metaphors chosen in the pre-and post-assessments, there was no projection of anger and aggression present in either assessment. It appeared in the post-assessment that she gained more self-confidence.

4.8.5   INGRID

4.8.5.1   General Observation

Ingrid appeared more confident after the music anger management technique and was co-operative and interacted well during both assessments.

4.8.5.2   Questionnaire

The following graph displays a comparison between Ingrid's pre-and post-assessment results:
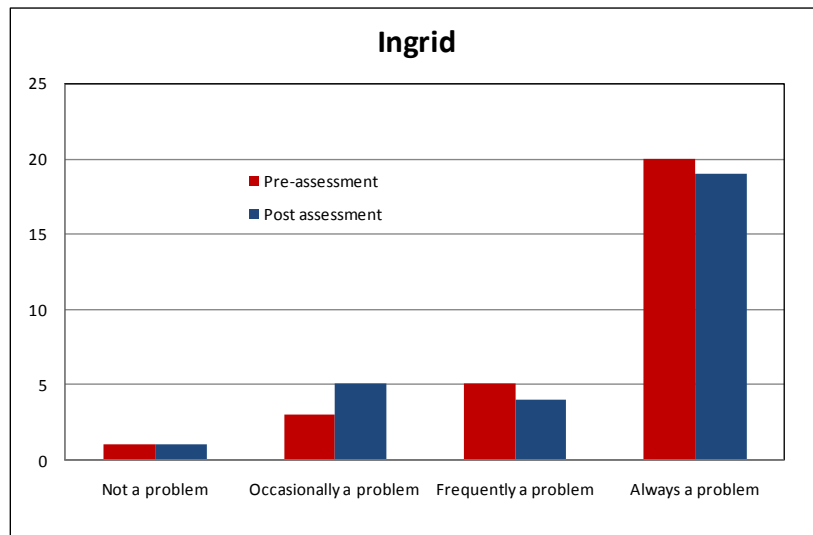
Figure 4.5: Ingrid's questionnaire results

The childcare workers' ratings of Ingrid before and after the music anger management technique indicated a slight improvement in her anger expression. Items initially rated in the 'Always a problem' scale have moved down to scales reflecting a lower frequency.

4.8.5.3 Projective media

a) Projective drawings

Characteristic	Pre-assessment	Post-assessment
Line quality	Heavy, excessive shading	Heavy
Fingers	Drawn without hands	Drawn without hands
Arms	Long and sticking out	Long and sticking out
Nose	Big nostrils	Big nostrils
Eyes	Dark, big and emphasised	
Hair colour	Excessive colouring-in and emphasised	Emphasised

Table 4.10: Comparing the indicators of the characteristics representing anger in Ingrid's drawings from the pre- and post-assessment

There was a slight improvement in Ingrid's projection of anger. The characteristics representing anger in both assessments were more or less the same.

b) Metaphor

There is less projection of anger and aggression present in the post-assessment than in the pre-assessment. The post-assessment revealed a person with a better self-esteem who

would rather help others than hurt them. This might indicate that she is more in control of dealing with her anger.

4.9   SUMMARY

In this chapter, the empirical investigation was discussed. The selected participants were pre-assessed to determine their anger experience and expression. This was followed with the implementation of the music anger management technique which consisted of eight therapeutic sessions. Thereafter the participants were post-assessed and the results were compared with the pre-assessment results to determine if there were any changes as a result of the music anger management technique. The technique was applied to a group of five participants, with results varying from no change; very little significant change to significant change.

From the empirical study, it can therefore be concluded that the music anger management technique can be used effectively to improve inappropriate anger management. Based on the deductions made from the literature and the empirical study, chapter five will contain findings, conclusions and recommendations regarding the research study. Consequently, the psycho-educational guidelines for the use of music in a group anger management programme for children in residential care will be compiled.

CHAPTER 5: FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1   INTRODUCTION

This chapter focuses on the findings that emanated from the empirical study following the literature study presented in chapter two and the research methodology presented in chapter three. The findings will be discussed and psycho-educational guidelines will be proposed for the use of music in a group anger management programme, focussing on children in residential care. Limitations of the study will be presented, recommendations for further research are made and finally a conclusion is drawn.

5.2   PURPOSE OF THE RESEARCH

The primary aim of the research is to develop psycho-educational guidelines for the use of music in a group anger management programme for children in residential care.

The specific aims of the research are to find possible answers for the following research questions formulated in chapter one (see 1.5.2):

a) What is the curative value of music in relation to children in residential care who have problems with anger management?

b) What effective anger management techniques and music therapy will form part of a music anger management technique?

5.3   FINDINGS WITH REGARD TO THE LITERATURE STUDY

The literature study, presented in chapter two, focussed on the concepts of anger, anger management, group therapy, music therapy and the curative value of music within the context of a group anger management programme for children in residential care. This study also provided insight into the emotions, feelings and thoughts that underlie anger and the healthy options for expressing them in a positive manner. The literature study was conducted with the aim of finding answers to the research questions mentioned above.

The paragraphs below summarise the key findings from the literature study for the main concepts, and the incorporation thereof in the music anger management technique:

5.3.1 ANGER

It was stated that anger is a normal response to feeling threatened or frustrated, and there has been an increase in the diagnoses and treatment of people with anger problems according to Lench (2004:512–513).

Two types of anger were identified, namely passive and aggressive anger, and their characteristic symptoms (Hall 2008:65; Lench 2004:514; Blake & Hamrin 2007:219) were discussed in chapter two.

The causes of anger in children were further discussed and it was found that there are many influences that affect children entering residential care that may result in their being angry (Kendrick 2008:50). These children need to learn how to express their feelings in a more healthy way so that anger becomes a helpful, controlled reaction to their everyday frustrations.

It was therefore important for me to understand the participants' background, to familiarise myself with the influences and circumstances that led to them being angry. This was achieved through data gathering, which includes the participants' background information and other pre-assessment instruments.

I then decided to incorporate activities and techniques into the music anger management technique that will focus on creating awareness and the identification of feelings and emotions that underlie anger, and to then teach them how to express their feelings in a more positive way. I have incorporated various activities to this effect in the music anger management technique, such as listening to different songs to identify the emotions behind anger, expression of anger through various activities and instruments and the introduction of relaxation and calming techniques to the participants.

5.3.2 ANGER MANAGEMENT

Anger management was defined as a system of psychological therapeutic techniques and exercises to control or reduce the triggers, degrees and effects of an angered emotional state as per Hall (2008:75). Kendrick (2008:54) mentioned that studies have shown that children in residential care have less access to therapeutic help than children living in private households, mainly due to a lack of specialist service provision for them.

The Child Welfare League (CWLA) determined that the goal of anger management programmes for children in residential care is to assist children experiencing anger and behavioural difficulties to handle stress and develop self-control.

Novaco and Jarvis (2002:79) proposed that anger management for children in residential care be based on a cognitive-behavioural model that views anger as an emotion and includes physiological, behavioural and cognitive components.

These components were addressed in the music anger management technique through relaxation, behavioural coping skills and cognitive restructuring. Various activities focused on these findings e.g. improvisation of songs, movement activities, and relaxation techniques.

5.3.3 GROUP MUSIC THERAPY

Plach (1996:35) defines group music therapy as the use of music or music activities as a stimulus to promote new behaviours and explore predetermined goals in a group setting.

Davis, et al. (1999:17) states that musical activities in music therapy groups, such as singing, movement and instrument playing, serve as interaction goals, as they encourage tolerance of and physical contact with others.

In the music anger management technique, the participants were always placed in a circle facing each other to promote interaction and eye contact. The majority of the activities were done in a group context, to ensure interaction and contact with each other. This included activities where each participant played a part in a group activity (such as playing a specific instrument or section of music in a song) or where the group participated as a whole (such as creative song-writing and drumming together on the same beat).

Activities specifically conducted with the group as a whole, but with the aim of teaching each participant techniques they can do on their own, included relaxation techniques, the identification of emotions and feelings that underlie anger, the releasing and expression of anger and how to pull back in certain situations.

5.3.4 MUSIC

The use of music is the pinnacle in this anger management technique and the curative value of music is experienced when integrated with the other main concepts of the literature

study, namely anger, anger management, group therapy and music therapy. Music therapy was defined as the controlled use of music to assist with the physiological, psychological, and emotional integration during treatment. Two types of music therapy were determined: active music therapy involves the therapist and patient actively playing music using instruments and voice and passive music therapy entails the therapist playing calming music while the patient is at rest with the aim of creating a state of mental relaxation (Choi, Lee & Lim 2008:567).

Music is a stimulus for expressing and evoking emotions and its therapeutic value is evident in its use in applications, such as the influence emotional characteristics of music have on behaviour (Ritossa & Rickard 2004:5). I have used different types of music in the therapeutic sessions to evoke, identify and facilitate the expression of different emotions. For instance, calming music was used with relaxation techniques; 'angry classical music' was used to evoke angry emotions to increase the efficiency of practising pulling-back or releasing anger thereafter. The sessions also focussed on the expression of anger, and to this effect drums, instruments, songs, creative song-writing and movement activities were used to express various emotions such as anger.

Background music influences the moods, emotions and behaviour of individuals and groups, and it was found that children's understanding of the emotional context of a story improved with the use of happy and sad music (Goshen 2006 in Katagiri 2009:17). Both lyrics and melodies convey emotions in songs according to Omar and Peynircioğlu (2006:512–513); for instance, lyrics influence the overall emotional valence of music. The sessions included activities to identify emotions and feelings that underlie anger, and during subsequent discussions, calm background music was played to create a calm and relaxed atmosphere. Identifying the emotions and feelings conveyed in songs and lyrics such as the song 'Can you feel it?' was incorporated, based on these findings from the literature study.

Suess (2008:30–31) stated that music can help children identify emotions that underlie anger and increase their awareness of the feelings and situations that can trigger them. If a situation or emotion is presented in a song, the healthy options for expressing that feeling can be discussed and conflict resolution and problem solving can be practiced in a positive manner. Suess further suggests that an early goal in anger management and music therapy is to help the child to rate their 'upsetness' level. Thereafter, the anger management and music therapy session must address feelings that may be behind the anger. A critical step in anger management is learning how to pull back. Calming is often needed when pulling

back, or when leaving the situation is not possible. This is addressed by music therapy through the use of calming music.

I have incorporated a music activity in the sessions in which sliding whistles were used to help the participants identify their own anger (upsetness) levels. Discussions were repeatedly incorporated in the sessions' activities, such as using the whistles, listening to songs and lyrics (e.g. 'I feel so angry' song) to identify and address the emotions behind the anger. Every session ended with a relaxation technique that was taught and practiced to enhance the art of pulling back.

The value and application of drumming was described extensively in chapter two. Drumming is fun, provides a means of releasing pent-up emotions, and helps to develop a stronger concept of self-worth (Friedman 2000:39–40). Using the drum with positive statements helps to improve the positive statement in one's consciousness, thereby building self-esteem, improving self-concept and creating positive beliefs (Friedman 2000:153).

Drumming was incorporated extensively and very successfully in this music anger management technique. It proved to be not only very popular with the participants, but contributed immensely to the release of pent-up anger, social development (activities such as follow-the-leader) and personal development by beating their names and positive statements about themselves. The participants' self esteem improved more and more visibly, as they each developed the confidence to explore and create their own unique rhythm for their names. This contributed to them finding their own uniqueness again. Cohesion and team building did not form part of the technique directly and was not a focus area, but it was indirectly achieved as a result of the drumming activities.

Song writing can be used creatively and uniquely in the therapeutic relationship to address anger issues in children. A child can learn to express emotions, thoughts, feelings and ways of managing their anger by creating music and lyrics according to Baker and Wilgram (2005:285). This technique was incorporated and used in the early stages of this music anger management technique and was continuously practised up to the last session. The group improvised words to create two of their own 'angry songs'.

5.3.5   THERAPEUTIC GOALS FLOWING FROM THE LITERATURE STUDY

On conclusion of the literature study in chapter two, therapeutic goals were derived that emphasise the curative value of music in relation to children in residential care who have problems with anger, partly answering the research question. These therapeutic goals were

grouped under anger management goals, personal development goals and social development goals. These therapeutic goals formed the basis of the research design and methodology described in chapter three and the design of the music anger management technique described in chapter four.

All the therapeutic sessions focussed on these therapeutic goals to assist in finding answers to the research questions. The anger management goals were largely addressed through the incorporation of activities based on the findings from the literature study (as described above).

Social and personal development goals were also addressed by incorporating activities based on the findings from the literature study as well as using my own techniques based on my previous experience in conducting group music activities with children.

For example, my techniques included having a predictable, consistent structure and routine such as singing the 'hello' and 'goodbye' songs and sitting in a circle to enhance social interaction; beating their names on the drums; using a variety of pre-recorded music that evoked different feelings, and expressing these feelings through playing percussion instruments; and using specific group music and movement activities with the appropriate music and instruments.

5.4   FINDINGS WITH REGARD TO THE EMPIRICAL STUDY

Following the literature study, a music anger management technique was designed using the most effective anger management techniques, as discussed in the literature study. Hence, the research question was partly answered, although I still had to put it to the test. The use of music therapy – the use of sounds and music within an evolving relationship between client and therapist to support and encourage physical, mental, social and emotional well-being – is thus investigated to address the problems that children in residential care have in managing and expressing their anger.

My experience in conducting group music activities with children to enhance overall development enabled me to develop this music anger management technique. This experience and ability allowed me to select the appropriate music, songs, activities, instruments and techniques that would address the findings from the literature study, achieve the therapeutic goals and provide possible answers to the research questions.

The selected participants were pre-assessed to determine their anger experience and expression using questionnaires, interviews, projection media, observations, official documents and artefacts collection. The music anger management technique followed, which consisted of eight therapeutic sessions (discussed below). Following the music anger management technique, the participants were post-assessed using the same instruments to determine any changes as a result of the music anger management technique.

The music anger management technique was designed to run over eight therapeutic sessions and applied to a group of five participants. Generally, the participants cooperated very well in the sessions generally, which was largely due to the setting of ground rules in the first session, as it provided the structure and boundaries required to facilitate a safe environment.

The participants enjoyed the special attention and status of being part of a select group of children, which enhanced their self-esteem. At the outset of the music anger management technique it was observed that they had varying degrees of low self-esteem, but throughout the sessions an overall improvement in their self-esteem was noticed, albeit at different levels of improvement.

The children enjoyed any form of movement activity where they had to use their bodies to exert self-control. This enjoyment was capitalised on in the following sessions to enhance self-control. One session did not include movement activities and the children became quite restless during that session. It became clear how much the children enjoy the movement activities and the overall affect it had on them by the way they learned certain concepts.

They also enjoyed the drumming activities and it was observed during the sessions that the participants presented with extreme anger at different times in the sessions. The drumming was therefore very successful in releasing pent-up anger and emotions. At first, they found it very difficult to create their own rhythms but by the end of the technique they were quite confident and creative, as they formed their own rhythm patterns.

Focus points of the music anger management technique were on accepting anger as an emotion and learning how to express it in a healthy and constructive way; relaxation techniques; building self-esteem and confidence; social skills; creative song writing; the art of pulling back when it was not possible to leave the situation; and how to vent anger.

The change in the participants' anger expression before and after the music anger management technique varied from no change; very little change to significant change by comparing the pre- and post-assessment results. In the case of four out of the five participants, an improvement in their expression and experience of anger was determined as a result of the music anger management technique and in the fifth case, it deteriorated (although it must be mentioned that there were external factors that influenced this participant during the time the sessions were conducted).

5.5   RECOMMENDED PSYCHO-EDUCATIONAL GUIDELINES

My previous experience in conducting group music activities and sessions focussing on child development, my recent involvement in this study for many months, indulging in literature, getting first hand experience of the implementation of the music anger management technique in the eight sessions and getting to know the five participants and the learning obtained from them, lead me to derive the following psycho-educational guidelines aimed at assisting the educational psychologist that considers using music in a group anger management programme with children in residential care:

1.   The learning of rules, structure and containment provide boundaries and a safe environment where the children can express intense emotions.

2.   Predictable, consistent structure and routine reduces feelings of anxiety and therefore there is less acting-out e.g. starting with the 'Hallo song' and ending with the 'Goodbye song' in every session.

3.   The therapist's mood and behaviour needs to be consistent and predictable to create a safe environment. The therapist will then act as a role model for the children and this consistency will mirror in their own behaviour.

4.   Learning how to identify different emotions will help the children to differentiate anger from other emotions.

5.   Normalising anger as an emotion decreases the feeling of the so-called 'negative and bad emotion' and helps children to recognise and accept feelings as being part of who they are as human beings.

6.   The children must be encouraged to find constructive ways to release their pent-up anger and express their feelings in a safe way as a means of 'getting anger out'.

7.   Identifying the emotions, feelings and thoughts that underlie anger using music, will increase the children's awareness of these feelings to help them to reduce their aggression levels.

8.   Enabling children to find their own unique rhythm by experimenting with different rhythms will enhance their self-esteem. Children in residential care are dealt with as groups and rarely get an opportunity for individual attention. Therefore, this could

lead to them losing their identity over a long period. Activities such as those mentioned above, can complement their finding their own uniqueness again. The activities are useful for building self-esteem, improving self-concept and creating positive beliefs.

9. Introducing the concept of self-control will enhance their ability to exert control in anger-provoking situations.

10. A therapist can teach relaxation to music by choosing the appropriate calming music for the children and showing them various relaxation techniques.

11. Teaching the children techniques for coping with anger-provoking situations by using venting and relaxation techniques, are effective and useful in decreasing the expression of anger

12. Making the children aware of their own anger levels helps them to discover their own baseline anger level. This in turn helps them to realise when they need to engage in relaxation techniques and when they need to find 'time out' away from the source of the anger when they are feeling very angry.

13. It is important to use movement activities as children enjoy moving their bodies. Movement could be used for different purposes e.g. demonstrating emotions through movement/dancing for identifying and creating awareness of different emotions, the venting of anger, helping the children to gain body and mind awareness, improvement of self control, encouraging tolerance of and physical contact with others.

14. It is important to use a medium that is appealing to this specific age group (9 to 11 years of age). Drumming is a medium that is enticing to this age group and is an activity which is respected by their peers. This enhances their self-esteem and confidence.

15. Creative song writing is a process that allows the children to express feelings and ways of managing their anger. The repetitive nature of songs e.g. 'The angry song' will ingrain the words in the children to help them to control and deal with their emotions in a safe way.

16. Group work is more economically viable and enhances the children's socialising and communication skills through musical activities. Group work can promote social relationships; cooperation; sharing, by taking turns to participate or use the instruments; and learning appropriate ways of greeting people.

17. Group music therapy can be used to work with irrational thoughts and conflict resolution.

5.6   LIMITATIONS OF THIS STUDY

- Owing to the qualitative nature of the study, the findings from this research are specific to the group that was studied and therefore cannot be generalised. A bigger sample size would have given a better picture regarding the generalisation of the research results.

- The eight therapeutic sessions were not enough; more sessions are needed to determine the overall effect it had on the participants. The period over which the therapy took place should also be extended. Instead of four weeks, the therapy should stretch over months or even a year.

- The music anger management technique did not provide an opportunity for the participants to learn how to identify other children's emotions, especially anger, and how to respect the right of others to express anger in an appropriate way, which might be different from the way they would express their own angry emotions.

- Factors such as attachment were not taken into account during the study. Many children living in residential care do not have a main attachment and therefore they will act aggressively towards others. Children with an attachment disorder should only be included in a music anger management technique after they have received psychotherapy.

- The study did not make provision for a safe place for these children to vent their anger in a safe way and where the necessary equipment such as drums will be available. There should also be calming music available for relaxation.

- The interests and personalities of the chosen participants were not taken into account when they were selected to participate in the research study.

5.7   RECOMMENDATION FOR FURTHER STUDY

The findings of this study suggest that there is scope for further study in South Africa. The following recommendations are made:

- Further studies can be undertaken to determine whether the effects of the music anger management technique is temporary or long-term. Could this type of therapeutic intervention be effective enough to break the cycle of aggressive behaviour passed on from parents to children?

- Further research could focus on developing psycho-educational guidelines for a music anger management programme for adolescents in residential care.

- It is commonly believed that African people have more natural rhythm than white Western people do. A comparative study of the music anger management technique

between white Western children and African children could be investigated to determine if culture plays a role in the effectiveness of the technique.

- Although the research suggests that the music anger management technique can be successfully applied to attain improved anger management skills, it is unsure whether the observed improvements are solely due to the technique, or whether it results from the client-therapist relationship because children in residential care do not receive any individual attention. At best, it can be concluded that it can contribute to a constructive or positive therapeutic outcome. Further research is suggested to clarify this.

- Further study can assist to ascertain how age and personality differences affect the efficiency of the technique.

5.8   CONCLUSION

This chapter has brought the research to its culmination. The research questions formulated in chapter one have been investigated and the aims met. This research study was undertaken with the purpose of developing psycho-educational guidelines for the use of music in a group anger management programme for children between the ages of 9 and 11 years of age who are currently in residential care. Furthermore, the study determined what the curative value of music is in relation to children who have problems with anger management, and what effective anger management techniques and music therapy will best form part of a music anger management technique.

A summarisation of the main findings from the literature review and the empirical investigation by the interpretation of data collected through questionnaires, interviews, projective media, observations and documents and artefacts collections, were presented. The study shows that the music anger management technique can be used effectively to improve inappropriate anger management in four of the five participants.

The development of this music anger management technique placed me in a position to outline certain practical psycho-educational guidelines for educational psychologists working with children in residential care. It is envisaged that these guidelines will make the challenging task more attainable.

The limitations of the research study were discussed and recommendations for further research were gleaned from both the literature and empirical investigation.

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ADDENDUM A: CONSENT FORM I

Dear Ms Lundie

It is of concern that the majority of children in residential care facilities are angry mainly as a result of their social circumstances (Kendrick 2008:50). This confirms the need for an effective anger management programme for children in residential care. Currently, no programme for effective anger management is being implemented at the Epworth Children's Village. With this aim in mind I would like to conduct research at Epworth to formulate psycho-educational guidelines for an effective group anger management programme using music.

I would like to approach the childcare workers at Epworth and ask them to complete a questionnaire which will be used to identify children with anger management difficulties. This questionnaire taps into information regarding the anger behaviour as expressed in different contexts, i.e. the school, social/peer group and community. The questionnaires will be analysed and a group of five children will be selected to participate in the research.

Prior to the onset of the music anger management technique, each child will be assessed for one session where information will be gathered regarding the anger experience of the child by means of questionnaires, interviews, projection media and observations. Documents and artefact collection will also form part of the data collection. The participants' history will be researched by reading school reports and their case history, such as reports written by the social workers overseeing these participant's placements as well as previous psychological assessments.

The group will then meet twice a week for 45 minutes. The music anger management technique will run over eight therapeutic sessions. After the therapeutic intervention sessions have been completed, a second assessment will be done and the results will be analysed and compared with the previous assessment.

Research will be conducted with the ethical approval of the University of South Africa (UNISA) under the supervision of Prof. D. Krüger. My final report on this data will be submitted as a dissertation of limited scope for my masters degree in guidance and counselling.

The purposes of this research study is thus to determine what psycho-educational guidelines can be proposed using music in a group anger management programme, focusing on children in residential care

I hereby confirm that I will adhere to the following conditions:

1) The child's real name will not be used at any point of information collection, or in the final write up of the data.
2) Only I, as the researcher, will have access to the raw data. The child's name will not be used.
3) The child will also be required to participate in an interview, which will be recorded.
4) The child's participation in this research is voluntary. He or she has the right to withdraw at any point of the study, for any reason, and without any prejudice.

It must however be noted that, although the children will not be identified, Epworth will be mentioned in the research study. You are encouraged to questions at any time about the nature of the study and the methods that will be used. Your suggestions and concerns are important to me; please contact me at any time at the telephone number listed below.

Thank you for giving me the opportunity to conduct this research study at Epworth.

Researcher obtaining consent:

_____

Belinda de Villiers

Cell: 082 339 1528

Date: _____

Consent granted:

_____

Ms P. Lundie

Director Epworth Children's Village

Date: _____

ADDENDUM B: CONSENT FORM II

Dear Ms Lundie

As part of a research study aimed at helping children with anger control difficulties, a questionnaire was completed by the childcare workers to determine the level of aggression of children between 9 and 11 years of age. From the scores of these questionnaires, the five children with the highest scores were selected to participate in further group therapeutic sessions. _____ has been identified through this sampling process as a child who will benefit from these sessions and your consent for his/her participation is hereby requested. There will be eight of these therapeutic sessions. They will be scheduled after school hours and held at the Epworth Children's Village. Individual pre- and post-assessments of the selected participants will form part of the study.

Each therapeutic session will provide the child with the opportunity to gain more appropriate anger management skills within a safe, therapeutic environment. To improve anger management skills, the child may experience transient emotional discomfort; therefore all possible measures will be taken to ensure that the child receives the necessary psychological assistance if required. At the end of the research project, you are entitled to receive a summary of the research results at your request.

Thank you for granting permission for the child to participate in this research study.

If you have any questions, please feel free to contact me.

Thank you

_____   _____
Ms P. Lundie   Date
Director Epworth Children's Village

Researcher obtaining consent:

_____   _____
Belinda de Villiers   Date
Cell: 082 339 1528

ADDENDUM C: CONSENT FORM III

Dear _____

I have obtained permission from Ms P. Lundie to conduct research at Epworth to formulate psycho-educational guidelines for an effective group anger management programme using music.

The childcare workers at Epworth responsible for the children in the targeted age group of between 9 and 11 years of age, will be asked to complete a questionnaire which will be used to identify children with anger management difficulties and afterwards to measure the outcome of my intervention. The content of the questionnaire will be explained to everybody beforehand and consists of 29 questions. The questions are presented as statements to which the childcare worker needs to indicate if she or he agrees or disagrees. They have to circle their opinion around 'Not a problem', 'Occasionally a problem', 'Frequently a problem' or 'Always a problem' next to each question. I will then total the scores of all the questionnaires and the five children with the highest scores will be selected to participate in the research.

I hereby wish to request your consent to participate in this study. Your participation, like the participation of the selected children is entirely voluntary and you have the right to withdraw at any point of the study, for any reason, and without any prejudice.

Your participation in this study is very important and will contribute immensely to the anger management of the children at Epworth. It is very important that you be objective, impartial and honest at all times. Please note that your identity will not be made known and you will remain anonymous throughout the study. You are encouraged to ask questions at any time about the nature of the study and the questionnaire that will be used.

Thank you for your cooperation.

Researcher obtaining consent:

_____   _____
Belinda de Villiers   Date
Cell: 082 339 1528

****

I hereby grant my consent to participate in the research study. I agree to the above terms and confirm that this research project has been explained to me. I also understand what is going to be done, and why.

_____   _____

Name   Date

ADDENDUM D: ASSENT FORM

Dear _____

Thank you for agreeing to participate in this study that will take place in September 2009. This form outlines the description of your involvement and rights as a participant. The research is conducted with the ethical approval of the University of South Africa (UNISA) under the supervision of Prof. D. Kruger. My final report on this data will be submitted as a dissertation of limited scope for my Masters degree in Guidance and Counselling.

You are encouraged to ask questions at any time about the nature of the study and the methods that I am using. I guarantee that the following conditions will be met:

1. Your real name will not be used at any point of information collection, or in the final write up of the data.
2. The completed interviews (tape recordings and transcriptions) will be treated as highly confidential material. Only I, as the researcher, will have access to the raw data. Your name will not be used and you have the choice of referring to yourself by any other name.
3. Your participation in this research is voluntary. You have the right to withdraw at any point of the study, for any reason, and without any prejudice, and the information collected and records and reports written will be turned over to you.

Please do not sign this form if you do not understand the scope and nature of the research study. Thank you very much for your participation.

Researcher obtaining assent:

_____   _____
Belinda de Villiers   Date
Cell: 082 339 1528

****

I hereby agree to the above terms and confirm that this research project has been explained to me. I also understand what is going to be done, and why.

_____   _____
Name   Date

ADDENDUM E: BACKGROUND HISTORY

Each participant's background information will now be discussed in detail. Pseudonyms are used to protect anonymity and maintain confidentiality. All the information below was gathered from documents and artefact collections.

1. PAUL

Paul is a nine year old boy who is currently in Grade 3. Paul and his three siblings were placed in different foster care placements after the finalisation of the Children's Court Enquiries. Paul and his one sister, Mary were placed together in related foster care with Mr. and Mrs. X. Paul was two years old at the time. Both children were removed from Mr. and Mrs. X's care after Mary alleged that Mr. and Mrs X's son had sexually abused her. Mary was placed in a place of safety and Paul was placed at Epworth in January 2009. Epworth deemed that their programme was not suitable for meeting the needs of Mary at that stage and she remained in a place of safety pending alternative placement.

Since Paul's placement at Epworth, concerns were noted about his adjustment to a large residential care facility. Paul's own perception of his placement in a children's home, and indeed the perception of that of the foster parents, was that he was removed in order for him to be placed with his sister, with whom he has a close relationship. However, Paul's sister has remained at the place of safety. Paul misses his foster parents tremendously and therefore became highly emotional aggressive. Mr. and Mrs. X have maintained weekly contact with Paul.

2. DANIEL

Daniel is a nine year old boy who is currently in Grade 3. Daniel and his brother, John were placed in a place of safety after it was reported that their mother, Me. X had abandoned her children and left them in the care of their uncle, Mr. X, who was unable to care for them. The children experienced a great deal of instability and violence before they were abandoned by their mother. Whilst in a place of safety, the children did not receive any visits from family members. The maternal aunt of the children, Mrs. X, indicated that she would be interested in fostering the children; however she made no attempt to develop a relationship with them. The children were therefore placed at Epworth in December 2007.

Daniel is a bright, athletic child whose progress at school is excellent. He is extremely hurt and angry with his family and shows insight into their apparent abandonment of him. The child care workers responsible for Daniel have reported in staff meetings that he feels this rejection keenly and as a result takes his anger and frustration out on the other children. He bullies the other children, but in such a way as to not be caught doing it, and will involve the other children in disruptive and defiant behaviour in the house. Again, he does so in such a way that the other children take the blame and responsibility for the behaviour. It is clear that Daniel has great leadership potential; however because of the rejection he has experienced, this leadership is not being channelled positively. His aggressive behaviour improved after Epworth enforced visits with his mother, Me. X. However, she did not collect them for the last attempted visit, and his behaviour has again deteriorated.

All attempts to engage the family of the children concerned have failed. The experienced rejection is having an extremely detrimental effect on Daniel's emotional, social and psychological well-being.

3. WAYNE

Wayne is a 10 year old boy who is currently in Grade 4. Wayne's father passed away when he was still a baby. He has two elder brothers and one elder sister. His sister and eldest brother were already removed from their mother's care in 1995 and placed in Residential care. The other brother was arrested for malicious damage to property. He was placed in a place of safety in May 2008 but has subsequently absconded.

An investigation was done by the Social Worker and it was reported that Wayne's mother (Ms. X) was using illegal substances and abusing alcohol. After she was arrested for theft in July 2008, Wayne was left in the care of his mother's partner (Mr. X). It was found that Wayne was severely neglected. According to his eldest brother, Wayne was found outside a hotel where he as sitting crying. Wayne was not warmly dressed and was found to be sick. He was taken to the hospital were it was found that he had bronchitis. Wayne was removed from Mr. X's care and placed at a place of safety. He was placed at Epworth in April 2009.

4. MAGGIE

Maggie is an 11 year old girl who is currently in Grade 4. She repeated grade 1 in 2006 and has struggled with her schooling ever since. Maggie's mother, Me X died in 2002 apparently from HIV/AIDS related illness. After her death her partner (Mr. X) was caring for

Maggie and it was alleged that he sexually abused her. Maggie was removed from his care and placed at St. Francis Care Centre. She received the necessary medical attention and emotional care required however when she reached school going age she had to be transferred to Epworth in order to start school. Maggie was placed at Epworth in January 2005. Maggie is HIV positive and receives medical treatment and antiretroviral (ARV's) drugs. Apart from minor illnesses, Maggie is healthy.

5. INGRID

Ingrid is a 10 year old girl who is currently in Grade 3. She was abandoned by her mother (Me X) at the hospital after her birth. In hospital Ingrid tested HIV positive and she was therefore admitted to St Francis Care Centre. When Ingrid had to start school she was transferred to Epworth in February 2005.

In terms of her health Ingrid has had no severe health problems. She receives medical treatment and antiretroviral (ARV's) drugs as well as regular medical checkups from the paediatricians.

In 2005 Ingrid attended preschool where she progressed normally. In January 2006 she was enrolled in Grade 1. This proved a difficult adjustment for her and she had to repeat grade 1 in 2007. She was promoted to grade 2 but still struggled with literacy and numeracy. Currently she requires a lot of individual attention.

Because she was abandoned by her mother, her extended family is unknown. Attempts to trace her family have been fruitless as it seems her mother gave a false address at the hospital admission. Because of this, she has never received any visits from any family members. When the other children go home for weekend visits she gets very upset. Ingrid desperately longs to be part of a family. She has expressed her need for a foster parent.

ADDENDUM F: CHILDCARE WORKER'S QUESTIONNAIRE

Please rate the behaviour of _____ by circling the appropriate number.

Ratings:

1	Not a problem
2	Occasionally a problem (acting this way from time to time)
3	Frequently a problem (common, usual, persistent)
4	Always a problem (at all times, without exception)

1)	Disruptiveness: Tendency to annoy and bother others.	1 2 3 4
2)	Jealousy over attention paid to other children.	1 2 3 4
3)	Fighting.	1 2 3 4
4)	Temper tantrums.	1 2 3 4
5)	Disobedience.	1 2 3 4
6)	Destructiveness in regard to his/her own or other's property.	1 2 3 4
7)	Negativism, tendency to do the opposite of what is requested.	1 2 3 4
8)	Profane language, swearing and cursing.	1 2 3 4
9)	Irritability: hot tempered, easily aroused to anger.	1 2 3 4
10)	Burst into tears of rage.	1 2 3 4
11)	Gets very upset or over-emotional.	1 2 3 4
12)	Expresses anger in a poorly controlled way	1 2 3 4
13)	Reacts with immediate anger or upset.	1 2 3 4
14)	Expresses anger.	1 2 3 4
15)	Teases or bullies other children.	1 2 3 4
16)	Starts fighting over nothing.	1 2 3 4
17)	Hits and pushes other children.	1 2 3 4
18)	Does things to get others angry.	1 2 3 4
19)	Will put up an argument when told not to do something.	1 2 3 4
20)	Uses abusive language towards other children.	1 2 3 4
21)	Is infuriated by any form of discipline.	1 2 3 4
22)	When angry, will refuse to speak to anyone.	1 2 3 4
23)	Fights back if other child has been asking for it.	1 2 3 4
24)	Sulks when things go wrong.	1 2 3 4
25)	Fights with other children.	1 2 3 4
26)	When angry, threatens to hurt other children.	1 2 3 4
27)	Gives other children dirty looks.	1 2 3 4
28)	Finds fault with instructions given by adults.	1 2 3 4
29)	Has a 'chip' on shoulder.	1 2 3 4

ADDENDUM G: SEMI-STRUCTURED INTERVIEW SCHEDULE

Name: _____

1) Do you feel you get angry a lot?
2) How often do you get angry?
3) What are the different things that make you angry?
4) How does your body feel inside when you get angry?
5) What do you think when your body reacts in such a way?
6) What do you do when you get angry?
7) How often are you involved in fighting with others?
8) Have you ever become destructive in regard to your own of someone else's property when you get angry?
9) Do you sometimes swear?
10) Do you sometimes tease or bully other children?
11) What are the consequences when you become physical or verbally aggressive towards others?
12) How do you feel afterwards?
13) On a scale from 1-10 how angry do you feel inside (1-being the lowest scale; 10 being the highest scale)?
14) Can you control these feelings of anger?
15) Would you like to learn to control your anger in a better way?

ADDENDUM H: RESULTS OF THE CHILD CARE WORKER'S QUESTIONNAIRE

The child care workers were asked to complete a questionnaire rating the behaviour of each participant before and after the music anger management technique. The rating scale is: 1 = Not a problem; 2 = Occasionally a problem; 3 = Frequently a problem and 4 = Always a problem. Below find the ratings of the participant's pre-and post-assessments.

1. Paul

Assessing Paul's pre-assessment results, 22 questions were marked 'Always a problem', four questions were marked 'Frequently a problem' and three questions were marked 'Occasionally a problem'. According to Paul's post assessment results, 19 questions were marked 'Always a problem', six questions were marked 'Frequently a problem' and four questions were marked 'Occasionally a problem.

Behaviour	Pre assessment results					Post assessment results			
	1	2	3	4		1	2	3	4
1) Disruptiveness: Tendency to annoy and bother others.				X				X	
2) Jealousy over attention paid to other children.				X					X
3) Fighting.				X					X
4) Temper tantrums.				X					X
5) Disobedience.		X					X		
6) Destructiveness in regard to his/her own or other's property.				X				X	
7) Negativism, tendency to do the opposite of what is requested.			X					X	
8) Profane language, swearing and cursing.				X					X
9) Irritability: hot tempered, easily aroused to anger.				X					X
10) Burst into tears of rage.				X					X
11) Gets very upset or over-emotional.				X					X
12) Expresses anger in a poorly controlled way				X				X	
13) Reacts with immediate anger or upset.				X					X
14) Expresses anger.				X					X
15) Teases or bullies other children.				X					X
16) Starts fighting over nothing.			X						X
17) Hits and pushes other children.				X					X
18) Does things to get others angry.				X					X
19) Will put up an argument when told not to do something.				X				X	
20) Uses abusive language towards other children.				X					X
21) Is infuriated by any form of discipline.			X					X	
22) When angry, will refuse to speak to anyone.		X					X		
23) Fights back if other child has been asking for it.				X					X
24) Sulks when things go wrong.				X					X
25) Fights with other children.				X					X
26) When angry, threatens to hurt other children.				X					X
27) Gives other children dirty looks.			X				X		
28) Finds fault with instructions given by adults.		X					X		
29) Has a 'chip' on shoulder.				X					X
Total		3	4	22			4	6	19

2. Daniel

Assessing Daniel's pre-assessment results, 15 questions were marked 'Always a problem', nine questions were marked 'Frequently a problem' and five questions were marked 'Occasionally a problem'. According to Daniel's post assessment results, 18 questions were marked 'Always a problem', six questions were marked 'Frequently a problem' and five questions were marked 'Occasionally a problem'.

Behaviour	Pre assessment results					Post assessment results			
	1	2	3	4		1	2	3	4
1) Disruptiveness: Tendency to annoy and bother others.				X					X
2) Jealousy over attention paid to other children.				X					X
3) Fighting.				X					X
4) Temper tantrums.				X				X	
5) Disobedience.		X					X		
6) Destructiveness in regard to his/her own or other's property.				X				X	
7) Negativism, tendency to do the opposite of what is requested.			X				X		
8) Profane language, swearing and cursing.		X					X		
9) Irritability: hot tempered, easily aroused to anger.				X					X
10) Burst into tears of rage.				X					X
11) Gets very upset or over-emotional.				X					X
12) Expresses anger in a poorly controlled way				X				X	
13) Reacts with immediate anger or upset.				X				X	
14) Expresses anger.				X					X
15) Teases or bullies other children.		X					X		
16) Starts fighting over nothing.		X					X		
17) Hits and pushes other children.				X					X
18) Does things to get others angry.				X					X
19) Will put up an argument when told not to do something.		X						X	
20) Uses abusive language towards other children.		X						X	
21) Is infuriated by any form of discipline.			X					X	
22) When angry, will refuse to speak to anyone.				X					X
23) Fights back if other child has been asking for it.				X					X
24) Sulks when things go wrong.				X					X
25) Fights with other children.				X				X	
26) When angry, threatens to hurt other children.				X					X
27) Gives other children dirty looks.				X				X	
28) Finds fault with instructions given by adults.				X					X
29) Has a 'chip' on shoulder.				X					X
Total		6	2	21			5	6	18

3. Wayne

Assessing Wayne's pre-assessment results, 22 questions were marked 'Always a problem', four questions were marked 'Frequently a problem' and three questions were marked 'Occasionally a problem'. Wayne's post assessment results indicated 24 questions were marked 'Always a problem', four questions were marked 'Frequently a problem' and one question was marked 'Occasionally a problem'.

Behaviour	Pre assessment results					Post assessment results			
	1	2	3	4		1	2	3	4
1) Disruptiveness: Tendency to annoy and bother others.			X					X	
2) Jealousy over attention paid to other children.				X					X
3) Fighting.				X					X
4) Temper tantrums.			X						X
5) Disobedience.		X						X	
6) Destructiveness in regard to his/her own or other's property.		X					X		
7) Negativism, tendency to do the opposite of what is requested.		X						X	
8) Profane language, swearing and cursing.				X					X
9) Irritability: hot tempered, easily aroused to anger.			X						X
10) Burst into tears of rage.				X					X
11) Gets very upset or over-emotional.				X					X
12) Expresses anger in a poorly controlled way				X					X
13) Reacts with immediate anger or upset.				X					X
14) Expresses anger.				X					X
15) Teases or bullies other children.				X					X
16) Starts fighting over nothing.				X					X
17) Hits and pushes other children.				X					X
18) Does things to get others angry.				X					X
19) Will put up an argument when told not to do something.			X						X
20) Uses abusive language towards other children.				X					X
21) Is infuriated by any form of discipline.				X					X
22) When angry, will refuse to speak to anyone.				X					X
23) Fights back if other child has been asking for it.				X					X
24) Sulks when things go wrong.				X					X
25) Fights with other children.				X					X
26) When angry, threatens to hurt other children.				X					X
27) Gives other children dirty looks.				X					X
28) Finds fault with instructions given by adults.				X				X	
29) Has a 'chip' on shoulder.				X					X
Total		3	4	22			1	4	24

4. Maggie

Assessing Maggie's pre-assessment results, 19 questions were marked 'Always a problem', three questions were marked 'Frequently a problem' and seven questions were marked 'Occasionally a problem'. Her post assessment results indicated 17 questions were marked 'Always a problem', five questions were marked 'Frequently a problem', four questions were marked 'Occasionally a problem' and three questions were marked 'Not a problem'.

Behaviour	Pre assessment results					Post assessment results			
	1	2	3	4		1	2	3	4
1) Disruptiveness: Tendency to annoy and bother others.		X					X		
2) Jealousy over attention paid to other children.				X					X
3) Fighting.		X				X			
4) Temper tantrums.				X					X
5) Disobedience.			X					X	
6) Destructiveness in regard to his/her own or other's property.		X				X			
7) Negativism, tendency to do the opposite of what is requested.				X					X
8) Profane language, swearing and cursing.		X				X			
9) Irritability: hot tempered, easily aroused to anger.				X					X
10) Burst into tears of rage.				X					X
11) Gets very upset or over-emotional.				X					X
12) Expresses anger in a poorly controlled way				X					X
13) Reacts with immediate anger or upset.				X				X	
14) Expresses anger.				X					X
15) Teases or bullies other children.				X					X
16) Starts fighting over nothing.		X					X		
17) Hits and pushes other children.		X					X		
18) Does things to get others angry.				X					X
19) Will put up an argument when told not to do something.				X					X
20) Uses abusive language towards other children.				X				X	
21) Is infuriated by any form of discipline.				X					X
22) When angry, will refuse to speak to anyone.				X					X
23) Fights back if other child has been asking for it.				X				X	
24) Sulks when things go wrong.				X					X
25) Fights with other children.		X					X		
26) When angry, threatens to hurt other children.			X					X	
27) Gives other children dirty looks.				X					X
28) Finds fault with instructions given by adults.				X					X
29) Has a 'chip' on shoulder.			X						X
Total		7	3	19		3	4	5	17

5. Ingrid

Assessing Ingrid's pre-assessment results, 20 questions were marked 'Always a problem', five questions were marked 'Frequently a problem', three questions were marked 'Occasionally a problem' and one question was marked 'Not a problem'. Her post assessment results indicated 19 questions were marked 'Always a problem', four questions were marked 'Frequently a problem', five questions were marked 'Occasionally a problem' and one questions were marked 'Not a problem'.

Behaviour	Pre assessment results					Post assessment results			
	1	2	3	4		1	2	3	4
1) Disruptiveness: Tendency to annoy and bother others.			X					X	
2) Jealousy over attention paid to other children.				X					X
3) Fighting.				X					X
4) Temper tantrums.				X					X
5) Disobedience.				X					X
6) Destructiveness in regard to his/her own or other's property.		X					X		
7) Negativism, tendency to do the opposite of what is requested.				X					X
8) Profane language, swearing and cursing.			X				X		
9) Irritability: hot tempered, easily aroused to anger.				X					X
10) Burst into tears of rage.	X					X			
11) Gets very upset or over-emotional.				X					X
12) Expresses anger in a poorly controlled way				X					X
13) Reacts with immediate anger or upset.				X					X
14) Expresses anger.				X					X
15) Teases or bullies other children.				X					X
16) Starts fighting over nothing.				X					X
17) Hits and pushes other children.			X				X		
18) Does things to get others angry.				X				X	
19) Will put up an argument when told not to do something.				X					X
20) Uses abusive language towards other children.		X					X		
21) Is infuriated by any form of discipline.				X					X
22) When angry, will refuse to speak to anyone.				X					X
23) Fights back if other child has been asking for it.			X						X
24) Sulks when things go wrong.			X						X
25) Fights with other children.		X					X		
26) When angry, threatens to hurt other children.				X				X	
27) Gives other children dirty looks.				X					X
28) Finds fault with instructions given by adults.				X				X	
29) Has a 'chip' on shoulder.				X					X
Total	1	3	5	20		1	5	4	19

ADDENDUM I: PRE-ASSESSMENT DRAWINGS

1. PAUL
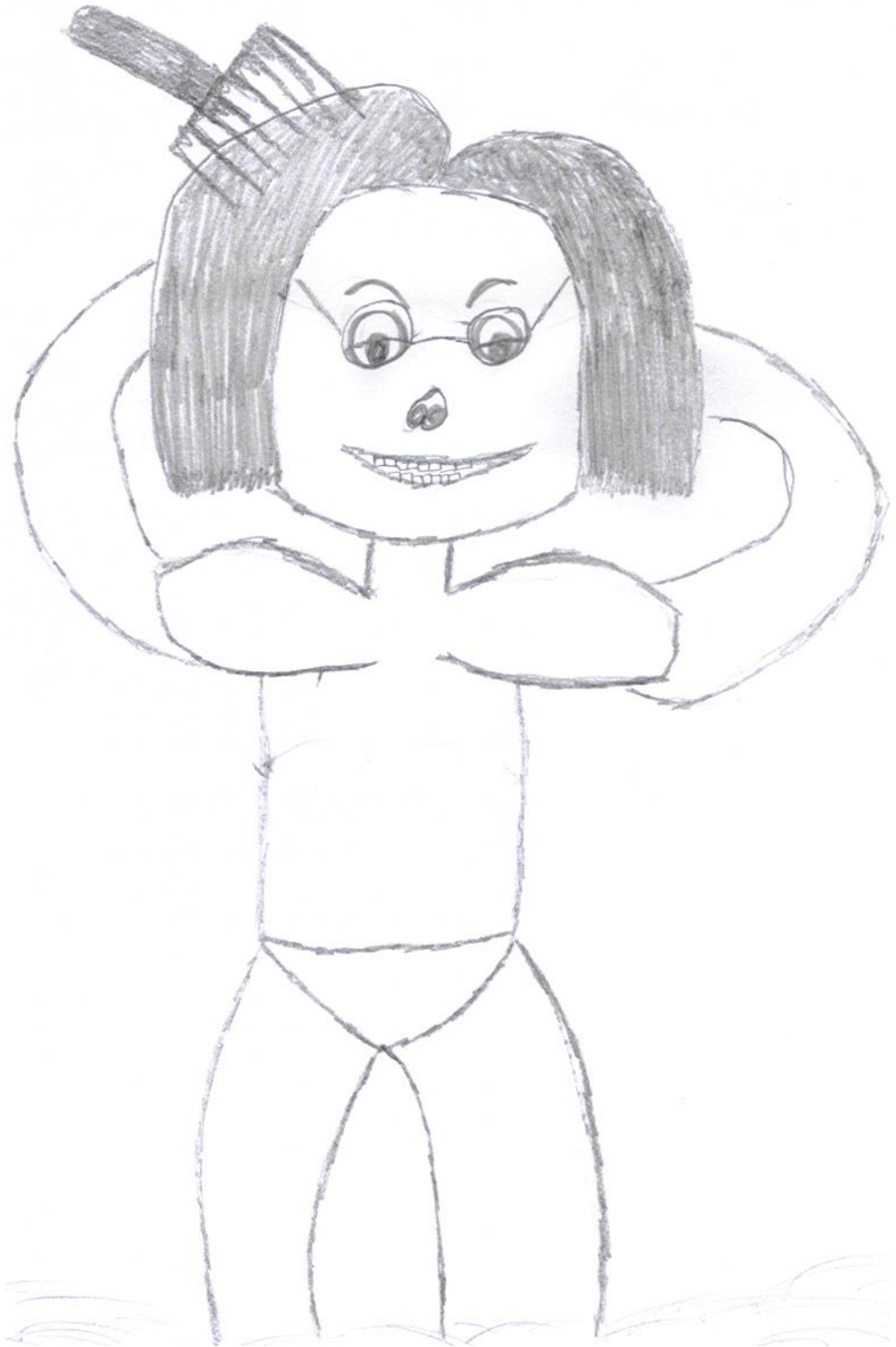
2. DANIEL
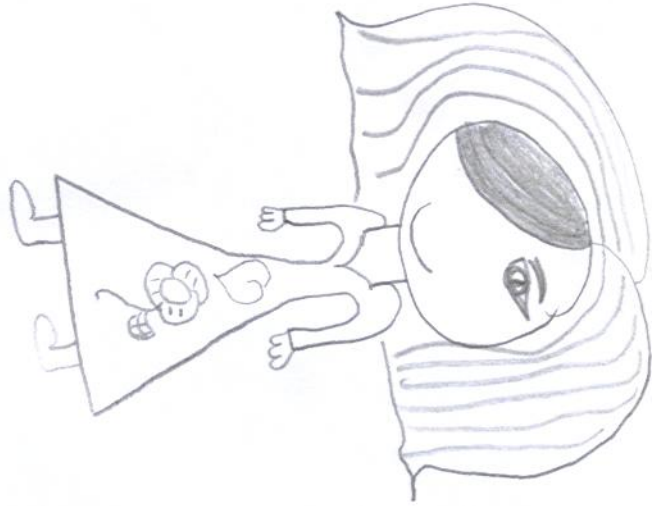
3. WAYNE

4. MAGGIE

5.   INGRID

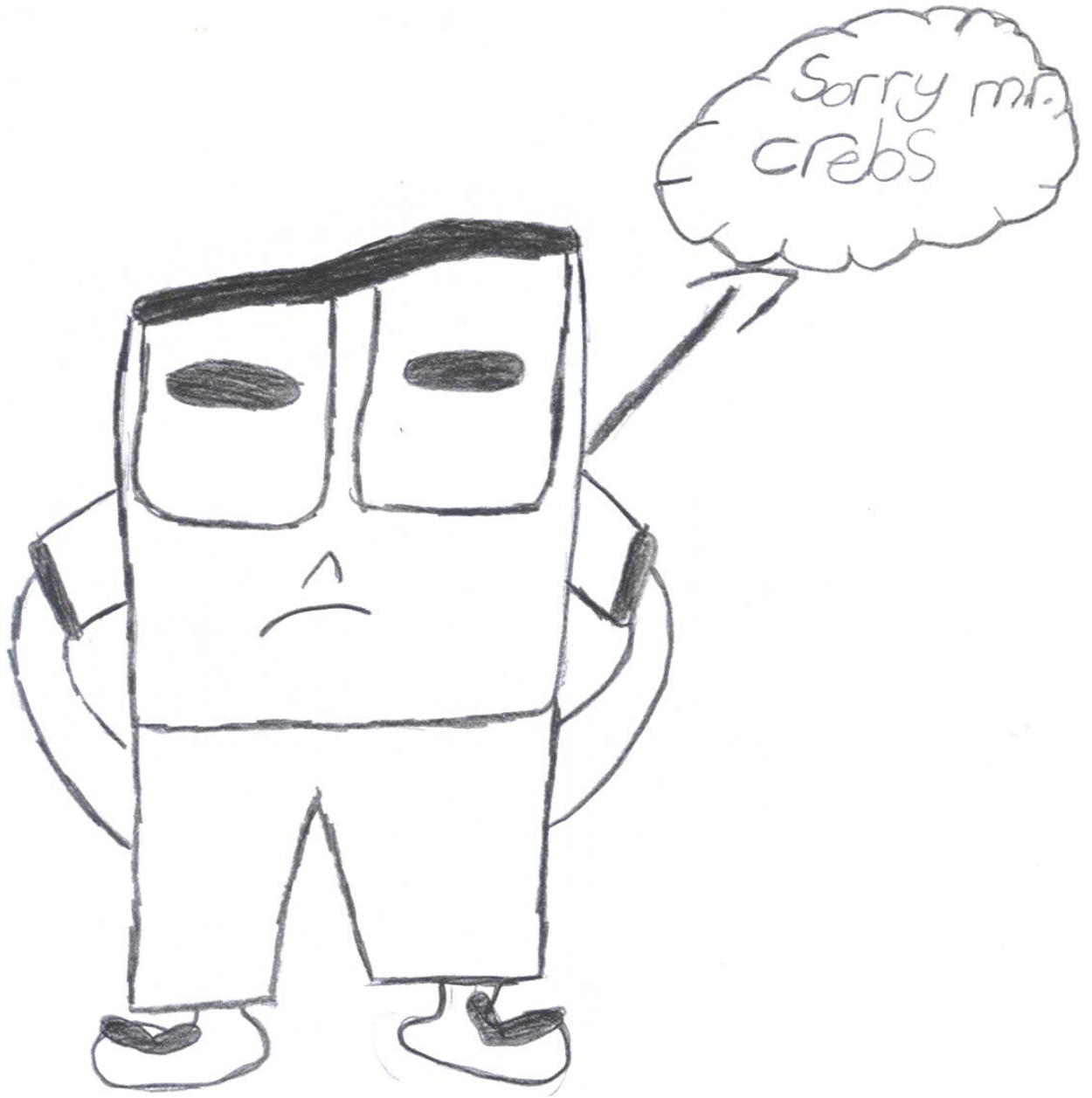# ADDENDUM J: POST-ASSESSMENT DRAWINGS

1. PAUL
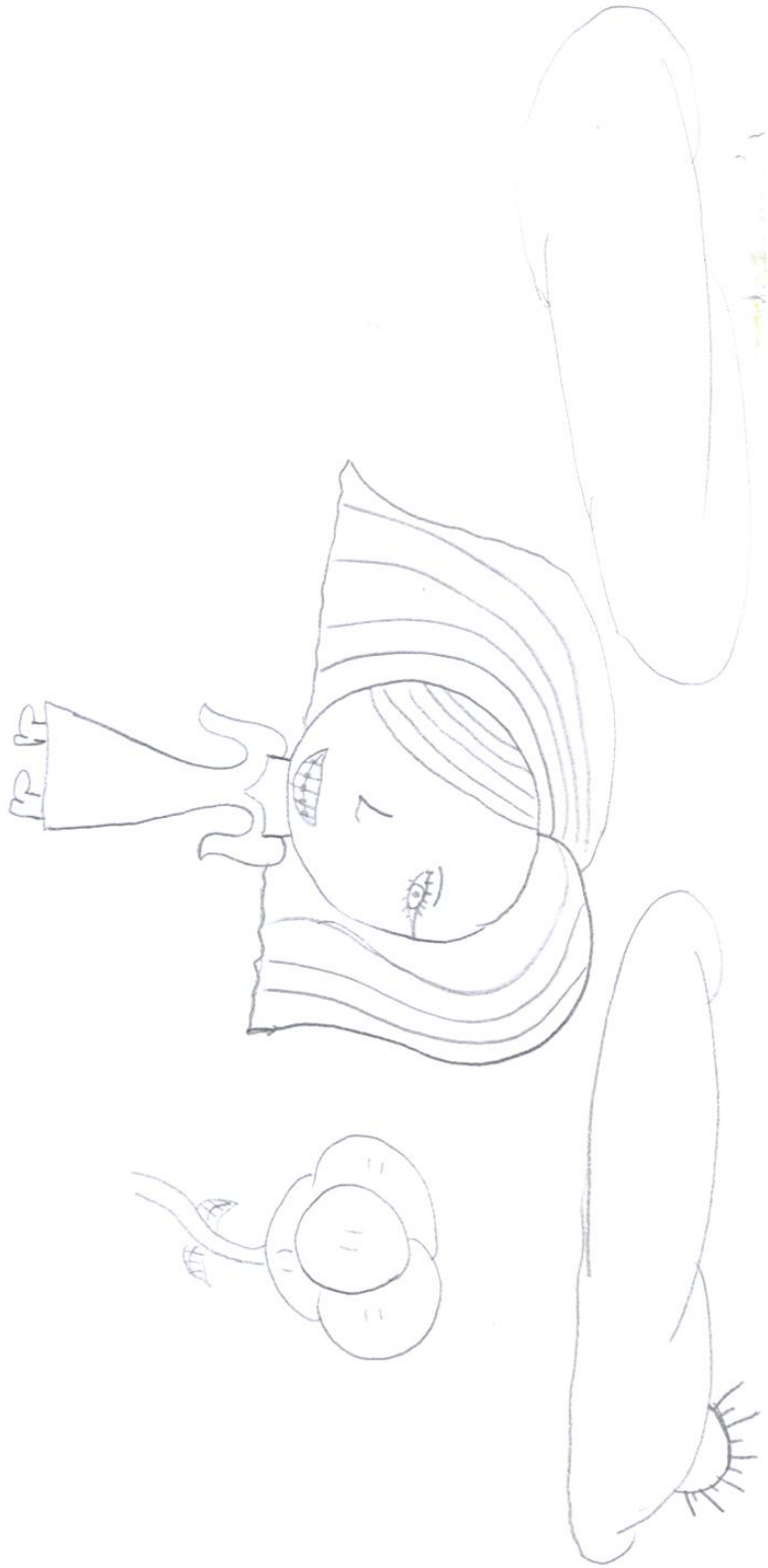
2. DANIEL

3. WAYNE

4. MAGGIE

5.   INGRID

ADDENDUM K: PROJECTIVE MEDIA-METAPHORS

This addendum contains the data gathered from the metaphors used in the pre-and post-assessments.

PRE-ASSESSMENT

1. PAUL

Questions asked by the researcher	Answers given by Paul
Which animal would you choose to be?	A kangaroo.
What's your reason for choosing to be a kangaroo?	The kangaroo can put her baby in her stomach.
What else does the kangaroo do?	When he gets scared he jumps away.
What does the kangaroo do when he gets angry?	He will jump on that person.

2. DANIEL

Questions asked by the researcher	Answers given by Daniel
If you have to choose an animal, which animal would you choose to be?	A lion
What's your reason for choosing to be a lion	Because the lion fights with other animals.
What else does the lion do?	He bites them when they talk about him behind his back.
What does the lion do when other animals talk about him?'	He gets angry.
'What does the lion do when he gets angry	He hits them.

3. WAYNE

Questions asked by the researcher	Answers given by Wayne
If you have to choose an animal, which animal would you choose to be?	A lion.
What's your reason for choosing to be a lion	Because a lion is strong.
What else does the lion do?	He can catch his own prey.
What kind of prey does he catch?	A rabbit.
Why do you think his likes to catch rabbits?	Because the rabbit is not strong and he can't fight with the lion.

4. MAGGIE

Questions asked by the researcher	Answers given by Maggie
If you have to choose an animal, which animal would you choose to be?	A dolphin.
What's your reason for choosing to be a dolphin?	Because I like swimming and then I can swim in the see and be free.
What else does the dolphin do?	Dolphins also like to help people.
Would you like to help people also?	Yes, I like people and I want to help them.

5. INGRID

Questions asked by the researcher	Answers given by Ingrid
Which animal would you choose to be?	A cheetah
What's your reason for choosing to be a cheetah?	Because the cheetah can run fast.
What else does the cheetah do?	He can hide easily and he eats other animals
From what does the cheetah want to hide?	Scary animals.
What happens when the scary animals find the cheetah?	He runs away.
What animals does he like to eat	Small animals.
What makes the cheetah angry?	When the other cheetahs takes his food.
What does the cheetah do when he gets angry?	He fights with them.

POST-ASSESSMENT

1. PAUL

Questions asked by the researcher	Answers given by Paul
Which animal would you choose to be?	A lion.
What's your reason for choosing to be a lion?	The lion is the king of the jungle.
What else does the lion do?	He can walk anywhere and the other animals are scared of him.
What makes the other animals scared of him?	Because he catches them and then he eats them.
What makes the lion angry?	When he is hungry and he can't get food.
What does the lion do when he gets angry?	He runs and catches an animal to eat.

2. DANIEL

Questions asked by the researcher	Answers given by Daniel
Which animal would you choose to be?	A monkey.
What's your reason for choosing to be a monkey	Because the monkey plays in the trees.
What else does the monkey do?	He eats bananas.
What makes the monkey angry?	Nothing.
'What does the monkey do when he gets angry?	He walks away.

3. WAYNE

Questions asked by the researcher	Answers given by Wayne
Which animal would you choose to be?	A lion
What's your reason for choosing to be a lion?	Because a lion is strong and he is not scared of anything.
What else do the lion?	When he is hungry he catches a buck.
What makes the lion angry?	When people push him and hit him for nothing.
What does the lion do when he gets angry?	He fights.

4. MAGGIE

Question asked by the therapist	Answers given by Maggie
Which animal would you choose to be?	A horse.
What's your reason for choosing to be a dolphin?	Because the horse can run fast.
Whereto is the horse running?	He is at the stadium and he is going to be in a race.
How does he feel just before a race?	He is exited because he is going to win.
What else does the horse do?	He eats grass.
Does the horse get angry?	No.

5. INGRID

Question asked by the researcher	Answers given by Ingrid
Which animal would you choose to be?	A bear
What's your reason for choosing to be a bear?	Because the bear is strong and powerful.
What else does the bear do?	He is brave and wonderful.
What brave things does the bear do?	He helps the people.
Bears can be scary; has the bear ever hurt someone?	No, he is not aggressive, he like to make new friends.
What makes him angry?	When others hurt him.
What does the bear do when he get angry?	He just starts to breath so that he can feel better.

ADDENDUM L: LYRICS OF THE SONGS

'HALLO SONG'

We sing hallo, hallo, hallo

It's a happy sunny day.

We sing hallo, hallo, hallo

We sing in s special way.

We sing hallo to _____

We sing hallo to _____

We sing hallo to _____

We sing hallo to _____

We sing hallo to _____

We sing hallo, hallo.

'CAN YOU FEEL IT?'

Can you feel it? Yea!

Can you feel it? Yea!

E-mo-tion. Energy in motion.

Everything I feel is meant to be.

E-mo-tion. Energy in motion.

Everything I feel is part of me.

I can feel happy. I can feel sad.

I can get scared. I can get mad.

Can you feel it? Yea!

Can you feel it? Yea!

E-mo-tion. Energy in motion.

Everything I feel is meant to be. (Let it be)

E-mo-tion. Energy in motion.

Everything I feel is part of me.

'WALK AND STOP'

While you walk, walk, walk and you walk, walk, walk and walk and then you stop.

While you march, march, march and you march, march, march and then you stop.

While you jump, jump, jump and you jump, jump, jump and then you stop.

While you run, run, run and you run, run, run and then you stop.

'STOP AND THINK'- IMPROVISED SONG

When I'm angry, angry, angry, when I'm angry, angry, angry I stop and think.

When I'm angry, angry, angry, when I'm angry, angry, angry I stop and think.

When I'm angry, angry, angry, when I'm angry, angry, angry I stop and think.

When I'm angry, angry, angry, when I'm angry, angry, angry I stop and think.

The song was sung according to the beat of the music. It started of slowly with the first verse and increasingly got faster with every verse. They were encouraged to use their hands to present 'Stop' and point to their heads when they sang 'Think'.

'THE BUBBLE SONG'

I feel the air go in.

I feel the air go out.

Peaceful as a lullaby.

Quiet as a mouse.

'I FEEL SO ANGRY'

When I ask my friends to play

And they say, 'No, just go away.'

I'm angry.

I feel so angry.

It's okay if you get mad.

It's just because you're feeling sad.

It's all right to feel that way.

Just use words, and you should say

'I'm angry.

I feel so angry.'

When I'm having lots of fun

And Daddy tells me, 'Clean up, son.'

I'm angry.

I feel so angry.

Kids tease me and call me 'squirt.'

My feelings really do get hurt.

'I'm angry.

I feel so angry.'

When I build my blocks so high
And someone knocks them down, I cry.
'I'm angry.
I feel so angry.'

Cooperation is the way
To make the angries go away.
So talk, don't shout.
Just work it out, and it's okay if you should say,
'I'm angry.
I feel so angry.'

'IF YOU HAPPY AND YOU KNOW IT...'
If you happy and you know it clap you hands.
If you happy and you know it clap you hands.
If you happy and you know then let your face show it.
If you happy and you know it clap you hands.

If you happy and you know it stomp you feet.
If you happy and you know it stomp you feet.
If you happy and you know then let your face show it.
If you happy and you know it stomp you feet.

'IF YOU ANGRY AND YOU KNOW IT...' - IMPROVISED GROUP 'ANGRY SONG'
If you're angry and you know it, stop, think and breathe
If you're angry and you know it, stop, think and breathe
If you're angry and you know it, then use self control
If you're angry and you know it, stop, think and breathe.

If you're angry and you know it, stomp your feet
If you're angry and you know it, count to 10
If you're angry and you know it, walk away don't show it
If you're angry and you know it, stomp your feet.

'WHEN I FEEL MAD'

When I feel mad, I hiss like a snake (ssss).

I roar like a bear (grrr). What a noise I make!

I stomp my feet, and I might just shout (Hey!).

But I don't have to hurt anybody to let my anger out.

Cause I use words, words make me strong.

And I can tell everybody just what is wrong.

I can say 'Stop!' (Stop, Stop). I can say 'No!' (No).

I can say 'I need a turn.' I can say 'Leave me alone!'

And when I'm mad, here's how I know.

I've got some place in my body that tells me so.

Could be my throat (gulp!).

Could be my chest (cough!).

Could be my fists or my belly,

My body knows the best!

I use those words, words make me strong.

And I can tell everybody just what is wrong.

I can say 'Stop!' (Stop, Stop). I can say 'No!' (No).

I can say 'I need a turn.' I can say 'Leave me alone!'

'STEAM POT' – IMPROVISED GROUP 'ANGRY SONG'

When I get steamed up.

I find a way to let the steam free.

I Stomp my feet.

I can say 'stop and think'.

I can say 'remember to breath'.

But no hitting and no kicking.

SONG USED IN THE ACTIVITY WITH PERCUSSION INSTRUMENTS:

'Shoo Fly'

'ANGRY' CLASSICAL MUSIC:

Overture to Egmont, Fifth and Ninth symphonies by Beethoven:

3rd Symphony by Khachaturian

RELAXING MUSIC:

Hidden Forest by Tony O'Connor

Silently by Tony O'Connor

Wilderness by Tony O'Connor

Op. 85, No1 in E flat major - Mendelssohn

'HAPPY' CLASSICAL MUSIC:

Violin concerto No.2 in D Major - Mozart

MUSIC USED TO DEPICT DIFFERENT EMOTIONS:

Happy emotion:

'Masquerade' from 'The Phantom of the Opera' – Instrumental version

Op. 102, No. 5 in A major ('The joyous peasant') – Mendelssohn

Sad emotion:

'Wishing you were somehow here again' from 'The Phantom of the Opera' – Instrumental version

Symphony No.5 in E minor, Op.64: No1 – Tchaikovsky

Angry emotion:

3rd Symphony - Khachaturian

Overture to Egmont, Fifth symphony - Beethoven:

Fear emotion:

The music of the night from 'The Phantom of the Opera' – Instrumental version

'Masquerade' from 'The Phantom of the Opera' – Instrumental version

'GOOD BYE' SONG

Goodbye, goodbye

Goodbye, goodbye.

It's time to say goodbye.

Goodbye, goodbye

Goodbye, goodbye.

It's time to say goodbye**.**