Explaining how young adults living with Williams syndrome learn life skills through music: a case study

E Erasmus

orcid.org/0000-0003-2098-429X

Thesis submitted in fulfilment of the requirements for the degree *Doctor of Philosophy in Music* at the North-West University

Promoter: Prof L van der Merwe

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Student number: 2116104

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19 November 2019

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I went through the two thesis chapters making corrections and suggestions with respect to language usage. Given the nature of the process, I did not see the final version and I restricted my editing to language issues, but I remained available for consultation as long as necessary.

I may be contacted at any of the numbers below for further information or confidential confirmation.

Dr Edwin Hees
(Associate Professor Emeritus)
University of Stellenbosch

Private Bag X1
Matieland 7602
Cell: 076 977 7742
eph@sun.ac.za

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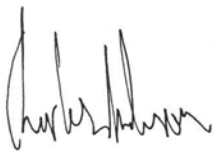

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Abstract

This study was motivated by the fact that young adults living with Williams syndrome in South Africa do not have access to post-secondary institutions capable of addressing their distinctive educational needs. I was further driven to conduct this study due to the lack of support in the South African post-secondary educational system for young adults with Williams syndrome. The issues addressed in this study are: 1) the untapped potential of using music to teach life skills to young adults living with Williams syndrome as well as 2) a lack of scholarly literature on how young adults with Williams syndrome learn life skills through music.

The purpose of this instrumental case study was to generate a theory that explains how young adults living with Williams syndrome, at Berkshire Hills Music Academy (BHMA) in Massachusetts, USA, learn life skills through music. Data were collected at BHMA over six weeks during which I was mostly a nonparticipant observer. Thematic analysis of data was the method adopted to analyse transcripts of in-depth semi-structured interviews, photos, observation notes, emails, blog entries and Facebook posts in ATLAS.ti 7.

The theory emerging from this study includes the following constructs: 1) inhibiting conditions (specific challenges inhibit the learning of young adults living with Williams syndrome); 2) central phenomenone (engagement in music activities facilitates learning for young adults living with Williams syndrome); 3) causal conditions (you are safe, valued and able); 4) strategies: ("breaking the mould", putting students' needs and abilities first); 5) consequences (learning life skills through engagement in music activities).

The relationship between the concepts and constructs of this theoretical proposition can be summed up as follows:

i. ***If*** young adults living with Williams syndrome have the opportunity to learn through engagement in music activities (central phenomenon) within a safe environment in which they are engaged and feel supported, appreciated and motivated, and feel that they belong and feel that they are competent (causal conditions), and

ii. ***if*** educators are willing to focus on the abilities of these young adults by putting their needs first (strategies),

iii. ***then*** the young adults living with Williams syndrome should be able to overcome various challenges (conditions inhibiting learning) and ultimately develop the life skills they need to live well (consequences).

This study made me realise the importance of advocating for the inclusion of music into the general curriculum, especially at post-secondary level in South Africa. There is also a need for more research on how to accommodate the educational needs of young adults living with Williams syndrome, as even the most recent research related to the topic is focused on the education of children living with Williams syndrome.

Keywords: Williams syndrome, intellectually divergent, young adults, life skills, music, case study

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CHAPTER ONE: INTRODUCTION AND EXPLAINING THE PROBLEM

Introduction

This study was inspired by my love of and passion for music education, appreciation for inclusive education, and fascination with Williams syndrome. While I had conducted previous studies[1] on the lived musical experiences of individuals living with Williams syndrome, I realised that, in South Africa, these individuals do not have the opportunity to attend schools that are truly capable of addressing their educational needs, especially when seeking to develop basic life skills through music as young adults[2]. Although my previous studies focused on the role of music in the lives and wellbeing of individuals living with Williams syndrome, the lack of educational support in South Africa, viewed alongside the love for and attraction to music that individuals living with Williams syndrome display (Dykens, Rosner, Ly & Sagun, 2005; Levitin & Bellugi, 2006; Salk Institute, 2006), led me to explore the possible importance of music in their learning. I became interested in developing a theory that could explain how young adults living with Williams syndrome learn life skills through music.

Williams syndrome is a neurodevelopmental genetic disorder that occurs when roughly 20 genes are deleted from chromosome 7 during conception and affects 1 in 10 000 people worldwide (Bellugi, Lichtenberger, Jones & Lai*,* 2000; Levitin, 2005; Levitin *et al.,* 2004). The syndrome is associated with distinctive physical features (including wide mouth, small, often widely spaced teeth, elf-like ears), a specific neuropsychological profile which has an influence on the behaviour of those diagnosed and leading to specific strengths (language and music) and weaknesses (mathematics, visual-spatial skills), medical manifestations (including cardiovascular abnormalities, hypercalcemia and developmental delays), high sociability, as well as well-developed language and musical abilities (Bellugi *et al.*, 2000; Bellugi *et al.,* 2007;

[1] I conducted my MMus research on "The lived musical experiences of individuals living with Williams syndrome: an interpretative phenomenological analysis". I also published two articles: "The role of musical experience in the lives of Williams syndrome individuals" (Erasmus, 2014) and "An interpretative phenomenological analysis of the lived musical experiences of three Williams syndrome individuals" (Erasmus & Van der Merwe, 2017).

[2] Young adults are iindividuals between the ages of 20 and 40 (Papalia, Olds & Feldman, 2009).

Don, Schellenberg & Rourke, 1999; Levitin, 2005; Levitin & Bellugi, 1998; Levitin *et al.*, 2004; Mervis & Becerra, 2007).

Individuals living with Williams syndrome are drawn to music (Dykens *et al.*, 2005; Levitin & Bellugi, 2006; Thornton-Wells *et al.*, 2010) and have even been described as being "consumed by their affective reactions to music" (Levitin, 2005, p. 3). Researchers have further confirmed that people diagnosed with Williams syndrome experience extreme emotions when they engage with music (Dykens *et al.*, 2005) and that these individuals often display musical abilities above what one would expect when considering their cognitive abilities (Bellugi, Wang & Jernigan, 1994; DuFour, 2008; Levitin *et al.*, 2004; Levitin, 2005; Martens, Reutens & Wilson, 2010; Martens, Jungers & Steele, 2011). Although it is not true that all individuals diagnosed with Williams syndrome are necessarily musically gifted, one could say with confidence that it is more likely that these individuals will engage in music activities than people without Williams syndrome (Levitin *et al.*, 2004; Levitin & Bellugi, 2006). It also seems that individuals living with Williams syndrome are very attentive to music (Salk Institute, 2006) and that music helps these individuals to cope with specific challenges while reducing their anxiety levels (Erasmus & Van der Merwe, 2017).

1.1. Problem statement

The issues necessitating this study and defining its key problems can be discussed in terms of three aspects speaking to the rationale of this thesis and the lack of knowledge on the topic: 1) the untapped potential of teaching life skills through music to young adults living with Williams syndrome; 2) a lack of scholarly literature on how individuals, and specifically young adults living with Williams syndrome, learn life skills through music; and 3) the lack of support and training in the South African educational system for educators working with young adults living with Williams syndrome.

1.1.1. Untapped potential: teaching life skills through music

Artistic methods of instruction (Merriam, 2008) and music learning are well-known concepts in education and specifically in special needs education (Andrews, 2011; Barrett, 2001; Bresler, 1994; Russel-Bowie, 2009; Uibel; 2012). Further, music and the arts have been found to enhance the learning processes of individuals in the general community and specifically to meet the needs of those who are intellectually divergent[3] (Eren, 2014; Savarimuthu & Bunnell, 2002; Standley, 2008; Welch, Ockelford, Carter, Zimmermann & Himonides, 2009). Yet, the notion of learning though music is still uncharted territory with regard to life skills education for young adults living with Williams syndrome.

The gap in the literature on how young adults living with Williams syndrome learn life skills through music emphasises the importance of my study, as music is one of the few ways in which these young adults can make sense of their educational experiences in order to acquire life skills (Biel, 2005; Erasmus & Van der Merwe, 2017; Reis, Schnader, Milne & Stephens, 2003). A study conducted by Stickley, Crosbie, Hui and Ada (2011) also suggests the importance of arts-based instruction, as they found that individuals who are intellectually divergent experienced personal and social development through participation in arts activities. The study further revealed that, through the arts, these individuals were included in their communities by being able to overcome various social barriers that they had previously experienced. It becomes clear, therefore, that the value of engagement in arts activities could enable young adults who are intellectually divergent to acquire life skills needed to reach certain levels of independence, and that arts activities could ultimately provide these individuals with opportunities to meaningfully engage with their environment and to be accepted into their communities (Ansdell & DeNora, 2012; Fillingham, 2007; Saville, 2007; Stickley *et al.*, 2011; Pavlicevic, 2012).

[3] I will use the term intellectually divergent throughout this thesis as an alternative to intellectually disabled and intellectually impaired (see section 1.4).

Music could be used not only as a means for acquiring life skills needed to connect with others and cope with everyday life (Ansdell & DeNora, 2012; Bunt & Stige, 2014), but also as an opportunity for young adults living with Williams syndrome to learn skills which will ultimately permit them to become independent and live fulfilling lives (Biel, 2005; Reis *et al.*, 2003). A study by Erasmus and Van der Merwe (2017) revealed that one of their study participants specifically mentioned that music helps him to learn more efficiently. Studies by Biel (2005) and Reis *et al.* (2003) revealed that music provides unique opportunities for children living with Williams syndrome to learn non-musical skills. Consequently, for many young adults living with Williams syndrome, music is one of the only ways in which they can acquire the life skills needed to become independent and cope. Engagement in music activities therefore provide these young adults with opportunities to reach goals they may not have been able to reach otherwise (Ockelford, Welch & Zimmermann, 2002; Stickley *et al*., 2011). The fact that music could make learning easier and act as motivator for learning for young adults living with Williams syndrome was one of the contributing factors in identifying the focus of my thesis as well as describing the problem of the study.

Research conducted by Biel (2005) and Reis *et al.* (2003) drew further attention to the education of individuals living with Williams syndrome through music. Reis *et al.* (2003) focused on the Music & Minds programme, which was developed in order to provide gifted students with music experiences accommodating their specific interests and needs. This research specifically emphasised the potential value of such a programme for young adults living with Williams syndrome. According to Reis *et al.* (2003), existing educational programmes tend to label people diagnosed with Williams syndrome as disabled and then fail to accommodate their specific needs by not providing sufficient opportunities to develop their musical interests and talents. They found that young adults living with Williams syndrome in their study had positive learning experiences when the Music & Minds programme followed a talent development and abilities-first approach to address divergent learning needs through a focus on musical talent. Biel (2005) also argued that music could be the key to successfully

educating individuals diagnosed with Williams syndrome, as it provides a fun, manageable learning experience for most individuals who live with specific disabilities. This notion that music might be the key to learning for individuals living with Williams syndrome is central to my study, as I contend that educational programmes drawing focus to talent development and enrichment through music could allow young adults living with Williams syndrome to learn optimally. Educational programmes structured around music, talent development and principles associated with an abilities-first approach could, furthermore, enable these young adults to cope with challenges in everyday life, while avoiding the paternalism and pressure that comes with an educational focus on deficits and the fixing of certain problem areas.

The affinity that young adults living with Williams syndrome display toward music (e.g. Don *et al.,* 1999; Du Four, 2008; Dykens, Rosner & Sagun, 2005; Lense & Dykens, 2013; Levitin, 2005; Levitin *et al.,* 2004; Levitin & Bellugi, 1998; Levitin & Bellugi, 2006; Salk Institute, 2006; Thornton-Wells *et al.*, 2010), as well as the notion that these individuals could stand to benefit greatly when learning life skills through music (Erasmus, 2014), strengthens the argument for the necessity of my study. According to Biel (2005), individuals with Williams syndrome expressed frustration with learning in general and said that they wanted to be normal. This notion of struggling to learn is in line with studies by Erasmus (2014) and Erasmus and Van der Merwe (2017) which also found that individuals diagnosed with Williams syndrome longed to be normal, to be included into their communities and to feel accepted and that music provided them with such an opportunity. When educating individuals with Williams syndrome by using music, one could provide them with an environment in which they could, in fact, experience less frustration while learning, while also experiencing acceptance from their peers and a sense of belonging (Reis *et al.*, 2003).

1.1.2. A gap in the scholarly literature

Studies by Reis *et al.* (2003) and Biel (2005) emphasise the importance of music in the learning process of individuals with Williams syndrome. There is also a body of research that provides information on the medical conditions, cognitive impairments, learning and

memory difficulties associated with the syndrome (Bellugi *et al.*, 2007; Bellugi *et al.*, 2000; Bellugi *et al.*, 1994; Don *et al.*, 1999; DuFour, 2008; Lense & Dykens, 2013; Levitin, 2005; Levitin & Bellugi, 1998; Martens *et al*., 2011; Sforza, Lenhoff & Lenhoff*,* 2006) as well as various publications focused on the affinity for music and musical abilities of individuals living with Williams syndrome (Levitin, 2005; Levitin & Bellugi, 2006; Levitin *et al.*, 2004; Martens *et al.*, 2010; Martens *et al.*, 2011). Further, although Mastnak and Neuwirthová (2017) found that engagement in community music positively influenced the wellbeing of children living with Williams syndrome, researchers have yet to explore the importance of music when young adults living with Williams syndrome want to learn life skills that could enable them to live well. To my knowledge, no literature relates to the problem of how young adults with Williams syndrome can learn life skills through music — in either a South African or another national context. The closest findings relating to the phenomenon of how young adults living with Williams syndrome learn life skills through music is that of a study by Ioannidi and Samara (2019) which revealed that when children living with Williams syndrome have the opportunity to learn through music, they are able to grasp non-musical concepts more easily and consequently overcome certain cognitive and personal difficulties. This lack of existing literature is problematic, as post-secondary education plays an important role in enabling young adults to develop personally, become independent, and feel empowered — and for young adults who are intellectually divergent, and specifically those diagnosed with Williams syndrome, to acquire vocational skills (Lappalainen & Risto, 2012; Merriam, 2008; Myers, 2012; Watson, 2007a).

1.1.3. South African policymakers: Lacking support and training in the South African higher educational system

The Department of Higher Education and Training (2013; 2014; 2018) acknowledges that curricula and policies should accommodate individuals who have special educational needs. South Africa has published the *Education White Paper 6* (Department of Education, 2001), the *White Paper for Post-school Education and Training: Building an expanded,*

effective and integrated post-school system (Department of Higher Education and Training, 2013), the *Strategic Policy Framework on Disability for the Post-school Education and Training System* (Department of Higher Education and Training, 2018), and the *Strategic Framework on the Recruitment, Employment and Retention of Persons with Disabilities in the Public Service* (Department of Public Service and Administration, 2010), which refer to accommodating the needs of individuals who are marginalised and who were previously disadvantaged due to inequality. These documents do not however, in my opinion, place enough emphasis on how the South African higher education system must address and accommodate the unique needs of young adults who are intellectually divergent. These policies, consequently, do not adequately contribute to the enforcement of education programmes that accommodate the needs of individuals living with Williams syndrome, or individuals who are otherwise intellectually divergent, at a post-secondary level. There is also no South African organisation that actively pursues the interests of students who are intellectually divergent (Matshedisho, 2007) or those who have been diagnosed with Williams syndrome. Even though we have a South African Williams Syndrome Association, the association is not actively advocating for the educational needs of young adults living with the syndrome. The Department of Basic and Higher Education must, in my opinion, do more to ensure that policies are developed with the aim of addressing the educational needs of young adults who are intellectually divergent and must further facilitate and monitor the implementation of these policies.

Even though it is true that South African children who have special education needs have access to some schools[4] that can meet their individual needs, they do not necessarily have access to facilities that enable them to acquire skills associated with employability or independence at a post-secondary level, especially if music or any other art form is to play a crucial role in their education. Consequently, the Department of Basic Education (2015)

[4] Some of the South African schools focused on special education include Vera School for learners with Autism, E.S. le Grange, Unity College, Alta du Toit School, C.A.R.E Centre for Autism Research and Education, Oak House Vocational Academy.

released figures indicating that the number of students who are intellectually divergent and enrolled in schools between the ages of 16 and 18 is declining. This finding was a vital aspect for consideration in shaping my thesis, as these individuals will, as a result, likely also not have appropriate opportunities to enter post-secondary educational settings.

The *National Policy on Curriculum Development and Implementation in Community Education and Training Colleges* (Department of Higher Education and Training, 2017b) and *The Draft Policy Framework for Development of Admission Policies by Community Education and Training Colleges* (Department of Higher Education and Training, 2017a) emphasise the need for all youth and adults, including those who are intellectually divergent, to have access to quality education. These documents also state that public colleges must do what is necessary to accommodate the needs of these young people. However, we still do not see South African post-secondary institutions providing adequate educational opportunities for young adults living with Williams syndrome or those who are otherwise intellectually divergent, as these institutions tend to only focus on the needs of those who are hard of hearing, blind, or physically impaired (Matshedisho, 2007) or who have learning disabilities (Manoko, Jacobs & Jacobs, 2018).

This lack of post-secondary education opportunities for young adults who are intellectually divergent in South Africa, was central to Matshedisho's (2007) thesis through which she also advocates for the development of more inclusive education policies. She states that the Department of Higher Education needs to formulate a policy that will bind higher education institutions to meet the needs of individuals who are intellectually divergent. It has also been argued that specific strategies need to be set out if higher education institutions are to address the needs of those who are intellectually divergent (Manoko *et al.*, 2018; Matshedisho, 2007). I want to emphasise that I do not argue that universities should automatically accept individuals with Williams syndrome into their existing graduate and post-graduate programmes, but rather that separate programmes, specifically designed to focus on reaching goals of independence and employability, should be developed. I agree with

Manoko *et al.* (2018) that everyone has an equal right to quality education. By not giving young adults living with Williams syndrome access to educational facilities equipped to meet their needs, the South African Department of Higher Education and Training is inhibiting their basic human right to education (*The Bill of Rights*, 1996). I agree with Noddings (2015) that we need to develop education policies that encourage "the creation of relationships of care and trust between teachers, teachers and students, students and students" (p. 16) — for all students. Therefore, it is my concern that, if the Department of Higher Education and Training does not start to shape policy that is inclusive of young adults living with Williams syndrome and those who are otherwise intellectually divergent, then their educational needs might never truly be met.

I want to draw on Noddings' (2015) notion of care ethics which touches on topics that could prove to be important when seeking to include individuals with diverse needs into our communities successfully. Care ethics is based on principles of relational ethics that require attentiveness, responsiveness, and a focus on wellbeing needs (Elliott & Silverman, 2015; Noddings, 2002; Noddings, 2015; Silverman, 2012). Noddings (2015) argues that, if individuals in minority groups are to experience justice, they have to experience care. This argument has value for my study, as I hold that we need to care for and about the needs of individuals who are intellectually divergent if we are to meet their needs within our communities, including the education system (Elliott & Silverman, 2015). I do, however, agree with Noddings' (2015) statement that education generally focuses on assumed needs and therefore does not necessarily successfully meet the expressed needs of their learners. Consequently, educators and curriculum developers need to work with young adults when planning learning programmes. Furthermore, the value of utilising Individualised Education Programmes[5] throughout South Africa needs to be emphasised.

[5] Individualized Education Programmes are education programmes designed to meet the individual learning needs of learners who have special educational needs.

Policy makers and educators, therefore, need to be aware: they should not only strive to meet the educational needs that they *expect* young adults living with Williams syndrome to have. Instead, they need "to attend, listen, and observe, and maintain relations of care and trust" (Noddings, 2015, p. 4) if they are to meet the actual educational needs and promote the life goals (Elliott & Silverman, 2015) of young adults living with Williams syndrome. Education programmes must ultimately provide young adults living with Williams syndrome with learning experiences that can be easily integrated into their social and community lives while also adding meaning to their lives. Programmes with a focus on music have proven successful in doing so (Elliott & Silverman, 2015).

It is my opinion that the South African education system firstly needs to acknowledge the value of music in the learning process of young adults who are intellectually divergent (and those who are developing typically) before the unique needs of young adults living with Williams syndrome can be accommodated. Secondly, we need to acknowledge the unique contributions that young adults with Williams syndrome can make in our communities. Finally, institutions need to develop programmes and policies specifically focused on the unique needs of young adults with Williams syndrome if they are to have meaningful lifelong learning experiences and live fulfilling lives. I, therefore, wish to advocate that the Department of Higher Education must take charge and make changes to provide young adults living with Williams syndrome access to quality education at a post-secondary level. This task includes providing adequate training opportunities for teachers to address the needs of these young adults through music.

This study, therefore, could afford educators, parents, and therapists information on how young adults living with Williams syndrome learn life skills through music. It could further provide educators, parents, and therapists with a means through which they can focus on the unique abilities, interests, and needs of their young adult learners living with Williams syndrome in order to provide them with meaningful learning experiences. By focusing on the unique abilities of young adults living with Williams syndrome, educators, parents and

therapists should be able to create optimal learning environments for young adults living with Williams syndrome in which they can feel a sense of accomplishment and belonging. Such awareness could give rise to greater pedagogical thoughtfulness and tact (Van Manen, 1990). My study could also provide researchers with a point of departure for future research on how music supports the learning processes of individuals diagnosed with Williams syndrome. The theory presented in this thesis (see Chapter 6) could be used as a guideline for accommodating young adults with Williams syndrome in the South African educational environment. This study will also provide researchers with material for future research on the education of individuals diagnosed with Williams syndrome.

1.2. Purpose Statement

The purpose of this instrumental case study is to generate a theory that explains how young adults living with Williams syndrome and studying at Berkshire Hills Music Academy in Massachusetts, USA, learn life skills through music. At this stage, Williams syndrome will be defined as a rare neurodevelopmental genetic disorder which presents when approximately 20 genes are deleted on chromosome 7 at conception (Bellugi *et al.,* 2007). Life skills can be defined as the skills required to cope with everyday challenges (Bastian, Burns & Nettlebeck, 2005; Ebersöhn & Eloff, 2003; UNICEF, 2003; WHO, 1999).

I specifically chose to focus on young adults for two reasons. Firstly, the site at which I was able to collect my data, Berkshire Hills Music Academy (BHMA), is the only institution that I know of internationally that specifically teaches life skills to individuals with Williams syndrome through music. BHMA provides post-secondary education opportunities to young adults who are intellectually divergent. Secondly, I am passionate about raising awareness about the fact that the South African education system does not accommodate the needs of young adults who are intellectually divergent (and specifically young adults living with Williams syndrome) at a post-secondary level.

1.3. Research Questions

1.3.1. Central Question

What theory, generated from the scholarly literature and the data, explains how young adults with Williams syndrome learn life skills through music? (See Chapter 6)

1.3.2. Sub-questions

What conceptual framework, grounded in the scholarly literature, explains what life skills young adults who are intellectually divergent need to live well? (See Chapter 2)

What conceptual framework, grounded in the scholarly literature, explains how young adults who are intellectually divergent learn life skills through music? (See Chapter 3)

What themes, emerging from the data, explain how young adults with Williams syndrome, at Berkshire Hills Music Academy in Massachusetts, USA, learn life skills through music? (See Chapter 5)

1.4. Terminology

There are a variety of terms associated with the description of people who have particular special needs and impairments. These terms have changed throughout history due to a change in the public perception of these individuals, the increased focus on human rights, an awareness of stigma and an increase in disability self-advocacy (Disabilityinfo.org, 2016; Ditchman, Kosyluk, Lee & Jones, 2016; Nel & Grosser, 2016; People with disability, 2017; Richards, 2007). Hence, I deem it necessary to motivate the terminology that I will use throughout this thesis.

There are three dominant terms that are apparent in most recent research: a) learning disability, b) intellectual disability, and c) intellectual impairment (Blacher & McIntyre, 2006; Brown University, 2017; Disabilityinfo.org, 2016; Gov.uk, 2014; Nel & Grosser, 2016; People with disability, 2017). A significant amount of the authors cited in this thesis, due to their

training and nationalities, prefer the term intellectual/learning disability (Mackenzie, 2005; Ockelford, 2012; Saville, 2007; Watson, 2007a). I am aware that, according to the social and medical models of disability (Dirth & Branscombe, 2017; Shakespeare, 2006), the term "impairment" is typically used to refer to certain challenges faced by an individual in terms of their bodily function or structure, while the social model of disability defines disability as limitations associated with the community's inability to accommodate an individual's needs (Scoir, 2016).

As a non-disabled person, I am, however, not comfortable with using the term "disabled" and agree with Ditchman *et al.* (2016) and Scoir (2016) that the term stigmatises these individuals as lesser beings who are not able of attaining specific goals or making valuable contributions to our communities. I believe that all individuals have equal value within their communities and that it is important to draw focus to their abilities rather than the challenges they might face in their daily lives. Consequently, I deemed it important to coin a term that focuses on individual strengths rather than impairments or disabilities. My argument is supported by the work of Scior (2016), Ditchman *et al.* (2016), and Grue (2016), who wrote that stigmatisation negatively impacts individuals, as it leads to their rights being denied, community exclusion, insufficient access to education, high unemployment rates, increased vulnerability, psychological distress, diminished self-esteem, and a direct impact on stigmatised individuals' identities. Therefore, I consider it necessary to use a term which focuses on strengths-based language and that acknowledges individuality (Begun, 2016; Gillman, Heyman & Swain, 2000) — intellectually divergent.

Baker and Leonard (2017) also write about the necessity for using language that is strengths-based when referring to individuals with perceived differences. Herrera (2013) similarly argues that it is important for scholars to consider how we write and talk about people perceived as different. Herrera's (2013) view is based on the premise that we need to use language that will not lead to certain groups feeling excluded or insignificant. I consequently agree with Herrera (2013) that we need to be sensitive to the ways in which the language we

choose to use in our writing and during conversations might contribute to social reform by seeking to gain a better understanding of what exactly the differences we wish to label are. It is, however, important to mention that not all individuals with perceived differences feel the same, as much of a person's identity might be determined by, for example, having Williams syndrome. When writing about person-first language, Prizant and Fields-Meyer (2015) mention how some individuals diagnosed with autism prefer being referred to as autistic as these individuals feel that person-first language (using terms such as "a person with autism", "a person on the autism spectrum) "implies that autism is inherently bad" (p. ix). Although I do respect these opinions, I believe it is important to use an alternative term in this thesis. My stance is supported by Herrera (2013) who argues that we need to have conversations about inclusion in an "attempt to resolve some of the moral, social, legal, and medical problems associated with that ideal" (p. 16). She further writes that we need to be sensitive towards the extent to which society welcomes and restricts certain kinds of behaviour and that we must "continually look for ways to improve our conversations about what it means to not only live together, but talk about each other as well" (Herrera, 2013, p. 16).

After much consideration, exchanging ideas with family, friends and colleagues, and receiving suggestions from a reviewer and language editor at Editing Press Inc., I decided to use the term "divergent" throughout my thesis. In my mind, this term speaks towards strength and not weakness. The term divergent is also often used in a positive manner when, for example, referring to creativity when speaking of "divergent thinking". However, for academic purposes, the term is too vague, as it does not indicate which types of challenges the individuals referred to face. Therefore, I ultimately decided to use the term "intellectually divergent" in my thesis. I do want to emphasise, however, that the term is interchangeable with intellectually disabled, learning disability and intellectually impaired. I chose this term as, in my mind, it is a much less limiting term than the other terms currently used by societies or academia. It draws focus to the unique positive attributes rather than the limitations of young adults who are intellectually divergent.

1.4.1. Intellectually divergent young adults

1.4.1.1. Intellectually divergent

Individuals who are intellectually divergent often display significant challenges in terms of intellectual functioning as well as adaptive behaviour (Bowman & Plourde, 2012). Individuals who are intellectually divergent typically "have poorer health, lower educational attainment, fewer economic opportunities, and higher poverty rates" than those who are deemed to be developing typically (Scoir, 2016, p. 3). This disparity could be because the needs of people who are intellectually divergent are often not fully understood and therefore are not accommodated. When young adults are intellectually divergent, they often face challenges in reasoning, learning, and problem-solving. They furthermore display different abilities in terms of conceptual skills, which include self-direction, language, and literacy, as well as understanding concepts such as time, money, and numbers (Ditchman *et al.*, 2016). Young adults who are intellectually divergent tend to display atypical behavioural patterns associated with social skills such as interpersonal skills, following rules, and social responsibility; they are often described as naïve and over-trusting (Reynolds & Fletcher-Janzen, 2007). They also often face challenges associated with personal care, daily living activities, occupational skills, safety, and healthcare, as well as maintaining routines and travelling (Reynolds & Fletcher-Janzen, 2007).

Individuals are therefore deemed to be intellectually divergent if they deal with significant challenges related to intellectual processing, communication, emotional expression, emotional distress, behaviour, and social functioning, and if they exhibit mental health problems associated with unwarranted anxiety and depression (Richards, 2007; Watson, 2016). People who are intellectually divergent furthermore typically struggle with the emotional impact of life transitions such as leaving school and facing the reality of possibly never having their dream job (Foundation for People with Learning Disabilities, 2005; Watson, 2007a). It is essential for parents, educators and therapists to be aware of the fact that, despite these difficulties, young adults who are intellectually divergent have similar aspirations to those

of typically developing individuals in terms of being employed, being independent, having the freedom to make their own decisions, finding love, and having control over their lives (Deguara, Jelassi, Micallef & Callus, 2012).

According to the Foundation for People with Learning Disabilities (2005), the feeling of not having control is one of the leading causes of emotional distress in people who are intellectually divergent, especially during transitional stages. Adults who are intellectually divergent also often struggle with the impact of their divergence on an emotional level, not only due to obstacles related to striving toward independence but also as a result of discrimination and even cruelty (Watson, 2007a). Richards (2007) argues that music activities can support adults who are intellectually divergent in coping with emotional distress — especially when these activities do not focus purely on behaviour, diagnoses, and symptoms, but rather provide a way to work on the cause of the emotional distress. Music activities could therefore support young adults who are intellectually divergent by allowing them to engage in new experiences within safe environments, which could ultimately support them in managing change, feeling free to express their emotions, setting their own goals, coping with anxiety, feeling that they belong in their communities, and feeling empowered (Deguara *et al.*, 2012; Saul, 2007; Watson, 2007d).

In order for our communities to be inclusive of individuals who are intellectually divergent, we need to provide support for diverse needs by overcoming barriers that inhibit some from reaching their full potential — whether it be due to intellectual or physical impairments, ethnicity, or religious values (Department of Basic Education, 2001; Stickley *et al.*, 2011). According to Stickley *et al.* (2011), individuals who are intellectually divergent must not only be physically integrated into their communities. Instead, they must be substantively included in their communities if their needs are to be fully met. Therefore, if individuals who are intellectually divergent are only integrated and not included into their communities, they will not have sufficient support to build on their strengths and will consequently be limited in

terms of their ability to become independent members of these communities (Fillingham, 2007; Stickley *et al.*, 2011; Vislie, 2003).

If young adults who are intellectually divergent are included in their communities, they could experience more opportunities to create meaningful relationships, experience social support, and become independent (Stickley *et al.*, 2011; Verdonschot, de Witte, Reichrath, Buntinx & Curfs, 2008). In the article "How we like to live when we have the chance" by Deguara *et al.* (2012), people who are intellectually divergent said that they would "like to meet more people" and "would like to have more friends" (p. 126). According to Hoover (2016) and Fillingham (2007), social inclusion, friendship and community activities play an important role during the transition to adulthood. This argument is based on the assumption that friendships and relationships provide social and emotional support through shared experiences, which in turn directly impact a person's quality of life through improved self-confidence, motivation, and interpersonal skills (Fillingham, 2007; Stickley *et al.*, 2011).

The arts, and specifically music, could play an essential role in supporting the inclusion of young adults who are intellectually divergent into their communities, as participation in the arts creates opportunities for overcoming social barriers and for dealing with community problems (Elliott & Silverman, 2015; Stickley *et al.*, 2011). Social inclusion through the arts could, therefore, be crucial in enabling young adults who are intellectually divergent to acquire the skills that they need to cope with everyday life. It could also afford young adults who are intellectually divergent the opportunity to build meaningful relationships, which could in turn positively influence their self-worth, behaviour and personal development (Stickley *et al.*, 2011; Saul, 2007; Thompson & McFerran, 2015). The importance of social inclusion for young adults who are intellectually divergent emphasises the importance of the topic of this thesis, as the provision of music activities in education could become a powerful tool for promoting the social inclusion of young adults living with Williams syndrome. This social inclusion could enable these young adults to acquire life skills through personal and social development.

1.4.1.2. Young adults

Young adulthood refers to the life stage between the ages of 20 and 40 years (Papalia, Olds & Feldman, 2009). This life stage is typically associated with young adults leaving their parents' house and the communities they grew up in, becoming independent, finding a career, getting married and having children (Slote, 2016). Young adults also typically display a change in their worldview and tend to acknowledge that not all people share the same ideals. According to Armstrong (2007), this is the stage in life at which individuals are at their healthiest, and their senses are optimally developed.

When young adults can find a suitable career, they can experience a sense of achievement which is a vital part of finding happiness in adult life (Armstrong, 2007). Ultimately, the life experiences that young adults go through during the process of finding a career help shape their identities (Slote, 2016) and prepare them for taking on adult responsibilities (Arnett, 2000). Together with finding a career that provides happiness, finding intimacy is regarded as one of the most important milestones in young adulthood (Armstrong, 2007; Slote, 2016). Young adults' identities are therefore largely influenced by the careers and relationships they choose, as well as changes in their worldviews and how they prioritise both their career and intimacy (Arnett, 2000; Slote, 2016).

However, it is also true that young adults often face struggles as part of the process of discovering themselves and reaching their dreams, as well as having to commit to and juggle the various responsibilities of adult life (Slote, 2016). Arnett (2000) defines as crucial factors in the transition to adulthood and self-sufficiency the following factors: the ability of young adults to take responsibility for themselves, make independent decisions, and become financially independent. It is, however, true that the extent to which young adults can cope with certain situations, become self-sufficient, and to reach independence depends on their cognitive profile as well as the circumstances of their environment.

1.5. Delimitation

This study only focused on the developmental and learning disabilities of young adults living with Williams syndrome and not of young adults who are otherwise intellectually divergent. However, since to my knowledge, there is little literature on how young adults living with Williams syndrome learn life skills through music, I relied on literature relating to individuals and young adults who are intellectually divergent in various other ways. I did not test a hypothesis during this research project, but rather allowed a theory to emerge from the data and the literature. The objective of this study is to generate a theory that explains how young adults living with Williams syndrome learn life skills through music. For this study, I collected data at Berkshire Hills Music Academy in Massachusetts, USA, as this is the only institution that I am aware of that specifically focuses on teaching young adults living with Williams syndrome life skills through music. Therefore, during the six weeks I spent at BHMA, I collected data from the staff working with students who have Williams syndrome, the students themselves, as well as their parents.

1.6. Research Design

In this section, I will briefly introduce my research design; the details of the research procedures will be discussed in detail in Chapter 4. The choice to follow a qualitative research design for my study was primarily influenced by my social constructivist understanding that knowledge is socially constructed (Butler-Kisber, 2010; Creswell & Poth, 2017) and that participants in my study each have unique interpretations of shared experiences. Through a qualitative study, I am able to explore and make sense of the process of how my participants learn life skills through music in a real-life context by studying the causes of their behaviour, their learning processes, and their personal values and motives (Creswell & Poth, 2017; Guest, Namey & Mitchell, 2013).

1.6.1. Research Approach: Instrumental Case Study

I chose to conduct an explanatory instrumental case study for my doctoral research, as my aim was to study and explain the phenomenon (how young adults living with Williams syndrome learn life skills through music) in a real-life context within a bounded system (Atkins & Wallace, 2012; Creswell & Poth, 2017; Creswell, 2013; Stake, 1995; Yin, 2014) during a six-week period at BHMA. The aim of this instrumental case study was therefore to gain a deeper understanding of how young adults living with Williams syndrome learn life skills through music and to provide suggestions (Guest *et al*., 2013) for how any education system can accommodate their unique needs. In this thesis, I was able to expand existing theories and generate a new theory on how young adults living with Williams syndrome learn life skills through music with my findings and discussion (see Chapter 5 & 6).

1.6.1.1. The participants

I used purposeful sampling to identify participants for my study, as the participants had to be willing and able to provide a unique, in-depth understanding (Creswell, 2014; Creswell & Poth, 2017; Guest *et al.*, 2013; Saldãna, 2011) of the way that young adults living with Williams syndrome learn life skills through music. The participants for this instrumental case study include music educators and music therapists at BHMA who work with students who have Williams syndrome, students living with Williams syndrome enrolled at BHMA, as well as the parents of some of these students.

1.6.1.2. Role of the researcher

My previous experiences and research projects (Erasmus, 2014; Erasmus & Van der Merwe, 2017) with individuals living with Williams syndrome over the past seven years played a significant role in my understanding and interpretation of the phenomena associated with how young adults living with Williams syndrome learn life skills through music. My prolonged engagement with individuals living with Williams syndrome, as well as the associated perspective and experiences, provided me with unique insight into the data. This insight

ultimately enhanced the quality of my findings (Muncey, 2010), as I have an in-depth understanding of not only the phenomenon but also the participants' diagnosis and the data collection site.

1.6.1.3. Data collection

The data analysed for this thesis included multiple sources of evidence such as transcribed semi-structured interviews (phone conversations, face-to-face interviews and emails), recordings of casual conversations, observations recorded (using video, voice recordings and photos), field notes and information found on Facebook and the BHMA blog (Atkins & Wallace, 2012; Creswell, 2014; Guest *et al*., 2013; Yin, 2014). I do, however, want to mention that the face-to-face interviews with young adults living with Williams syndrome presented some challenges as these young adults seemed to struggle reflecting on their learning experiences. After engaging in various casual conversations with these young adults, I was however able to conduct a valuable interview with Thorny Rose and Sizzle was willing to answer some questions via email.

1.6.1.4. Data analysis: Thematic analysis

Before I started the data analysis process, I organised, anonymised and added all my data to one hermeneutic unit in ATLAS.ti 7 (Friese, 2014). ATLAS.ti 7 enabled me to notice, collect and think about the data (Friese, 2014) while generating a theory (see section 4.2.5 and Chapter 6) explaining how young adults living with Williams syndrome learn life skills through music. I applied process coding to focus on routine, activity, actions, behaviour, time and sequence during data analysis (Saldaña, 2013). Through thematic analysis, I engaged in an iterative process and paid attention to context-specific meaning, while acknowledging that the data analysis process was also informed by my unique perspective (Atkins & Wallace, 2012; Braun & Clarke, 2013; Butler-Kisber, 2010; Clarke, Braun & Hayfield, 2015).

1.7. Trustworthiness

Trustworthiness was firstly ensured by prolonged engagement at the data collection site and by including multiple sources as evidence during data collection (Butler-Kisber, 2010; Merriam & Tisdell, 2016; Yin, 2009). I took care to work rigorously during the processes of planning, data collection and data analysis, and I relied on my unique insight into the phenomena to inform both data collection and analysis (Butler-Kisber, 2010; Saldaña, 2015). I also ensured the trustworthiness of this study by collecting sufficient data to reach data saturation, acknowledging various explanations of phenomena, conducting negative case analysis, and ensuring originality, as my emerging themes were grounded in the data (Merriam & Tisdell, 2016; Saldaña, 2015). Furthermore, my study presented findings which could inform better practice and contribute to social change (Butler-Kisber, 2010).

1.8. Ethics

Before I started this research project, my research proposal went through a process of approval by the Research Ethics Committee of the Faculty of Arts, and the North-West University Institutional Research Ethics Regulatory Committee (NWU-IRERC), from which I received an ethics number (NWU-00476–15–A7) as confirmation that the study was approved. I contacted BHMA with details about my study when asking for permission to use the Academy as my data collection site before applying for ethical clearance. They agreed that I could collect data at the academy for this study, and accordingly, I compiled consent forms which all the participants needed to sign before I could start the interview and observation processes (Creswell, 2013; Guest *et al*., 2013). The consent forms provided the participants with all the necessary information about the aim of the study, the duration and nature of the data collection, and their rights as voluntary participants. I took care to act ethically at all stages of the study. I also made sure to respect the feelings of my participants: I was careful not to pursue topics that made my participants uncomfortable or to disclose any sensitive information learned during observations, semi-structured in-depth interviews, or casual conversations. I

took the time to ensure my participants' anonymity and not to publish any findings that made them uncomfortable (Creswell, 2013; Creswell, 2016; Creswell & Poth, 2017; Guest *et al*., 2013; Saldaña, 2015). Furthermore, I prevented my departure from negatively impacting the welfare of my participants by preparing them for the day that I would leave BHMA in advance. The positive relationships that I fostered during the six weeks that I spent at BHMA is evident by the fact that I am still in contact with some of my participants, as a few contacted me via social media and have kept in touch once in a while. I also gratefully acknowledge that my study was funded with a doctoral scholarship from the National Institute for Humanities and Social Sciences (project number: SDS15/1002).

1.9. Chapter Division

Chapter 1: Introduction and explaining the problem

Chapter 2: A conceptual framework explaining what life skills young adults who are intellectually divergent need to live well

Chapter 3: A conceptual framework explaining how young adults who are intellectually divergent learn life skills through music

Chapter 4: Procedures for this instrumental case study

Chapter 5: Findings explaining how young adults living with Williams syndrome learn life skills at Berkshire Hills Music Academy in Massachusetts, USA

Chapter 6: A discussion of the generated theory explaining how young adults living with Williams syndrome learn life skills through music; conclusion

Conclusion

In this chapter, I explained the problem of the study, which relates to educational systems' untapped potential regarding teaching life skills through music, a gap in the scholarly literature, and a lack of support of young adults living with Williams syndrome in the post-

secondary education system. This chapter also briefly discussed the procedures followed for this instrumental case study (which will be elaborated upon in Chapter 4). The next chapter will provide a conceptual framework that explores the life skills that young adults who are intellectually divergent need to acquire if they are to flourish.

CHAPTER TWO: EXPLAINING WHAT LIFE SKILLS YOUNG ADULTS WHO ARE INTELLECTUALLY DIVERGENT NEED TO LIVE WELL

Introduction

In this chapter, I shall discuss a conceptual framework explaining what life skills young adults who are intellectually divergent need to acquire. Although life skills education is emphasised in various school curricula internationally (Cassidy, Franco & Meo, 2018; Crow, 2007; Department of Basic Education, 2015; National Planning Commission, 2015; UNICEF, 2012), I have found little scholarly literature focused on life skills education at the post-secondary level, especially when it comes to the education of young adults who are intellectually divergent (Department of Higher Education and Training, 2013; Department of Public Service and Administration, 2010). Most of the scholarly literature that I found did not explicitly focus on life skills (for individuals who are intellectually divergent or developing typically), but instead touched on subjects relating to life skills such as coping, connecting with others and flourishing (Croom, 2014; Ebersöhn & Eloff, 2003; Gajewska & Trigg, 2016; Hodge, Danish & Martin, 2012; Prevatt & Prevatt-Hyles, 2012; Southcott, 2009; Tansey, Iwananga, Bezyak & Ditchman, 2017; Van der Merwe, 2015; Weinberg & Joseph, 2016).

I was surprised at how little existing literature focused on this topic, as the acquisition of life skills at the post-secondary level is vital for young adults who are intellectually divergent who wish to become independent and live fulfilling lives. Further, it is essential that life skills are taught at the post-secondary level, as learners do not always have the necessary life skills required to flourish when they leave secondary school (Cassidy *et al*., 2018). The conceptual framework presented in this chapter, therefore, differs from the literature mentioned above, as it draws specific focus to the life skills that young adults who are intellectually divergent need to acquire if they are to live well.

I want to emphasise that the life skills included in this conceptual framework are therefore skills specifically relevant for young adults who are intellectually divergent. However,

because these young adults have similar needs to those who are developing typically when it comes to learning life skills (Deguara *et al.*, 2012), not all the literature included in this chapter is focused on young adults who are intellectually divergent. I also drew on literature from the fields of music and wellbeing[6], education[7], music education[8], and psychology and music therapy[9], as well as education policy documents[10] in order to make this framework more applicable to the main research question of this thesis.[11]

This conceptual framework will thus be used as a theoretical lens for my data analysis (Chapter 5) and will inform the discussion (Chapter 6).

The research question guiding this chapter is as follows:

What conceptual framework, grounded in the scholarly literature, explains what life skills young adults who are intellectually divergent need to live well?

2.1. A conceptual framework explaining what life skills young adults who are intellectually divergent need to live well

According to Hodge *et al*. (2012), scholars have used terms such as "social-emotional learning, emotional intelligence, positive psychology, resilience, and character education" (p. 1127) as synonyms for life skills. Life skills generally include skills associated with cognitive abilities, personal and interpersonal skills (Botvin & Griffin, 2004; UNICEF, 2003; World Health Organisation, 1999), the ability to cope with anxiety, problem-solving skills as well as the level of life satisfaction that an individual experiences (Bastian *et al*., 2005). Educational programmes focused on teaching life skills therefore aim to support individuals in the

[6] Ansdell & DeNora, 2012; Croom, 2014; Habron & Van der Merwe, 2017; Southcott, 2009; Van der Merwe & Habron, 2018
[7] Ebersöhn & Eloff, 2003; Prevatt & Prevatt-Hyles, 2012
[8] Greenhead & Habron 2015; Van der Merwe, 2015
[9] Keyes & Haidt, 2003; Keyes, 2003; Meyer & Viljoen, 2008; Peterson & Seligman, 2004; Ryan & Deci, 2017; Saville, 2007; Seligman, 2011
[10] Department of Higher Education and Training, 2013; Department of Higher Education and Training, 2018; Department of Public Service and Administration, 2010; National Planning Commission, 2015
[11] What theory, generated from the scholarly literature and the data, explains how young adults living with Williams syndrome learn life skills through music?

development and application of self-management and psychosocial skills with the aim of positive behavioural change (Botvin & Griffin, 2004; UNICEF, 2003). Although life skills as a concept is often defined as the ability to cope with everyday challenges (Bastian *et al.*, 2005; Department of Basic Education, 2015; Ebersöhn & Eloff, 2003; UNICEF, 2003), identifying the specific skills needed to achieve this level of coping is contested. This problem is due to the notion that the nature of life skills as well as individuals' ability to cope with various challenges are context-specific and consequently determined by various cultural and social factors (Ebersöhn & Eloff, 2003; Hodge *et al*., 2012; WHO, 1999). It is, therefore, important to keep in mind that the specific life skills that a person requires might differ depending on the context they find themselves in as well as the challenges they have to overcome at a given time. The conceptual framework presented in this chapter (see Figure 2.1) accommodates this notion.

When conducting my literature reviews for both this chapter and Chapter 3, I followed the seven steps for a comprehensive literature review as explained by Onwuegbuzie and Frels (2016). This model identifies seven steps for conducting a comprehensive literature review which are all "multidimensional, interactive, emergent, iterative, dynamic, holistic and synergistic" (Onwuegbuzie & Frels, 2016, p. 54). I moved back and forth between steps until the conceptual frameworks were finalised. The steps that I followed were (Onwuegbuzie & Frels, 2016, p. 53, 55):

1. "Exploring beliefs and topics" relevant to the life skills that young adults who are intellectually divergent need to acquire, while keeping my interests, knowledge, experience and professional beliefs in mind;
2. searching for scholarly literature through databases such as EBSCOhost, the North-West University library catalogue, and Google Scholar;
3. "storing and organising the information" that I found on my computer and including selected literature in a heuristic unit in ATLAS.ti 7;

4. reading through the scholarly literature, identifying which documents had valuable information and coding selected the literature in ATLAS.ti 7 (“selecting/deselecting information”);
5. “expanding [my] search” by exploring media (YouTube, BHMA blog posts, various social media posts on Facebook); documents (BHMA pamphlets, marketing material, my personal journal); observations (my previous experiences with teens and young adults diagnosed with Williams syndrome as well as my 6-week data collection period) (Erasmus, 2014; Erasmus & Van der Merwe, 2017); and expert opinions (conversations I had with the staff, parents and students with various divergences at Berkshire Hills Music Academy);
6. “analysing and synthesising information” through thematic analysis and concept mapping (Baugh, McNallen & Frazelle, 2014; Bazeley, 2013; Clarke *et al*., 2015; Wheeldon & Faubert, 2009); and finally
7. “presenting [and explaining] my comprehensive literature reviews” as conceptual frameworks.

Through the above-mentioned seven steps, I identified seven life skills that young adults who are intellectually divergent need to acquire if they are to be able to flourish and cope with everyday challenges. The life skills in this conceptual framework (Figure 2.1) include:

1. coping;

2. connecting with others;

3. being hopeful;

4. feeling good;

5. vocational competence;

6. self-sufficiency; and ultimately

7. living well (the central and pivotal point in the framework).

I do, however, want to emphasise that although the life skills discussed in this framework might be relevant to all individuals, young adults who are intellectually divergent tend to find it more difficult than others to learn or might take longer to learn these life skills (Deguara *et al*., 2012; Gajewska & Trigg, 2016). The notion that the need to develop these specific life skills does not necessarily differ between individuals who are or are not intellectually divergent, strengthens the argument against labelling these individuals as having "special needs". Instead, it becomes clear that the life skills that young adults who are intellectually divergent need to develop are not different from other individuals (Gajewska & Trigg, 2016) but time must be taken to facilitate these skills in a manner that accommodated the learning needs of these individuals. In the article by Deguara *et al*. (2012), individuals who are intellectually divergent specifically mention how they often need help in their daily lives and that they find certain daily activities challenging. These daily activities are associated with going shopping, household chores, self-care and hygiene (feeling good, self-sufficiency), participating in the community and making friends (connecting with others, being hopeful, living well). Gajewsja and Trigg (2016) similarly write how many individuals who are intellectually divergent typically struggle with self-determination, taking control, finding employment, friendship building and independence and advocate that these intellectually divergent individuals need access to institutions where they can learn and practice these skills.

Consequently, education systems often do not equip learners who are intellectually divergent with the necessary tools to develop these skills (Cassidy *et al*., 2018; Department of Basic Education, 2015; Department of Higher Education and Training, 2013; Department of Higher Education and Training, 2018). It is therefore important to address these skills in post-secondary education. Music could be a valuable resource for assisting young adults who are intellectually divergent to acquire these necessary life skills (Ansdell & DeNora, 2012; Fillingham, 2007; Ockelford *et al*., 2002; Saville, 2007; Stickley *et al*., 2011; Weinberg & Joseph, 2016).

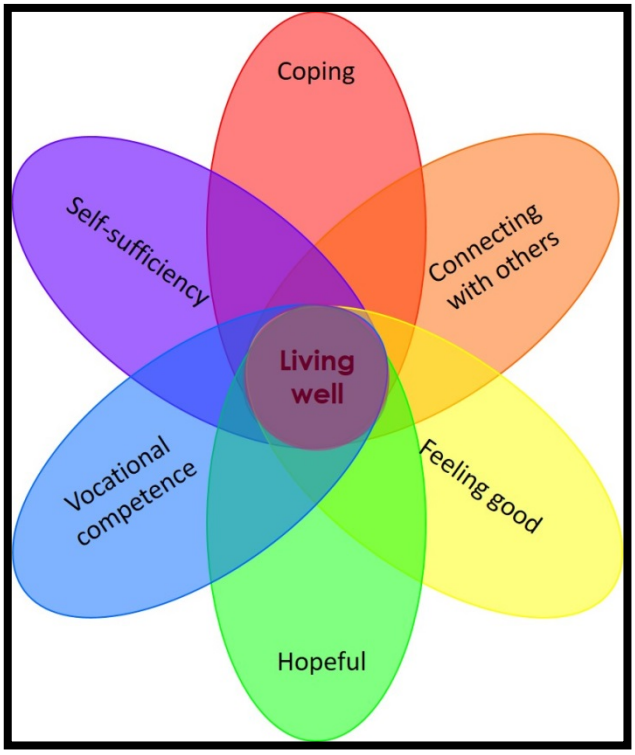

Figure 2.1 A conceptual framework, grounded in the scholarly literature, explaining what life skills young adults who are intellectually divergent need to acquire.

I want to take a moment to explain the relationship between the life skills included in this conceptual framework. It is essential to take note that all these life skills are related to, dependent on, and influenced by one another. For example, individuals who are intellectually divergent will not be able to build relationships with others if they cannot cope with everyday challenges, if they are not hopeful and if they do not experience positive emotions. Similarly,

one could also argue that meaningful relationships afford young adults who are intellectually divergent with the means to cope with everyday challenges, to be hopeful, to experience positive emotions and feel good. If these young adults do not feel good about themselves or their lives, they may struggle to gain vocational competence, for which they also need a support system (connecting with others). If the aspects enumerated above are not present in their lives, they will be less self-sufficient and ultimately will not be able to live a life well-lived. The notion that young adults who are intellectually divergent should be able to flourish if they learn the necessary life skills is what inspired the use of a flower shape and rainbow colours for this conceptual framework, as it represents life, happiness, new beginnings, promise, love and hope.

I further want to suggest that readers imagine the centre point of the conceptual framework in Figure 2.1 to be pivotal. The reason is that, as stated above in section 2.1, how life skills are defined depends on context. The life skills needed at a certain point in time are therefore also determined by the situation one finds oneself in. Consequently, it might be the case that, in certain situations, such as starting a new job, for example, young adults who are intellectually divergent might need coping skills, connection with others, self-sufficiency and vocational competence more than, for instance, being hopeful and experiencing positive emotions. Although the latter life skills are indeed still necessary, the individual will also need to cope in the new situation, rely on vocational skills, interact with new colleagues, and display self-sufficiency in order to experience success. If they experience success, they should then experience positive emotions and feel hopeful about their future. The conceptual framework can, therefore, be adjusted according to context: the required life skills can be placed next to, closer to, or even on top of each other. That being said, I do believe that the ability to cope plays a vital role in one's ability to live a meaningful life and directly impacts a person's ability to attain the other life skills identified in this conceptual framework. Hence, the ability to cope is placed at the top of the conceptual framework among the life skills that young adults who are intellectually divergent need to acquire (Figure 2.1).

2.1.1. Coping

Coping is one of the keywords in various definitions for life skills (Bastian *et al.*, 2005; Department of Basic Education, 2015; Ebersöhn & Eloff, 2003; Hodge *et al*., 2012; Prevatt & Prevatt-Hyles, 2012; UNICEF, 2003; World Health Organisation, 1999). It is therefore also the first life skill that I want to discuss as part of this conceptual framework, as I believe that the ability to cope has an influence on an individual's ability to connect with others (although I acknowledge that meaningful relationships are important factors in one's ability to cope), to be hopeful, to feel good, to have vocational competence, to be self-sufficient, and ultimately to live well (Figure 2.1). I also want to argue that a person cannot truly flourish (Croom, 2014; Keyes & Haidt, 2003) if they cannot deal with everyday challenges and stress (including among other things dealing with change, managing emotions, setting and attaining goals and time management) (Bastian *et al.*, 2005; Department of Basic Education, 2015; Keyes & Haidt, 2003; WHO, 1999; Zins, Wagner & Maher, 1985). Young adults who are intellectually divergent, therefore, need to develop the ability to cope with everyday challenges if they are to be successful in various environments including home life, school, work, and community life (Department of Basic Education, 2015; Hodge *et al*., 2012). The ability to cope is also associated with a person's ability to solve problems sufficiently, be resilient, be self-determined, and deal with emotions (World Health Organisation, 1999; Weinberg & Joseph, 2016).

Problem-solving skills relate to the virtues and character strengths identified by Peterson and Seligman (2004), as people need wisdom and knowledge, critical thinking skills, creativity and good judgement to solve problems effectively. Individuals who are intellectually divergent need to be able to identify situations that cause them stress and to then apply coping strategies to either remove the stressor from their lives or to deal with the challenge head-on (World Health Organisation, 1999). If individuals who are intellectually divergent have opportunities to develop skills which enable them to effectively identify and constructively solve problems, the result could be a direct influence on the levels of stress that these individuals

experience (World Health Organisation, 1999). The ability or inability to identify and solve problems could promote or inhibit individuals' wellbeing and ability to flourish (Croom, 2014; Seligman, 2011; World Health Organisation, 1999). Young adults who are intellectually divergent could solve problems more effectively and experience less stress if they practise self-regulative strategies such as meditation and breathing exercises (Weinberg & Joseph, 2016; World Health Organisation, 1999). These self-regulative strategies are often acquired through participation in music activities which might consequently enable them to become more resilient.

Seligman (2011) defines resilience as a person's ability to cope with life and adjust when things do not go according to plan. Young adults who are intellectually divergent need to develop skills associated with resilience if they are to make decisions self-sufficiently, solve problems, adapt in various circumstances, deal with emotions, and achieve success (Croom, 2014; World Health Organisation, 1999; Wissing, Potgieter, Guse, Khumalo & Nel, 2014). Resilience also links to the VIA Character Strengths identified by Peterson and Seligman (2004) which include strengths associated with wisdom and knowledge, courage, humanity, justice, temperance and transcendence. Therefore, resilience relates to the character strengths of self-regulation[12] (temperance), emotional intelligence[13] (humanity) and perseverance[14] (courage). If young adults who are intellectually divergent display resilience, they should in turn also be more mindful, which is an important skill to acquire in order to cope with everyday challenges (Ryan & Deci, 2017). Further, if young adults who are intellectually divergent are mindful, they should also experience gratitude and transcendence (Peterson & Seligman, 2004). Young adults who are intellectually divergent should, therefore, have opportunities to develop resilience, as these opportunities could enable them to be more

[12] Self-regulation is defined as the ability to control one's emotions and behaviour, which in turn determines how a person adapts and copes (Stosny, 2011).
[13] Emotional intelligence is defined as the ability to understand and regulate one's own emotions as well as to understand the emotions of others (Mayer, Caruso & Salovey, 2000).
[14] Perseverance is the ability to persist with something despite difficulty or slow progress (Merriam-Webster, n.d).

engaged and have the means to build positive relationships (Croom, 2014). Resilience is similarly closely related to self-determination theory (Ryan & Deci, 2017), as social support (relatedness) can either support or inhibit autonomy — and consequently a person's capacity for self-regulation.

Self-determination (Ryan & Deci, 2017) could have a positive influence on the amount of stress that people experience, as those who display autonomy, relatedness and competence tend to cope with stress more easily (Hodge *et al*., 2012). Self-determination is regarded as one of the criteria for flourishing (Seligman, 2011) and it could, therefore, contribute towards an individual's ability to live well. The degree to which young adults who are intellectually divergent display abilities associated with autonomy, relatedness and competence could consequently determine their quality of life (Gajewska & Trigg, 2016). Self-determination theory (Ryan & Deci, 2017) does not, however, view an individual in seclusion from their environment, but rather it acknowledges that social environments can either contribute positively towards an individual's ability to flourish or hinder the process. Self-determination theory, and consequently the concepts of autonomy, competence and relatedness, are therefore crucial as constituents of the set of life skills that young adults who are intellectually divergent need to acquire if they are to live well. These notions of relatedness and connection within a social environment is supported by self-determination theory (Ryan & Deci, 2017) which recognises that people do not live in isolation but that we can flourish, at least to some degree, due to the connection and support that we find in our social communities.

2.1.2. Connecting with others

Young adults who are intellectually divergent need to acquire skills which will enable them to connect with others by developing the ability to effectively communicate, build meaningful friendships, experience a sense of belonging, strengthen community, and develop positive behavioural patterns. The ability to connect with others, consequently, plays an essential role in the meaning that young individuals who are intellectually divergent experience

in their lives (Croom, 2014; DeNora, 2013). Therefore, connecting with others is one of the life skills included in the conceptual framework (Figure 2.1), as it is my view that if young adults who are intellectually divergent are not able to connect with others and cope, then they will struggle to attain any of the other life skills identified in this conceptual framework.

The life skill of connecting with others is associated with the humanity virtue, which includes character strengths relating to love, kindness and social intelligence (Peterson & Seligman, 2004). If young adults who are intellectually divergent are to have opportunities to connect with others, educational programmes need to be designed in a way that will support them in developing kindness, experiencing love, and loving others while improving their social intelligence (Park, Peterson & Seligman, 2004). Furthermore, if young adults develop a zest for life, and can appreciate and display a sense of humour and humility (Park *et al*., 2004; Peterson & Seligman, 2004), they should thereby be able to connect with others more easily.

Music can be a means through which young adults who are intellectually divergent can connect with others by learning how to express themselves (Southcott, 2009), as these individuals often find it challenging to communicate effectively (Ansdell & DeNora, 2012; Darrow & Adamek, 2012; Department of Higher Education and Training, 2018; Fillingham, 2007; Saul, 2007). Authors (Greenhead and Habron, 2015; Van der Merwe, 2015) have found that, through engagement in music activities with others, people can express themselves through movement and non-verbal interaction. Young adults who are intellectually divergent could consequently learn how to effectively express their emotions, opinions, fears, desires and needs (World Health Organisation, 1999) verbally and musically if they have physical experiences to guide them in identifying and dealing with these feelings.

The ability to effectively communicate is important when seeking to connect with others, as it has a direct influence on the ability to build meaningful friendships such as those built by young adults who are intellectually divergent (Hodge *et al*., 2012; WHO, 1999). Similarly, Southcott (2009) speaks of the importance of building relationships and states that through participation in music activities, individuals can find support (Gajewska & Trigg, 2016)

and care for each other when relationships are formed. Research has also shown that engagement in music activities allow people to find connection which positively influences their psychological health and interpersonal relationships (Croom, 2014; Van der Merwe, 2015). Music could thus be a valuable resource in the learning process of young adults who are intellectually divergent, as it could allow them to connect with others and foster meaningful relationships (Gajewska & Trigg, 2016; Van der Merwe, 2015; Weinberg & Joseph, 2016). For these individuals, the ability to connect with others and form meaningful relationships is consequently vital for wellbeing and the ability to live well (DeNora, 2013; Keyes & Haidt, 2003; Prevatt & Prevatt-Hyles, 2012).

I share Nisbet's (1953) notion that, as human beings, one of our ultimate quests in life is to experience a sense of belonging, and that this sense of belonging and relatedness plays a vital role in whether we view our lives as well-lived or not. Croom (2014) also supports this argument by writing that the need to belong is a powerful motivation and that a lack of attachment could negatively impact a person's ability to adjust as well as inhibiting their wellbeing. This notion of belonging is essential to consider when referring to the life skills that young adults who are intellectually divergent need to acquire, as they often struggle to experience a sense of belonging and relatedness to others (World Health Organisation, 1999; Wissing *et al.*, 2014). A study by Deguara *et al.* (2012) does, however, mention that participants who are intellectually divergent expressed similar needs to individuals without disabilities in the sense that they want to belong and contribute to their communities.

According to DeNora (2013), music not only allows us to connect with others: it also strengthens community through fostering connection and a sense of belonging (Prevatt & Prevatt-Hyles, 2012). This feeling of relatedness (Croom, 2014; Ryan & Deci, 2017; Seligman, 2011) enables young adults who are intellectually divergent to belong to a community in which they receive and also provide social support (Gajewska & Trigg, 2016; WHO, 1999), thus contributing to their communities (Department of Basic Education, 2015). This notion is related to the character strength of citizenship (Park *et al*., 2004), through which young adults who

are intellectually divergent can function well as part of a group and display social responsibility and loyalty. Young adults who are intellectually divergent want to be valued within their communities, and it is therefore important that educational programmes focus on developing the skills that they need to be able to contribute socially and economically to their communities, families, and society (Baker & Leonard, 2017; Department of Basic Education, 2015).

If young adults who are intellectually divergent are to play an active role in their communities, it is essential that they also develop skills associated with positive behavioural patterns (WHO, 1999). These skills include the ability to respect others (Department of Basic Education, 2015; Prevatt & Prevatt-Hyles, 2012), treat others fairly, show forgiveness, act with integrity, be kind, display humility (Peterson & Seligman, 2004), show empathy (WHO, 1999) and to tolerate others (Gajewska & Trigg, 2016). According to Gajewska and Trigg (2016), people who are intellectually divergent have the opportunity to learn to control their emotions and temper (if applicable) through participation in music activities and consequently to display more tolerance for diversity (Department of Basic Education, 2015; National Planning Commission, 2015). If young adults who are intellectually divergent have the necessary skills to connect with others, express themselves and communicate effectively, build meaningful relationships, belong, be part of a community, and develop positive behavioural patterns, they should, as a result, also experience positive emotions.

2.1.3. Feeling good

The ability to feel good and experience positive emotions is a key theme in positive psychology (Prevatt & Prevatt-Hyles, 2012; Wissing *et al.*, 2014). Feeling good has been used as a term synonymous to life skills (also see section 4.1.). I also agree with Croom (2014) and Fredrickson (2006) that feeling good is important if individuals are to live well. Therefore, I also believe that it is a vital life skill that young adults who are intellectually divergent need to acquire if they are to live their lives well — an assertion which correlates with Franklin's (2010) notion that the ability to be happy is not only important for feelings of pleasure, but also crucial for self-realization. Happiness enables us to reach our potential (Franklin, 2010) by

determining our confidence, self-determination (Ryan & Deci, 2017), life satisfaction, hope (Snyder, 2002) and meaning: factors which could in turn lead towards a fulfilling life (Seligman, 2002). Participation in music activities could provide young adults who are intellectually divergent with the opportunity to improve their happiness, as research has found that music provokes positive emotions in both people who are and are not intellectually divergent (Gajewska & Trigg, 2016; Van der Merwe, 2015).

Music further provides opportunities for people to feel happy as it has been shown to help with mood regulation (Southcott, 2009; Weinberg & Joseph, 2016). Active participation in music activities has been found to promote relaxation in participants (Greenhead & Habron, 2015; Van der Merwe, 2015; Weinberg & Joseph, 2016) while affording them the opportunity to experience joy, which is an essential aspect in wellbeing (Croom, 2014; Keyes, 2003) and specifically hedonic wellbeing (Kahneman, Diener & Schwarz, 1999). It is important that young adults who are intellectually divergent develop the skills required to identify what makes them happy, as this identification could ultimately influence not only their mood and subjective wellbeing (Kahneman *et al.*, 1999; Guse, 2014), but also their ability to flourish (Seligman, 2011). If young adults who are intellectually divergent can notice and appreciate the beauty in life (Park *et al*., 2004), for example through music, they could, as a result, be happier.

I believe that if young adults who are intellectually divergent cannot find happiness, then they will be inhibited from developing the other life skills included in this conceptual framework (Figure 2.1). Without happiness and hope (Peterson & Seligman, 2004), these young adults might not have the will to strive towards reaching their goals (Snyder, 2002), to persevere (Park *et al.*, 2004), to improve their circumstances or to connect with others. They may not then believe in their ability to cope with the challenges present in their everyday lives (Franklin, 2010). If young adults who are intellectually divergent are exposed to experiences which evoke feelings of happiness to the extent that these experiences have a positive influence on their wellbeing and ability to flourish (Croom, 2014; Fredrickson, 2006; Seligman, 2011), this exposure — which could take place through music programmes — could support

the development of a state of mind wherein these young adults can be hopeful about their lives and their future.

2.1.4. Hopeful

Being hopeful plays a vital role in a person's ability to live life well, to be happy, to believe in themselves and their abilities, to strive towards fostering meaningful friendships, and to set and chase their goals (Emmons, 2003; Peterson & Seligman, 2004; Prevatt & Prevatt-Hyles, 2012; Seligman, 2002; Snyder, 2002). In the *Report on the implementation of Education White Paper 6 on inclusive education*, the Department of Basic Education (2015) states that the Life Skills subject intends to prepare learners for life and its possibilities which, in my opinion, is closely related to the ability to set and chase goals. Similarly, without hope, people will struggle to be optimistic (Peterson & Chang, 2003; Seligman, 2011) about the various possibilities that life has to offer.

In Snyder's (2002) hope theory, he argued that people who are hopeful tend to think about their future, set more demanding goals for themselves and believe in their ability to attain their goals (agency thinking), and that they are therefore often more successful in attaining these goals (pathways thinking) than people who are not hopeful. Hope theory could be of value when planning programmes for teaching life skills through music to young adults who are intellectually divergent, as hope theory is future-oriented (Park *et al*., 2004) and therefore does not only focus on overcoming challenges at a certain point in time, such as the present moment. Further, hope theory (Snyder, 2002) is not bound to a particular context, but instead it focuses on enabling people to be resilient (Ryff & Singer, 2003), to persevere (Park *et al*., 2004) and adapt in various situations while keeping individual capabilities and goals in mind. I also consider hope theory to be valuable for my thesis since it specifically aims not to label people, which could lead to people living their lives and judging their capabilities according to the labels imposed on them. The notion of labelling, then, also applies to young adults who are intellectually divergent, as society often describes and judges them as not

being able to achieve certain goals, such as having a successful career, caring for themselves, and being independent.

It is important for young adults who are intellectually divergent to learn how to be hopeful if they are to flourish (Keyes, 2003; Seligman, 2011) and be successful. The educational system consequently needs to provide young adults who are intellectually divergent with the tools that they need to be goal-oriented (Emmons, 2003; Hodge *et al*., 2012; Snyder, 2002), optimistic (Peterson & Chang, 2003; Seligman, 2011; Weinberg & Joseph, 2016) and hopeful (Park *et al*., 2004; Snyder, 2002). These qualities could contribute to these young adults experiencing success in their communities, including the workplace.

2.1.5. Vocational competence

The notion of having a successful career is a dream for many young adults (Prevatt & Prevatt-Hyles, 2012), including those who are intellectually divergent. Yet many young adults who are intellectually divergent struggle to find suitable employment (Department of Higher Education & Training, 2018; Gajewska & Trigg, 2016), mostly because the education system has failed them by not adequately focusing on developing their vocational skills. Hence, the education system must provide young adults who are intellectually divergent with programmes at the post-secondary level which focus on teaching them the skills and competencies they need to succeed within the workplace (Department of Basic Education, 2015; Prevatt & Prevatt-Hyles, 2012) as is the case for individuals without disabilities. If young adults who are intellectually divergent can find a sustainable income, they will feel a sense of accomplishment by being able to contribute to their families and communities financially, which could in turn determine their happiness (Franklin, 2010), sense of self, and wellbeing (Croom, 2014; Seligman, 2011).

Educational programmes consequently need not only to assist young adults who are intellectually divergent in developing the knowledge needed to succeed in their chosen profession, but also to equip them with the required social, personal and cognitive skills to

succeed in the workplace (Hodge *et al*., 2012; Tansey *et al*., 2017; World Health Organisation, 1999). These programmes must, therefore, enable young adults to improve their perseverance and zest for life (Park *et al*., 2004) in order to cope with challenges they might face in the workplace. As with most young adults, those who are intellectually divergent experience a greater sense of self and a feeling of belonging, achievement and improved confidence when they excel at their vocation.

2.1.6. Self-sufficiency

One of the personal skills required to succeed in the workplace and life is the ability to be self-sufficient. According to Tansey *et al*. (2017), self-sufficiency is an important factor to consider regarding readiness for employment, as it is a necessary skill to cope with challenges (Dodge, Daly, Huyton & Sanders, 2012; Meyers, 2011). If young adults who are intellectually divergent develop skills associated with self-sufficiency, they should be able to take control of the course of their lives by making informed life decisions, setting their own goals and working towards achieving said goals (Department of Basic Education, 2013; Gajewska & Trigg, 2016; Hodge *et al*., 2012; Park, Peterson & Seligman, 2004; Peterson & Seligman, 2004; Snyder, 2002; World Health Organisation, 1999). Self-sufficiency will, in turn, allow them to feel empowered and become independent (Deguara *et al.*, 2012; Department of Basic Education, 2013; Gajewska & Trigg, 2016).

Self-sufficiency is not merely a result of intrinsic motivation, but also reflects social support and environmental factors which play an essential role in the extent to which an individual will be able to function in a self-sufficient manner (World Health Organisation, 1999). According to the World Health Organization (1999), self-sufficiency is essential for relationship building, empathy and effective communication. The level of self-sufficiency that young adults who are intellectually divergent display is also determined by their self-awareness (Department of Basic Education, 2015; World Health Organisation, 1999), self-esteem (Hodge *et al*., 2012; Weinberg & Joseph, 2016; World Health Organisation, 1999), confidence and

competence (World Health Organisation, 1999), as well as their ability to effectively solve problems and make informed decisions.

Ebersöhn (2003) argues that identity determines behaviour and that self-awareness, self-confidence, self-worth and self-concept are vital aspects to be considered when referring to an individual's ability to cope with everyday challenges. I do agree with her to a certain degree, since I believe that one's identity influences self-sufficiency and how a person deals with challenges and reacts to certain circumstances. However, identity and self-sufficiency is not more important than the influence of community and connection on a person's ability to cope with life's challenges and to flourish. According to Meyer and Viljoen (2008), a person's identity is not formed without reference to their environment, as people, including young adults who are intellectually divergent, shape their identities according to social interactions, culture, community and beliefs. That being said, Ebersöhn (2003) does acknowledge that identity is a fluid concept and that it might differ across various situations. It is my opinion that insufficient emphasis is placed on the social aspect of identity formation, although it is mentioned in her writings. The extent to which young adults who are intellectually divergent can be self-sufficient is therefore influenced by their identities, which are not only determined by intrapersonal processes but also by interpersonal interaction. If young adults who are intellectually divergent successfully develop skills associated with self-sufficiency, they should be able to reach their full potential (Department of Basic Education, 2015), which could ultimately determine their wellbeing (Franklin, 2010).

2.1.7. Living well

The ability to live well was identified as the central, pivotal point of the conceptual framework presented in this chapter (Figure 2.1). If young adults who are intellectually divergent can cope with everyday challenges, connect with others, feel good, be hopeful, acquire vocational competence and be self-sufficient, they should be able to live a life well-lived (Prevatt & Prevatt-Hyles, 2012) and experience enhanced wellbeing (Ansdell & DeNora, 2012; Croom, 2014; Department of Basic Education, 2015; Gable & Haidt, 2005; Keyes &

Haidt, 2003; Wissing *et al.*, 2014). Croom (2014) argues that participation in music activities could contribute towards living a good life, as it positively influences individuals' relationships, emotions, sense of meaning, engagement and accomplishment. Participation in music activities could then similarly support young adults who are intellectually divergent and allow them to flourish.

According to Keyes (2003), individuals who flourish can function well on a personal and social level within their communities and live their lives with meaning and purpose. Flourishing is also associated with a person's ability to negotiate stressors and challenges in everyday life, which implies resilience (Ryff & Singer, 2003). Seligman (2011) writes that positive psychology focuses specifically on "happiness, flow, meaning, love, gratitude, growth, better relationships" (p. 2) and that these qualities contribute to human flourishing. These qualities correlate with the virtues and character strengths identified by Peterson and Seligman (2004) which include the ability to love, be grateful, function well within social environments, display social intelligence and be hopeful, which could ultimately determine the extent to which young adults who are intellectually divergent can live their lives well.

Emmons (2003) and Ryan and Deci (2017) also write about finding meaning in life and living well, arguing that the quality and degree of meaning that a person experiences are linked to their goals and their ability to attain the goals (Snyder, 2002) they set for themselves. The degree to which a person experiences a sense of meaning not only has an influence on a person's happiness and life satisfaction, but also lessens depression (Emmons, 2003; Seligman, 2002). I think that the ability to set and strive towards goals and be hopeful is essential if young adults who are intellectually divergent are to live their best lives. It is my perspective that young adults who are intellectually divergent will be able to live well if they can develop the necessary skills to adapt to and cope with challenges in their everyday lives, to connect with others and contribute to their communities, to be hopeful, to feel good, to be vocationally competent and to be self-sufficient.

Conclusion

This chapter presented an original conceptual framework setting out the life skills that young adults who are intellectually divergent need to acquire, doing so by drawing on theories related to self-determination (Ryan & Deci 2017), hope (Snyder, 2002), and flourishing (Croom, 2014); an existing conceptual framework for life skills interventions (Hodge *et al*., 2012); "a theoretical framework for life skills in guidance counselling" (Ebersöhn, 2003, p. 50); the VIA Virtues and Character Strengths (Peterson & Seligman, 2004); and by including scholarly literature from the disciplines of education, music education, psychology, music therapy as well as music and wellbeing. It is my view that, if the education system provides young adults who are intellectually divergent with post-secondary education programmes that facilitate the development of coping skills, the ability to connect with others, to develop vocational competence, to experience feelings of hope and joy, and to be self-sufficient, then they will be able to live their best lives. The conceptual framework presented in this chapter informs my data analysis (see Chapter 5) as well as the conceptualisation of the theory of how young adults with Williams syndrome develop life skills through music, which is presented in Chapter 6. The next chapter will present a second conceptual framework which explains how young adults who are intellectually divergent learn life skills through music.

CHAPTER THREE: EXPLAINING HOW YOUNG ADULTS WHO ARE INTELLECTUALLY DIVERGENT LEARN LIFE SKILLS THROUGH MUSIC

Introduction

This chapter presents a conceptual framework to explain how young adults (see section 1.4.1.1) who are intellectually divergent[15] (see section 1.4.1.2) learn life skills (see section 2.1) through music. Although I discussed a conceptual framework explaining what life skills young adults who are intellectually divergent need to acquire in Chapter 2, it is necessary to know how young adults who are intellectually divergent can develop these life skills (Figure 2.1) through music, since this speaks directly to my main research question[16]. The purpose of this conceptual framework, therefore, is to explain how young adults who are intellectually divergent learn life skills through music.

The research question guiding this conceptual framework is:

What conceptual framework, grounded in the scholarly literature, explains how young adults who are intellectually divergent learn life skills through music?

In creating this conceptual framework, I analysed literature on learning theories (Amann, 2003; Beard & Wilson, 2006; Bowman & Plourde, 2012; David, 2007; Jamenez & Bowder, 2010; Jarvis, 2010; Knowles, Holton & Swanson, 2015; Kolb & Kolb, 2009; Merriam, 2009), as well as literature from the fields of:

1. music education (Darrow & Adamek, 2012; Elliott & Silverman, 2015; Eren, 2014; Jellison, 2012; McPherson & Welch, 2012);

[15] I do not specifically focus on young adults living with Williams syndrome in this chapter, as there is a lack of scholarly literature (see section 1.1.2.) on how young adults living with Williams syndrome learn through music or how they learn life skills through music.
[16] What theory, generated from the scholarly literature and the data, explains how young adults living with Williams syndrome learn life skills through music?

2. music therapy (Ansdell, 2004; Ansdell & DeNora, 2012; Bunt, 2003; Bunt & Stige, 2014; Fillingham, 2007; Saul, 2007; Watson, 2016);
3. therapeutic music education (Adamek & Darrow, 2007; Eren, 2014; Mitchell, 2016; Ockelford, 2012)
4. community music therapy (Ansdell & DeNora, 2016; Pavlicevic & Ansdell, 2004; Stige & Aarø, 2012);
5. community music (Bartleet & Higgins, 2018; Higgins, 2012; Higgins, 2018; Higgins & Willingham, 2017; Price, 2018); and
6. music in everyday life (Ansdell, 2016; DeNora, 2013; Habron, 2014; MacDonald, Kreutz & Mitchell, 2012).

The theoretical framework created by MacDonald *et al*. (2012), which defines four domains (music education, music therapy, and community music and music in everyday life) when referring to music as a resource for wellbeing, guided my choice of literature for this chapter. I do want to emphasise, however, that this is not a music therapy or psychology study, even though a substantial amount of literature included in this chapter is situated in these fields. This focus is partially due to the insufficient scholarly literature on young adults who are intellectually divergent within in the fields of education and music education. The scarce scholarly literature could also be ascribed to the fact that the needs of young adults who are intellectually divergent are not yet sufficiently accommodated by education systems (see section 1.1.3).

There is a lack of existing research in music education, and general education, focused on young adults who are intellectually divergent, and specifically on how music enables these individuals to reach non-academic and life skills-based outcomes (see section 1.1.2) (Ockelford *et al*., 2002). Although I do acknowledge that academic skills are important for the acquisition of life skills, I decided to focus on non-academic skills, as young adults have typically already completed academically-focussed education programmes when they enter the post-secondary educational environment.

3.1. Music as a resource for wellbeing for young adults who are intellectually divergent

The conceptual framework for music, health and wellbeing as developed by MacDonald *et al.* (2012) reveals that music education, music therapy, community music and the everyday uses of music directly influence an individual's sense of wellbeing and can, therefore, be used as means to enhance wellbeing. I have, however, included therapeutic music education into the framework, as there are many characteristics which music education and music therapy share (see section 3.1.5). Furthermore, I added musicing (Elliott & Silverman, 2015) to the framework as, in my opinion, musicing (see section 3.1.1) is at the centre of music education, music therapy, community music and music in everyday life. This statement is based on the premise that young adults who are intellectually divergent need to have opportunities to participate in music activities such as music making and music listening if music can be used as a means for enhancing their wellbeing. Finally, I added community music therapy as I believe there are similarities between the fields of music therapy and community music which is also supported by writings by Higgins (2012; 2018) (see section 3.1.6).

Music could influence the wellbeing of young adults who are intellectually divergent by enabling them to acquire life skills through social interaction (DeNora, 2013). Even though there is still a lack of research on how young adults who are intellectually divergent learn life skills through music (specifically in the music education and music therapy fields), there has been an increase of music therapy publications focused on how individuals who are intellectually divergent learn through music in recent years (Davies & Richards, 2002; Pavlicevic, 2012; Richards, 2007; Watson, 2007a; Watson, 2016). Music as a resource for the wellbeing of young adults who are intellectually divergent will now further be discussed in terms of musicing, music in everyday life, music education, music therapy, therapeutic music education, community music therapy and community music (see Figure 3.1).

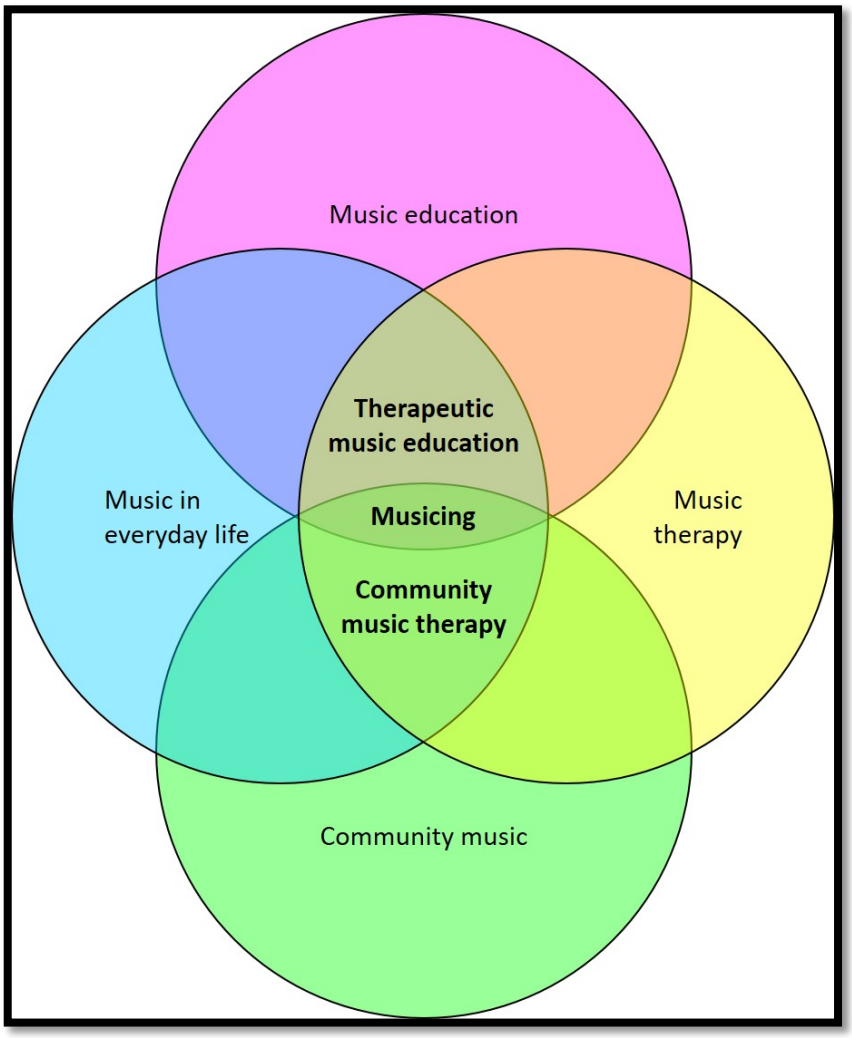

Figure 3.1 Music as a resource for wellbeing for young adults who are intellectually divergent: An adaptation of the conceptual framework for music, health and wellbeing by MacDonald *et al.* (2012, p. 8).

3.1.1. Musicing

The term “musicing”, in essence, refers to the process of making music. It involves procedural knowledge as well as musical knowing and includes performing, composing, improvisation, conducting and arranging (Elliott, 1993; Elliott & Silverman, 2015). The term is ultimately associated with a musical experience that has formal and informal music performance at its core. Musicing and musical understanding further rely on the embodiment of both musical thinking and knowing. Elliott & Silverman (2015) argue, however, that musical performance and music listening cannot be viewed as separate entities but that each informs

the other. Therefore, individuals cannot develop as competent musicians if they do not have the ability to listen well while making music. According to Elliott (1993) this ability to engage in both music listening and music making simultaneously could contribute towards the extent to which individuals have meaningful music experiences.

The act of musicing is important to consider for this thesis, as I argue that young adults who are intellectually divergent can acquire life skills when they engage in meaningful musical experiences: in other words, musicing. It is consequently important that educators and therapists provide opportunities for young adults who are intellectually divergent to experience a variety of music activities with performance at the core of their experiences. These music experiences are crucial if these individuals are to have opportunities to experience personal, social and emotional wellbeing (Bunt, 2003) in their everyday lives and to acquire the skills necessary to become independent.

3.1.2. Music in everyday life

Researchers such as Ansdell (2016), Ockelford (2012) and Mitchell (2016) have broken down the barriers between music therapy and music education, arguing that the two fields are not as far removed from each other as was once thought. Similarly, Habron (2014) made conceptual links between music therapy and Dalcroze Eurhythmics and argues that both Dalcroze Eurhythmics and music therapy have communicative characteristics. Habron (2014) further argues that both Eurhythmics and music therapy have the potential of improving participants' wellbeing. These arguments are based on the principle that music education and music therapy both have extra-musical as well as musical aims, and that the fields are, and should be seen as, complementary. The notion that music therapy and music education are closely related is a significant aspect to consider when referring to how young adults who are intellectually divergent learn life skills through music, as a vast amount of existing research in this field is rooted in music therapy, group music, and community music contexts. Consequently, I argue that we need to include aspects of music therapy, group music and

community music in post-secondary education contexts as one cannot disregard the fluidity between these fields.

As part of my process of developing a conceptual framework explaining how young adults who are intellectually divergent learn life skills through music, I deemed it instructive to briefly refer to Ansdell's (2016) appraisal of the ground-breaking work of DeNora (2013) in her book "Music asylums: wellbeing through music in everyday life". Ansdell (2016) explains that DeNora's (2013) focus on music in action holds much value and supports her notion that music should be relevant for people in real life if they are to experience personal growth and ultimately personal and social wellbeing. DeNora (2013) argues that music could provide people with a place of refuge and asylum through which they can connect with others, strengthen community relationships, feel pleasure, cope and strengthen their identities. DeNora's argument has relevance for this conceptual framework, as the ability that young adults who are intellectually divergent possess to build relationships within their communities and to develop their sense of self are essential when they strive towards developing their life skills to reach independence. It could, therefore, be argued that these skills have to be fostered in their learning and that their learning can, therefore, be facilitated by music.

If young adults who are intellectually divergent are to acquire life skills through music, it is necessary to reflect on the influence that wellbeing has on learning. It is recognized that optimal learning takes place when a person feels safe, motivated and accepted, and when they have a strong sense of self (Merriam, 2008). Furthermore, if life skills are to be learnt through music, it is vital that music activities address the challenges that individuals face in their daily lives in order for music activities to be used as a means for overcoming these challenges (DeNora, 2013).

As stated in section 1.4.1.2, individuals who are intellectually divergent face, *inter alia*, challenges concerning communication, maintaining friendships, dealing with transitions, sustaining employment and coping with anxiety (Richards, 2007; Watson, 2016). DeNora (2013) specifically speaks about music's ability to enable people who face life challenges related to mental health issues and disability to be emotionally expressive, communicative, to

connect with others, to take on certain social roles and ultimately cope (see section 2.1 and Figure 2.1). Her focus on music in everyday life certainly relates to the central question of this chapter, as the aim is to explain how music helps young adults who are intellectually divergent to acquire life skills which they need in order to function as part of the community. By studying the work of Ansdell (2016) and DeNora (2013), it becomes clear that participation in music activities could play an essential role in assisting young adults who are intellectually divergent in acquiring life skills, since music activities support the development of skills needed to cope with the challenges of everyday life. Music education could, therefore, provide opportunities for young adults who are intellectually divergent to engage in activities that address these struggles within a safe environment.

3.1.3. Music education

Music education refers to educational settings in which the main purpose is for music educators to facilitate students' development of certain skills and acquisition of knowledge about music (Eren, 2014; Mitchell, 2016). According to Myers (2012), music educators, and specifically those working with adults, should aim towards creating lifelong learning experiences (McPherson & Welch, 2012) that will contribute to creating a better society by providing opportunities for community engagement through musical activity (Elliott & Silverman, 2015). Veblen (2012) supports this argument by maintaining that music learning in adulthood should be rooted in social contexts. Eren (2014) also lists the positive ways in which music and music education could influence social interaction for individuals who are intellectually divergent. Therefore, young adults who are intellectually divergent, could stand to benefit from participation in music activities with others.

When working with individuals who are intellectually divergent, music educators focus on reaching musical goals as well as identifying other developmental areas that these individuals struggle with (Eren, 2014; Ockelford, 2012). These developmental areas include, but are not limited to, social development, emotional development, cognitive development,

psychomotor development, daily life skills and independence. It is therefore important that music educators do not teach based on assumptions about what young adults who are intellectually divergent must learn, as they will then be mere instructors. Music educators need to be sensitive to the unique needs of their students and become “models of intellectual, aesthetic and moral life” (Noddings, 2015, p. 5). Music educators should also carefully consider the ways in which they provide opportunities for authentic music-making in their curricula (Elliott & Silverman, 2015). Careful observation and reflection could enable educators and therapists to design educational or therapeutic music interventions (Noddings, 2015) that will support young adults who are intellectually divergent in acquiring the life skills that they need to become independent citizens.

3.1.4. Music therapy

Music therapy is an intervention process aimed at preserving and regaining personal health (Edwards, 2016; Eren, 2014) while drawing focus to providing individuals with opportunities for therapeutic growth (personal and developmental growth) through human relationships and music-making (Eren, 2014; Mitchell, 2016). Music therapy further focuses on meeting the needs of individuals struggling with “self-confidence, communication, social engagement, and expression of feelings” (Edwards, 2016, p. 8). Music therapy utilises music experiences as well as the relationships that develop from these experiences to spark personal change (Bruscia, 1998). Mitchell (2016) further argues that music therapists are primarily focussed on supporting individuals in reaching their full potential by concentrating on their personal needs. Music therapists also need to be aware of and sensitive to the various cultural and social backgrounds of the individuals that they work with, as these personal backgrounds must ultimately inform their practice (Edwards, 2016).

One of the aims of music therapists is to create environments in which patients develop the ability to reflect on, manage and take control of the process of change, and to regulate and manage their behaviour (Edwards, 2016; Richards, 2007). Richards (2007) further

emphasises that music therapists focus not only on addressing symptoms or immediate behaviour, but rather on addressing the causes of these behavioural patterns. Within a music therapy context, young adults who are intellectually divergent are thereby able to develop personal, communicative, social and behavioural skills, which will enable them to interact with others within their communities by addressing certain behavioural and personal challenges (Mitchell, 2016; Thompson & McFerran, 2015). This process, facilitated by music therapy, and which is consequently also present in therapeutic music education, could be a vital part of developing the life skills needed to cope with everyday challenges, as young adults who are intellectually divergent will have had opportunities to experiment with new behaviours and coping strategies within a safe environment before having to cope in other, potentially more challenging areas of life (Richards, 2007; Watson, 2007d).

3.1.5. Therapeutic music education

Therapeutic music education, as defined by Mitchell (2016), refers to contexts in which a music educator "recognises the potential for students to achieve personal growth alongside musical growth and intentionally works towards both with students" (p. 22). Music education, therefore, becomes therapeutic when educators recognise that the potential for personal growth exists within music education (Ockelford, 2012). Eren (2014) argues that the educative and therapeutic uses of music are inseparable, and that music lessons or educational settings should ultimately include aspects of both. When referring to special music education, one of the key concerns is a focus on the difficulties that students face because of a particular developmental or physical challenge, coupled with the aim of providing them with tools for overcoming or coping with these challenges (Mitchell, 2016; Ockelford, 2012). The distinction between music education and music therapy is therefore not clear-cut and the two should instead be viewed as being complementary (Adamek & Darrow, 2007; Eren, 2014; Ockelford, 2012).

In a setting where music educators recognise the therapeutic potential of music education, students have opportunities to discover themselves and reach self-actualisation. When educators acknowledge the relationship that their students have with music, they can use music as a medium for helping students reach goals of personal growth (Eren, 2014; Mitchell, 2016). Mitchell (2016) ultimately found that musical expression can directly be linked to personal expression and that musical and personal growth should be regarded as parallel processes.

However, it is important to emphasise that the relationship between the educator and the student is vital if musical experiences are to provide opportunities for personal growth (Mitchell, 2016). The utilisation of the therapeutic potential of music education has relevance for my thesis, as individuals who are intellectually divergent need to have access to educational settings at a post-secondary level where they are motivated to reach levels of personal change. Music could be a powerful medium for attaining certain personal goals and reaching self-actualisation (Mitchell, 2016). Similarly, engagement in community music activities and community music therapy could possibly play an important role in supporting young adults who are intellectually divergent in developing the life skills that they need to live well.

3.1.6. Community music therapy

Community music therapy uses music in a way that is sensitive to various contexts and cultures while addressing social change (Stige & Aarø, 2012). Through community music therapy, people are able to experience empowerment while developing their identities and agency through a process of caring. Engagement in community music therapy also affords participants the opportunity to connect with others (Ansdell & DeNora, 2012; Ruud, 2004). Pavlicevic and Ansdell (2004) write that the field of community music therapy was largely influenced by the notion that music therapy takes place within cultural, social and political contexts and that music is used to create community among people. Community music

therapy consequently does not follow a "'one size fits all anywhere' model" (Pavlicevic & Ansdell, 2004, p. 17) as the context and needs of those participating in music will determine what happens during community music therapy sessions. Ansdell (2004) similarly argues that community music therapists regard music as embedded in socio-cultural processes and that the way in which people respond to music has both social and cultural implications which could support connection with others. When engaging in community music therapy, participants have the opportunity to share mutual social music experiences which could afford them a sense of belonging (Ansdell, 2004; Ansdell, 2016; Ansdell & DeNora, 2012). I believe that principles associated with community music therapy, especially the notion of using music to address the needs of participants at a given moment in time, within a specific context, supports the relevance of the topic for my thesis. Through community music therapy, young adults who are intellectually divergent could have opportunities to engage in music activities which will not only support personal growth but social development and connection.

Ansdell and DeNora (2012) also write how community music therapy creates opportunities for engagement in social music activities which are closely related to musical experiences associated with everyday life. When people who are intellectually divergent have opportunities to engage in community music therapy activities, they could develop the skills needed to overcome or cope with certain challenges that they face in their daily lives while experiencing acceptance and support. Stige and Aarø (2012), likewise, emphasise the importance of human connectedness when referring to community music therapy and argue that community music therapy creates spaces in which "unheard voices [can] be heard" (p. 37). Within community music therapy settings, individuals who face personal, interpersonal, social or cultural challenges could be supported to overcome these challenges through active musical participation, collaboration and inclusion.

Wood, Verney and Atkinson (2004) similarly claim that when individuals who are intellectually or otherwise divergent have opportunities to engage in music therapy activities (first individually and in small groups), they ultimately acquire the skills needed to reintegrate

into their communities through a process in which they are able to participate in community music therapy settings. Community music therapy further shares characteristics of community music as both fields emphasise inclusion and participation while being responsive to the dynamic needs of the people participating in the music activities to benefit both individual and community (Wood & Ansdell, 2018).

3.1.7. Community music

Higgins (2012) defines unconditional hospitality as one of the central characteristics of community music. He argues that acts of hospitality and a welcoming environment is what makes community music distinct. Community musicians consequently create caring, loving environments in which everyone is unconditionally welcomed to participate in meaningful social music-making processes. According to Higgins and Willingham (2017), community music refers to safe, inclusive spaces in which people engage in music activities. Community music draws focus to addressing issues related to social justice and is oriented towards individual abilities rather than applying universal methods of instruction (Higgins, 2012; Waldron, 2018). At heart, community music creates safe spaces in which people from various walks of life can collaborate and negotiate through engaging in a process of music-making which enables them to reach individual potential, develop socially, empathise, experience personal growth, empowerment, emancipation and to experience social transformation (Higgins & Willingham, 2017; Price, 2018). Community music programmes often have intervention as a goal and have been found to help young people to respect differences and break from stereotypes by engaging in music-making with others (Bartleet & Higgins, 2018; Higgins & Willingham, 2017).

Veblen and Waldron (2018) emphasise the importance of being aware of the nature of *community* when referring to community music. They explain how one of the main notions associated with community music is that of belonging to a group (Higgins, 2018). This sense of belonging might be one of the motivators why people seek to engage in music with others.

Furthermore, the importance of connecting with others for identity formation cannot be disregarded. In practice, community music requires that both music maker and recipient benefit from the music-making process while prioritising empathy and inclusion. Principles associated with community music are important for my study as community music facilitators focus on the abilities of those they work with and support them in reaching their full potential by concentrating on the process of music making rather than the product thereof (Higgins & Willingham, 2017). Veblen and Waldron (2018) additionally argue that the already similar mandates of music education, community music and music therapy might become increasingly more similar as the world moves toward inclusion of students with ever changing diverse needs. Community music is, consequently, an important aspect to consider for this thesis as young adults who are intellectually divergent could have the opportunity to overcome various challenges and experience a sense of belonging when they have opportunities to engage in social music-making.

Through community music, individuals with various needs and abilities are able to, despite their differences, come together and strive toward shared goals (Higgins, 2018) which could include developing various life skills. When working with young adults who are intellectually divergent, community musicians, educators and music therapists consequently might need to adopt principles from all these practices to provide young adults who are intellectually divergent with meaningful social music-making experiences that support life skills acquisition.

3.2. A conceptual framework explaining how young adults who are intellectually divergent learn life skills through music

The conceptual framework that I will discuss in this chapter has two sections. Firstly, I will present a brief discussion of social constructivism (c.f. section 4.1.1.1) and the learning theories of andragogy, self-directed learning, experiential learning and situated learning (Figure 3.2) as these theories include important foundational knowledge when seeking to

understand how young adults who are intellectually divergent are able to learn life skills through music. Secondly, I will discuss how young adults who are intellectually divergent develop life skills through music as a result of intrapersonal development, interpersonal development, independence and empowerment (Figure 3.2).

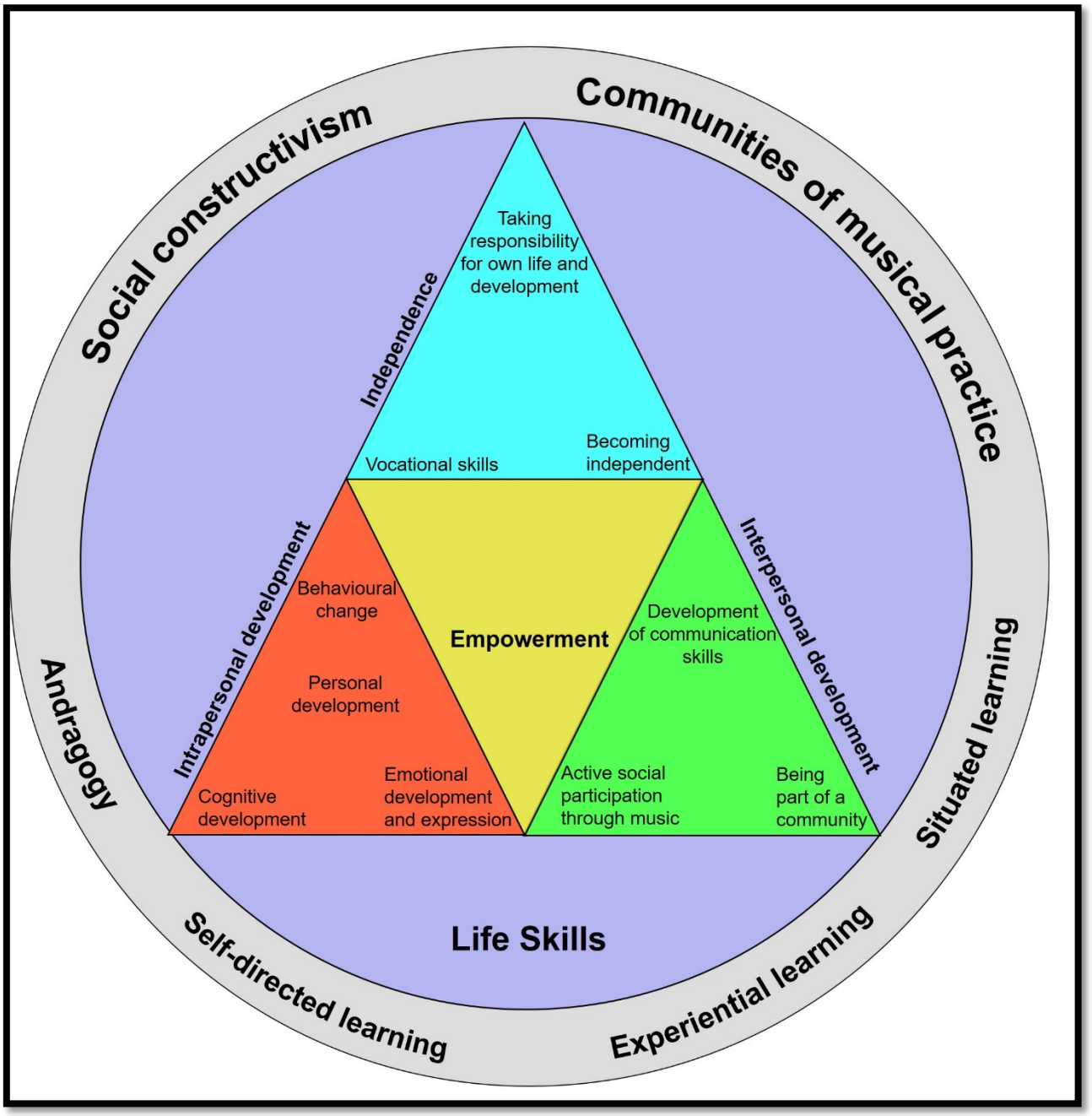

Figure 3.2 A conceptual framework, grounded in the scholarly literature, explaining how young adults who are intellectually divergent learn life skills through music.

3.2.1. Philosophical worldview: social constructivism

Social constructivism (c.f. Chapter 3, section 4.1.1.1) regards reality as being socially constructed from subjective experiences, which implies that individuals create meaning from experience within social contexts. Reality, therefore, does not have one true form, instead having different meanings for different people and within different contexts. Social

constructivism (Figure 3.2) thus entails that knowledge is gained from real-life, social experiences (Butler-Kisber, 2010; Creswell & Poth, 2017). This point of view forms the foundation of the conceptual framework emerging from this chapter, as real-life experiences and social interaction are key when individuals who are intellectually divergent seek to develop their life skills, to flourish and to be accepted into their communities (Seligman, 2011).

3.2.2. Learning theories

The learning theories that are discussed in this chapter are rooted in the philosophical worldview of social constructivism, even though not all the theories explicitly place equal emphasis on the social context of learning. The learning theories identified as relevant for this conceptual framework are 1) andragogy, 2) self-directed learning, 3) experiential learning and 4) situated learning.

3.2.2.1. Andragogy

Andragogy (Figure 3.2) focuses on the learning needs and experiences of young adult learners (Bowman & Plourde, 2012; Jarvis, 2010; Merriam & Bierema, 2014) with an emphasis on the essence of the meaning that the learning has for the learner (Storey & Wang, 2017). Andragogy is also associated with a type of learning that has relevance in the everyday lives of adults (Giannoukos, Besas, Galiropoulos & Hioctour, 2015). According to Bowman and Plourde (2012), andragogy focuses on the fact that young adults are motivated to learn due to a need to develop specific practical knowledge or skills for predetermined reasons. Bowman and Plourde (2012) write that young adults who are intellectually divergent have similar learning needs as those of typically developing young adults as their learning needs are also determined by certain personal goals or the need to acquire specific vocational skills.

Andragogy is also associated with six principles which include the following: i) adult learners develop towards becoming independent and, therefore, have a need to become self-directed, ii) the adult learner's life experiences are key to their learning, iii) adult learners must show a readiness to learn, iv) learning should be problem-centered, v) adults should have an

internal motivation to learn and vi) adults should know why they need to learn certain things at a specific time (Knowles, 1980; Knowles *et al*., 2015; Storey & Wang, 2017). It is consequently important that educational programmes accommodate the motivations that young adults who are intellectually divergent have for learning new skills and that these young adults are aware of how the development of certain skills correlates with their motivations.

Andragogy has been criticised for not emphasising the role of social context and social change in adult learning and for focusing too much on the individual learner (Jarvis, 2010; Knowles *et al.*, 2015; Merriam & Bierema, 2014). However, andragogy recognises that the quality of learning and the meaning that learning might have for adults at a specific time is dependent on the situation in which learning takes place (Merriam & Bierema, 2014; Merriam, Caffarella & Baumgartner, 2007). Just as andragogy is associated with lifelong learning, music education in adulthood considers learning to be a continuous process that is often self-initiated and determined by context (Veblen, 2012).

Although I do agree that writings on andragogy generally lack an emphasis on the role of social context in learning as seen in Knowles *et al.* (2015) and Merriam *et al.* (2007), it does have relevance with reference to the phenomenon of how young adults who are intellectually divergent learn life skills through music. The focus of andragogy on a type of learning that is relevant in the daily lives of adults — one that is problem-centred, self-directed and relates to skills that need to be acquired at a certain point in time — is significant when referring to how these young adults can develop specific life skills (Figure 2.1) and become independent (Bowman & Plourde, 2012).

Bowman and Plourde (2012) also argue that the theory of andragogy applies to young adults who are intellectually divergent when considering how they can learn occupational skills and independent living skills and develop personal interests. Matos, Rocha, Cabral and Bessa (2015) further argue that the learning process is not altogether different for individuals who are intellectually divergent than it is for individuals seen as typically developing. Bowman and Plourde (2012) do, however, state that young adults who are intellectually divergent often lack

some of the knowledge and skills accumulated by typically developing young adults at a certain point in their lives, which influences their education, community living and the level of social inclusion that they experience (Bowman & Plourde, 2012). Young adults who are intellectually divergent, however, can often experience optimal learning within social environments. Community-based learning could consequently be well-suited to their learning needs, as it overcomes issues concerning the ways in which the educational system tends to be primarily designed for students without divergences and prepares young adults who are intellectually divergent to be job-ready and capable of independent living (Baine, 1991).

Wehmeyer and Schwartz (1998) state, however, that young adults who are intellectually divergent experience lower self-determination (see section 2.1.1) than typically developing young adults, further arguing that educational programmes need to make provisions for dealing with this shortcoming by focusing on skills associated with problem-solving, self-management, setting goals and making decisions. Bowman and Plourde (2012) further argue that the notion of lifelong learning is especially applicable to young adults who have divergent abilities, as it is a vital aspect of success and developing life skills. The focus of andragogy on personal development and independence in learning is closely related to the development of the widely researched field of self-directed learning.

3.2.2.2. Self-directed learning

The main aims of self-directed learning (Figure 3.2) in adulthood are situated around the premises that 1) adults need to become self-directed in their learning, 2) educational programmes must enable adults to experience transformative learning, and 3) these programmes need to promote emancipatory learning as well as social action (Merriam & Bierema, 2014; Merriam *et al.*, 2007). If adult learners are to become self-directed, they need to acquire skills which allow them to plan, complete, and evaluate their learning (Merriam & Bierema, 2014).

Self-directed learning promotes independence and the ability to make decisions about personal needs while promoting personal beliefs and values. When adult learners are self-directed, they can take control of their actions, control their environments and develop skills associated with self-discipline (Merriam *et al.*, 2007). A study conducted by Jamenez and Browder (2010) supports the relevance of self-directed learning theory for young adults who are intellectually divergent, as their study concluded that students who are intellectually divergent can learn in a self-directed manner and acquire skills for generalisation. The ability to generalise is an important life skill, as young adults who are intellectually divergent need to have the ability to apply skills learnt in a given context, often a safe controlled environment, to cope with the challenges of everyday life (see section 2.1.1) and experience success. Self-directed learning furthermore enables young adults who are intellectually divergent to interpret social cues and respond accordingly, exhibit better daily living skills, and perform better in vocational settings (Feldman, 2004; Jamenez & Bowder, 2010).

It is important to emphasise, however, that although self-directed learning promotes autonomy (Merriam & Bierema, 2014), one cannot disregard the influence of context on learning. This consideration is especially important when referring to the learning process of young adults who are intellectually divergent, as disregarding the importance of social context and social learning for these individuals could inhibit their learning. Much of the learning that young adults who are intellectually divergent experience is influenced by not only their environments but also by the people they interact with (Bowman & Plourde, 2012). Therefore, although it is important for young adults who are intellectually divergent to be able to make decisions about their learning, it is also true that they are not always able to be fully self-directed or in control of their environments. It is in situations like these that they rely on support from others to be able to deal with certain challenges (Richards, 2007; Saul, 2007). Experiential learning might provide young adults who are intellectually divergent with valuable real-life, social learning experiences which could support them in learning to cope with certain challenges by acquiring the life skills that they need to live well.

3.2.2.3. Experiential learning

One cannot disregard the influence that experience, social context and social interaction have on the learning experiences of young adults who are intellectually divergent (Stickley *et al.*, 2011). When referring to experiential learning (Figure 3.2), one refers to a process of sense-making where there is "active engagement between the inner world of the person and the outer world of the environment" (Beard and Wilson, 2006, p. 2). Experiential learning involves the whole person through active engagement in physical activities, feelings and thoughts. Beard and Wilson (2006) argue that it is important not to disregard the importance of the internal and external environments present during the learning process. Experiential learning further implies a type of learning that is not necessarily bound by traditional learning contexts, but rather one that takes place within and has relevance for real-life situations (Boud, Cohen & Walker, 1993). Experiential learning, therefore, occurs when a "person interacts with the external environment through the senses" (Beard & Wilson, 2006, p. 5). According to Merriam *et al.* (2007), learning which takes place *in* experience, as well as the meaning-making associated with the experience, has relevance for everyday life and is a physical, immediate and emotional experience of active engagement. Kunstler, Thompson and Croke (2013) found that through experiential learning and active engagement in community activities, young adults who are intellectually divergent improved their social skills, which in turn increased their ability to adjust to vocational settings (see section 2.1.5). Experiential learning, therefore, plays an important role in enabling young adults who have divergent abilities to acquire the life skills that they need to flourish (Croom, 2014; Seligman, 2011) and adjust to the workplace.

Although the theory of experiential learning, as with the theories discussed previously, was not specifically developed with special needs in mind, this theory has value for this conceptual framework and my thesis as a whole. Experiential learning is not bound by specific contexts or abilities. Learning through experience further acknowledges the fact that individuals will not necessarily create the same meaning from the same event (Beard &

Wilson, 2006), yet this disparity does not automatically imply that any person's experience is of less value and that learning did not successfully take place. It has been argued that experiential learning underpins all types of learning, as learning cannot take place if the learner is not engaged (Beard and Wilson, 2006; Boud *et al.*, 1993). This statement is especially valuable for my thesis, as it supports my argument that music could be a valuable means through which young adults who are intellectually divergent, and specifically young adults with Williams syndrome, learn life skills through music.

I deem it necessary to briefly refer to Amann's (2003) model of somatic learning as part of this discussion of experiential learning, as I contend that individuals who are intellectually divergent will not be able to have meaningful experiential learning experiences unless they develop an awareness of the self and others by experiencing all four domains associated with somatic learning which include kinaesthetic, sensory, spiritual and affective learning (Figure 3.3). Also, Amann's (2003) model relates to experiential learning, as Beard and Wilson (2006) clearly state that sensory experience is a key aspect of experiential learning. As indicated in Figure 3.3, Amann (2003) developed a model for somatic learning based on the principle that learning takes place when individuals make meaning through the body by means of movement (kinaesthetic learning), the senses (sensory learning), interconnectedness and self-awareness (spiritual learning), and emotional experiences (affective learning). Therefore, when referring to how young adults who are intellectually divergent learn life skills through music, it is important to consider how these young adults make sense of their experiences and acquire life skills somatically. This consideration is especially important when learning through the arts, as the arts can be associated with all four domains of learning as defined by Amann's (2003) model.

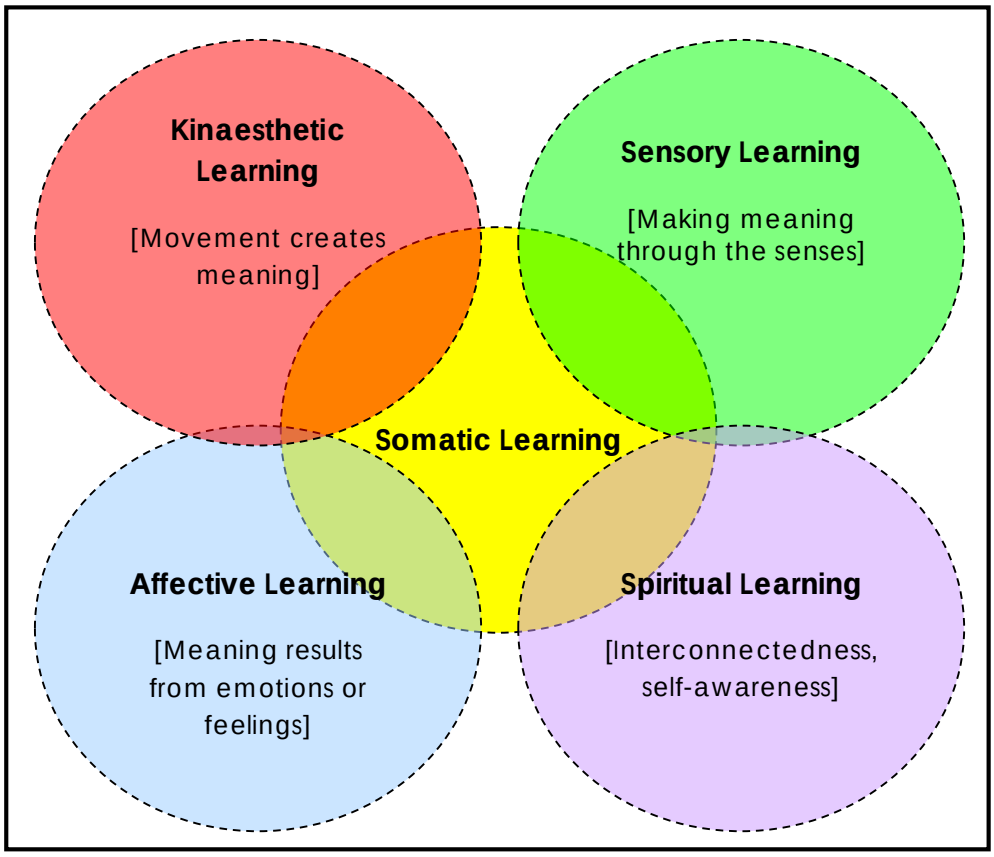

Figure 3.3 Somatic learning model (Amann, 2003, p. 8).

The arts are experienced in a multi-sensory manner through the body and mind using movement, hearing, sight, touch, and affective reactions to the arts. A study conducted by Matos *et al.* (2015) found that adults who are intellectually divergent learnt better in multi-sensory environments as compared to environments that only utilised audio-visual material. Their results revealed that multi-sensory learning experiences led to increased retention of new information and improved social interaction.

If young adults who are intellectually divergent do not have sufficient opportunities for somatic learning, they might not be aware of how the body influences their learning through experiencing embodied cognition and situated activities (Anderson, 2003; Wilson, 2002). They also might not be able to make decisions about their learning or develop emotionally or personally to the same degree (Amann, 2003), and they could consequently not be able to reach their full potential or flourish. Young adults who are intellectually divergent, therefore,

need to be able to process sensory information as part of the educational setting if they are to have meaningful learning experiences within certain contexts.

3.2.2.4. Situated learning

Situated learning draws focus to "the relationship between learning and the social situations in which it occurs" (Lave & Wenger, 1991, p. 14). This emphasis on learning through social participation, rather than the acquisition of knowledge austerely through the mind, has relevance for young adults who are intellectually divergent, as they thrive when learning within a community or social context (Baine, 1991; Bowman & Plourde, 2012; Stickley *et al.*, 2011). When speaking of situated learning or situated social practice, Lave (1991) emphasises a relational interdependency between agent and world, meaning, activity, cognition, learning and knowing. She further states that situated learning regards learning as meaning that is socially negotiated. Situated learning, therefore, assumes that "learning, thinking and knowing are relations among people engaged in activity *in, with, and arising from the socially and culturally structured world*" (Lave, 1991, p. 67: emphasis original). This notion that learning takes place during social practice and in real life (Lave, 1991; Lave & Wenger, 1991) is important for my conceptual framework, since young adults who are intellectually divergent may optimally acquire life skills when they participate in music activities with others (a social practice) and by being part of their communities (in the lived-in world).

Situated learning describes learning as a product of a person's participation within communities of practice, and the theory regards mind, history, culture and the social environment as processes which are interrelated (David, 2007; Lave & Wenger, 1991). Lave (1991) writes that learning is neither completely subjective nor entirely rooted in social interaction, but Lave also emphasises that learning cannot be regarded as separate from the social world. Situated learning contends that knowledge or skills need to be acquired in contexts that are authentic (David, 2007). Lave (1991) further defines learning as a "social phenomenon constituted in the experienced, lived-in world, through legitimate peripheral participation in ongoing social practice" (p. 64). Through this social interaction, young adults

who are intellectually divergent can acquire new knowledge, skills and behaviours by engaging in real-life situations within their communities of practice (Lave, 1991; David, 2007).

3.2.3. Communities of musical practice

Communities of practice are based on assumptions relevant to this thesis, as these communities draw focus to learning through social participation (Wenger, 1998). Wenger (1998) argues that if learning is to be a social process, social participation must be characterized by community, practice, identity and meaning created from experiences. Communities of musical practice (CoMPs) are rooted in everyday experiences and could provide people with opportunities to create meaning and belong in their communities, learn from others, and ultimately live fulfilling lives through lifelong engagement (Kenny, 2016; Wenger, 1998). CoMPs are consequently diverse, as they are context-bound and adapt to meet the needs of those engaging in musical activity within their communities (McPherson & Welch, 2012). The relevance of CoMPs for this study lies in the fact that young adults who are intellectually divergent can learn life skills through music within their communities due to a shared love of music, which in turn shapes their identities, impacts their social life, and influences their wellbeing. Although this conclusion may also hold true for individuals without intellectual divergences, CoMPs provide young adults who are intellectually divergent with unique opportunities to acquire life skills that likely otherwise would be inaccessible (Erasmus & Van der Merwe, 2017).

CoMPs are defined by three foundational dimensions, which include “mutual engagement (domain), joint enterprise (process/community) and shared repertoire (practice)” (Kenny, 2016, p. 1). Learning within communities of musical practice is a social process defined by a sense of belonging resulting from relationships that are formed during music activities, the development of and search for meaning through musical experience, collaborative learning within musical communities, and personal and social identity-building with members of the community (Kenny, 2016; Veblen, 2012).

3.2.4. Intrapersonal development

Intrapersonal development (Figure 3.4) for young adults who are intellectually divergent is associated with personal development, cognitive development, emotional development and positive behavioural change.

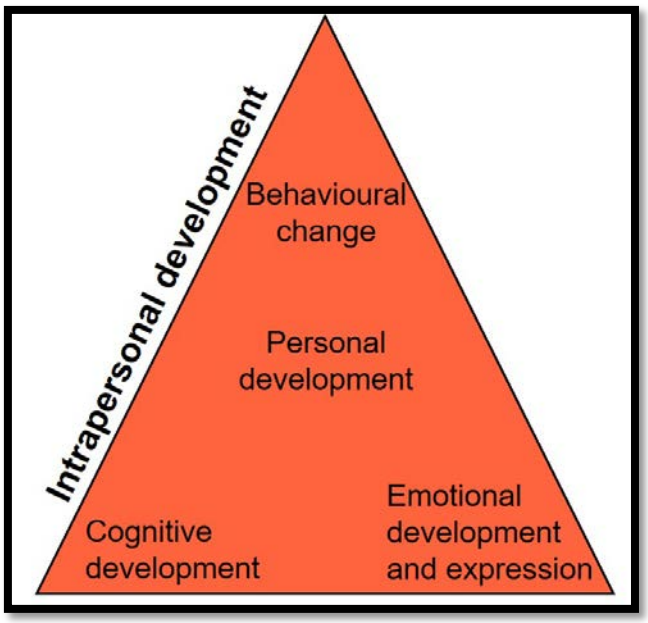

Figure 3.4 Intrapersonal development of young adults who are intellectually divergent.

3.2.4.1. Personal development

One of the main developmental areas associated with intrapersonal development is personal development (Figure 3.4). Dubbak and Smith (2012) argue that identity development is central to adult education and that music activities help adults in coping with their everyday lives (see section 2.1.1 and 3.1.2), partly through the development of their self-concepts. When young adults who are intellectually divergent participate in music activities, they become more self-aware and have the opportunity to strengthen their identities within the community (McFerran & Elefant, 2012; Saville, 2007). Through music, young adults who are intellectually divergent can discover themselves using a creative process which strongly focuses on feeling and structure (Ansdell, 1995). Music activities furthermore enable these young adults to experience increased confidence (Ansdell & DeNora, 2012; Fillingham, 2007; Jellison, 2012;

McFerran & Elefant, 2012, Saville, 2007; Watson, 2007b) and to feel motivated to develop and grow (Bunt & Stige, 2014, Watson, 2007a).

The motivation thus promoted self-efficacy, self-determination and self-realisation. Although concepts such as self-efficacy and self-determination cannot necessarily be taught, there are a range of skills associated with these qualities that can be learnt, which include problem-solving, self-regulation and decision making (Bunt & Stige, 2014; Darrow & Adamek, 2012; Jellison, 2012). Through musical participation, individuals who are intellectually divergent have the opportunity to feel safe and in control of their lives (Jellison, 2012). Music settings create environments in which individuals who are intellectually divergent can experiment with new experiences through reflection and by managing personal change (Richards, 2007). Ultimately, music activities provide young adults who are intellectually divergent with opportunities to acquire the life skills necessary for reaching their full potential.

3.2.4.2. Cognitive development

Cognitive development (Figure 3.4) is important if young adults who are intellectually divergent are to reach their full potential and develop intrapersonal skills. Music allows young adults who are intellectually divergent to develop cognitive skills and memory (Bunt & Stuge, 2014; McFerran & Elefant, 2012) which are associated with a type of learning that takes place during participation in music activities. These activities are based on the principle of learning through music with goals which include personal and cognitive development (Ockelford, 2012). If learning is to be successful and have meaning, young adults need to be determined to reflect on and grow from their experiences. Through participation in music activities, young adults who are intellectually divergent can develop critical reflection and problem-solving skills which enable them to reflect on their actions in order to make decisions and take control of their lives (Ansdell & DeNora, 2012). When young adults who are intellectually divergent develop their personal and cognitive skills, they should also be able to develop the emotional skills that they need to live well.

3.2.4.3. Emotional development and expression

Richards (2007) argues that music activities and music therapy can support adults by addressing causes of emotional distress. When young adults who are intellectually divergent participate in music activities, they learn how to appropriately express and communicate their emotions (Figure 3.4) (Bunt & Stige, 2014; Saul, 2007; Saville, 2007), and they are able to more easily identify their emotions as well as deal with and manage negative emotions through creative expression (Saville, 2007; Watson, 2007a). Richards (2007) also found this to be true, and she refers to one of her clients, who turned to musical instruments when she was experiencing powerful emotions. The reason was that the client felt in control of these emotions when expressing herself through the instruments, as music allowed her to “start and stop” by controlling musical structure (Richards, 2007, p. 69).

According to Saville (2007), music can provide young adults who are intellectually divergent with a means of emotional communication despite difficulties with language or cognitive processing. Group music activities create environments in which young adults who are intellectually divergent are free to express not only positive emotions, but also negative emotions and feelings of anxiety and anger, within a supportive environment (Watson, 2007b; Watson, 2007c). Through engagement in music activities with others, young adults who are intellectually divergent, therefore, learn to manage both energy and behaviour through self-expression (Watson, 2007b).

3.2.4.4. Behavioural change

Music settings positively impact attitude and mood and help young adults who are intellectually divergent in coping with negative behaviour (Figure 3.4) and feelings (Bunt & Stige, 2014; Saville, 2007; Watson, 2007b, Watson, 2016). According to Warner (2007) and Richards (2007), music therapy draws focus to the individual needs of adults who are intellectually divergent by focusing on the cause of any negative behaviour or experiences rather than the behaviour itself. The therapeutic value of music provides opportunities for

young adults who are intellectually divergent to address sensory issues and reasons for negative behaviour, which ultimately motivate not only behavioural change but also learning. Saville (2007) argues that musical engagement could facilitate the management of behavioural challenges associated with aggression, isolation, extreme anxiety, ritualistic behaviour and coping with change.

It is important to be aware, however, that the process of behavioural change (Figure 3.4) is not always easy, as young adults who are intellectually divergent could sometimes seem aggressive and even out of control while participating in music (Saville, 2007; Watson, 2007a). It is also true that negative behavioural patterns can be addressed in group music settings, as people who are intellectually divergent can observe the reaction of others during behavioural outbursts. Negative reactions from others could motivate individuals with behavioural challenges to address and change these negative behaviours within a controlled environment (Watson, 2007b).

Through musical engagement, young adults who are intellectually divergent develop the ability to reduce pathological behaviour (Meadows, 1997) and move beyond behaviours that hinder communication by addressing underlying emotional and psychosocial issues (Saville, 2007). Saville (2007) states that therapists and educators should be aware of the fact that music activities could lead to new compulsive behaviours if individuals were to withdraw into the sound world. Therapists and educators should, therefore, take care to provide individuals who are intellectually divergent with creative ways to avoid obsessive behavioural patterns (Saville, 2007) in order to be able to connect to others. Engagement in music activities could allow young adults who are intellectually divergent to manage negative behaviour in a way which enables them to create meaningful relationships and ultimately take control of their lives to become independent individuals.

3.2.5. Interpersonal development

Personal, cognitive and emotional development are also central to young adults who are intellectually divergent in terms of being able to communicate with others, which in turn

influences social interaction (Jellison, 2012). Social interaction and cooperation play an important role in learning and form an integral part of cognitive development. Through group music activities, individuals who are intellectually divergent can develop their self-confidence and increase their interpersonal skills (Figure 3.5), which will allow them to connect with and relate to others (Fillingham, 2007; Thompson & McFerran, 2015) by developing their communication skills, by actively participating socially through music and by feeling that they are part of a community.

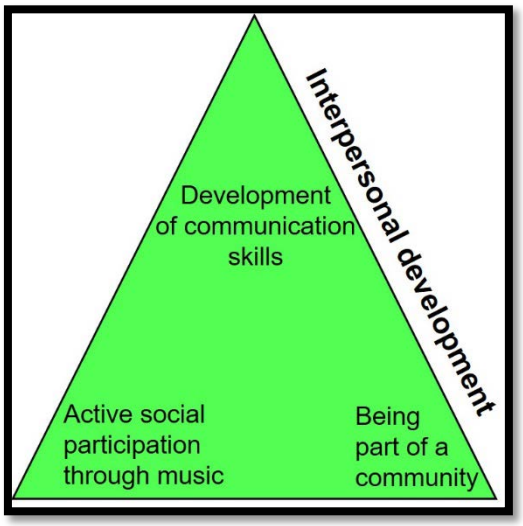

Figure 3.5 Interpersonal development of young adults who are intellectually divergent.

3.2.5.1. Development of communication skills

Participation in group music activities provide opportunities for young adults who are intellectually divergent to effectively communicate (Figure 3.5) (Ansdell & DeNora, 2012; Darrow & Adamek, 2012; Saul, 2007) and strengthen their identities within the community through the development of the ability to access and express their feelings and thoughts (Bunt & Stige, 2014; Jellison, 2012; Saville, 2007; Watson, 2007a; Watson, 2007b; Watson, 2007d). Ansdell (1995) argues that the therapeutic value of music associated with communication and expression is directly related to the fact that the expressive qualities of music are linked to the communicative gestures of our bodies. Music activities further encourage interaction skills such as eye contact, imitation and timing (Saville, 2007). The development of communication skills through music ultimately results in young adults with various divergences experiencing

a sense of belonging (Saville, 2007). Individuals who are intellectually divergent need to acquire the skills necessary for effective communication, as this kind of learning has a direct influence on their ability to foster and maintain meaningful friendships (Fillingham, 2007).

3.2.5.2. Active social participation through music

According to Hoover (2016) and Fillingham (2007), social inclusion, friendship and community activities play important roles during the transition to adulthood. This argument is based on the assumption that friendships and relationships provide social and emotional support through shared experiences, which in turn directly impact a person's quality of life through improved self-confidence, motivation and interpersonal skills (Fillingham, 2007; Watson, 2007d). Saul (2007) further advocates for the importance of relationships by maintaining that adults who are intellectually divergent were able to actively take part in their lives through relationships developed in music therapy, which supported positive behavioural change. Music can, therefore, support the creation of meaningful friendships due to its relational ontology.

Social participation in music activities (Figure 3.5) allows young adults who are intellectually divergent to learn about different social roles and to build relationships (Fillingham, 2007; Jellison, 2012, Saville, 2007; Watson, 2007b). Group music activities also help young adults who are intellectually divergent in developing skills associated with conflict management by enabling the expression of negative feelings in the social context in order to resolve personal issues when there is a disagreement among group members (Fillingham, 2007; Watson, 2007d). Socio-musical activities create environments in which young adults can feel safe, relate to others and find emotional and social support, therefore allowing them to feel accepted by others regardless of their perceived differences (Ansdell & DeNora, 2012; Jellison, 2012). The value of music in facilitating the learning process of young adults who are intellectually divergent is an important aspect in developing the life skills that they need to acquire, as the ability to navigate social situations plays a vital role in both quality of life and wellbeing (Fillingham, 2007; McCaffrey, 2016).

Through participation in music activities, young adults who are intellectually divergent can experience and imagine social scenarios similar to what they would encounter in their daily lives — but without the social barriers that exist there — as part of a community in a safe environment in which they can manage and predict certain behavioural outcomes (Saville, 2007). Young adults who are intellectually divergent often motivate one another during music activities. This motivation has a direct influence on the sense of accomplishment as well as the level of success that they experience during these activities (Fillingham, 2007). Participation in group music activities furthermore enables these individuals to gain different perspectives on their own lives by observing and cooperating with others (Bunt & Stige, 2014). Community music therapy allows these young adults to interact socially and relate to others within safe socio-musical environments while promoting routine, discipline, self-control and cooperation (Bunt & Stige, 2014).

3.2.5.3. Being part of a community

Community music activities (Figure 3.5) strengthen identity and provide opportunities for the expansion of social networks (Ansdell & DeNora, 2012, Pavlicevic, 2012). Group music activities provide young adults who are intellectually divergent with opportunities to develop skills which will allow them to actively be part of communities through acceptance, participation, sharing and belonging (Fillingham, 2007; Watson, 2007d). Furthermore, the development of skills that allow young adults who are intellectually divergent to control their emotions and behaviour ultimately enables them to establish themselves as part of a community (Saville, 2007). Through musical engagement with others and the mutual acceptance it entails, young adults who are intellectually divergent experience improved quality of life (Darrow & Adamek, 2012; Watson, 2007a) and have the opportunity to find wellbeing with others (Ansdell & DeNora, 2012). When young adults who are intellectually divergent participate in music activities within their communities, they learn to cope with transition and acquire skills that enable them to be independent.

3.2.6. Skills associated with independence

According to Watson (2007a), it is of great importance that young adults who are intellectually divergent are provided with skills that will enable them to take control of their lives and feel empowered. If these young adults are to become empowered, they need to develop skills associated with taking responsibility for one's own life and development, vocational skills and becoming independent (Figure 3.2 and 3.6).

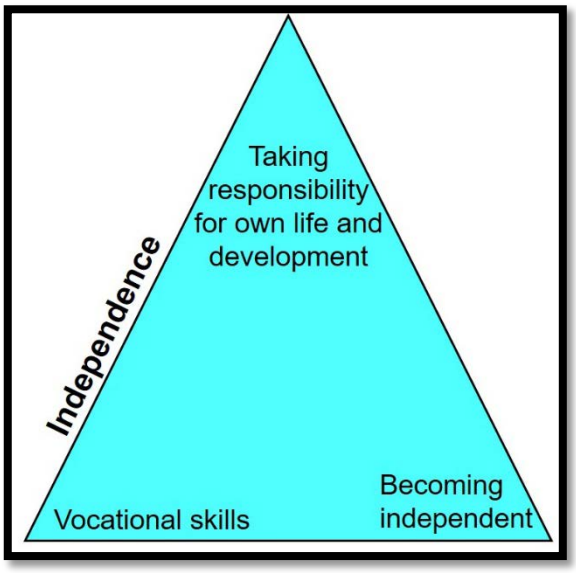

Figure 3.6 Independence of young adults who are intellectually divergent.

3.2.6.1. Taking charge of one's own life and development

Music activities provide young adults who are intellectually divergent with the necessary skills to take control of their lives (Figure 3.6) by determining their own goals and becoming independent (Ansdell & DeNora, 2012; Bunt & Stige, 2014; Deguara *et al.*, 2012; McFerran & Elefant, 2012; Saul, 2007; Watson, 2007d). Through music, young adults who are intellectually divergent develop the necessary skills to make decisions about what they want and to control their lives (Saul, 2007; Watson, 2007d). In the music education and music therapy contexts, these skills firstly develop when students have the freedom to, for example, choose which instruments they prefer to work with (Saville, 2007; Watson, 2007d) or control events during group music sessions (Watson, 2007c), and these skills are then also applied in real-life situations (Watson, 2007d). Saville (2007) emphasises that young adults who are

intellectually divergent should be able to access music in their daily lives in order to feel that they are in control of their lives. Musical engagement further enables individuals who are intellectually divergent to control their emotions and behaviour during times of change which allows them to further control their circumstances and develop important vocational skills.

3.2.6.2. Vocational skills

Vocational skills and job readiness (Figure 3.6) are vital for independence and have an impact on an individual's identity and self-worth (Watson, 2007a). Music could be used as a resource for acquiring these skills, and participation in music activities could lead to improved occupational competence (Myers, 2012). When young adults who are intellectually divergent participate in group music activities, they acquire skills which enable them to deal with stress, uncertainty and anxiety and further learn how to apply these coping mechanisms when they visit vocational sites. Through participation in music activities within their communities, young adults who are intellectually divergent cannot only apply professional skills in real life but are also able to give back to their communities through musical performance. The skills that young adults who are intellectually divergent acquire within safe music environments therefore enable them to cope with real-life situations, empowering them to become job-ready and independent (Watson, 2007d).

3.2.6.3. Becoming independent

Independence (Figure 3.6) is a very important aspect to consider when referring to how young adults who are intellectually divergent acquire life skills, since their longing for independence is no different from those of typically developing individuals. Music activities provide young adults who are intellectually divergent with opportunities and scenarios that prepare them for the real world through the development of skills that enable them to cope with life transitions, be organised and creative and ultimately to be prepared for community and independent living (Saville, 2007; Warner, 2007). The skills that enable young adults who

are intellectually divergent to be independent also provide them with the opportunity to thrive in their everyday lives (Bunt & Stige, 2014).

3.2.7. Empowerment

Through participation in music activities, young adults who are intellectually divergent experience a sense of empowerment (Figure 3.2), as these activities allow them to take responsibility for their decisions and take control of their lives (Ansdell & DeNora, 2012; Bunt & Stige, 2014; Deguara *et al.*, 2012; McFerran & Elefant, 2012; Saul, 2007; Watson, 2007d). Although I agree with Foley (2016) that young adults who are intellectually divergent often need assistance in reaching certain developmental goals, their ability to feel empowered might rely on the extent to which they are able to develop intrapersonal skills (Ansdell & DeNora, 2012; Fillingham, 2007; Jellison, 2012; McFerran & Elefant, 2012, Saville, 2007; Watson, 2007b), interpersonal skills (Fillingham, 2007; Thompson & McFerran, 2015), the ability to take control over their lives (Saul, 2007; Watson, 2007d), transitioning into the work environment (Meyers, 2012; Watson, 2007d) and become independent (Saville, 2007; Warner, 2007). It is my opinion that empowerment is an essential goal when seeking to develop the life skills of young adults who are intellectually divergent, as empowerment will have a direct influence of their sense of self, their sense of belonging, their ability to cope, and their wellbeing.

3.3. Implications for practice

The two conceptual frameworks emerging from Chapter 2 and 3 have specific implications for educators and therapists working with young adults who are intellectually divergent. Therefore, the following implications for practice summarise the contribution of the research outlined above and in the conceptual frameworks I have developed:

1. Educators working with young adults who are intellectually divergent need to utilise music as a means through which these young adults can overcome barriers

experienced due to their impairments in order to develop towards self-realisation (Bunt & Stige, 2014; Ockelford, 2012), to be able to cope and to flourish (Seligman, 2011).

2. Music is an invaluable tool for teaching life skills to young adults who are intellectually divergent, as it draws the focus away from their impairments, thus creating a relaxed environment in which learning can take place (Ansdell & DeNora, 2012; Jellison, 2012; Richards, 2007; Watson, 2007d). It is, therefore, important that educators and therapists receive the necessary training to utilise music as a core component of their teaching strategy.
3. Educational environments should afford young adults who are intellectually divergent opportunities to collectively acquire life skills through personal experience and meaning-making within safe, supportive social environments (Jellison, 2012; Saville, 2007) where they interact with others musically, learn from one another, and also practice new skills that they have acquired in preparation for interacting within their communities as independent individuals (Bunt & Stige, 2014).
4. These conceptual frameworks further revealed that music educators and therapists should allow young adults who are intellectually divergent to have the freedom to set their own goals (Snyder, 2002) and to decide on the type of activities they would like to participate in as part of the educational process (Ansdell & DeNora, 2012; Bunt & Stige, 2014; Deguara *et al.*, 2012; McFerran & Elefant, 2012; Saul, 2007; Watson, 2007d).
5. The skills that young adults who are intellectually divergent can acquire through music contribute to the development of skills which will enable them to become job-ready (Myers, 2012; Watson, 2007d). Although it is true that skills associated with vocational competence could be developed within non-musical settings, music provides a safe environment in which learning can take place and where the focus is not necessarily placed as explicitly on learning new, possibly difficult, skills. Instead, musical settings create circumstances where young adults who are intellectually divergent have the opportunity to discover themselves in their own time within controlled environments

that allow them to reach their full potential with the support of educators, therapists and peers.

6. Finally, the unique needs of young adults who are intellectually divergent cannot be ignored on a post-secondary level, as these individuals need to reach their full potential and be prepared for community and independent living as well as developing vocational skills (Bunt & Stige, 2014; Saville, 2007; Warner, 2007). Music could be means through which educators can assist in the process of developing towards self-realisation and flourishing, if it is used effectively within educational settings (Ansdell & DeNora, 2012; Bunt & Stige, 2014; Ockelford *et al.*, 2002). Educational programmes should, therefore, incorporate music into their curricula to enable young adults who are intellectually divergent to reach their full potential within safe, social environments.

Conclusion

The therapeutic value of music may allow young adults who are intellectually divergent to acquire the life skills which are necessary for personal growth and expression, to connect with others and maintain meaningful friendships (McCaffrey, 2016), and to flourish (Seligman, 2011). Communities of musical practice could enable young adults who are intellectually divergent to develop life skills and learn through social interaction. Educators and therapists consequently need to create safe spaces in which young adults who are intellectually divergent have opportunities to engage in music-making with others while providing them with opportunities to communicate, negotiate and collaborate with others. These communities provide opportunities for friendship building and emotional expression, further allowing these young adults to feel empowered by taking control of their own lives (Saul, 2007; Watson, 2007d). Through music, young adults who are intellectually divergent can be independent individuals (Saville, 2007; Warner, 2007) who are accepted into their communities (Fillingham, 2007; Watson, 2007d) and live fulfilling lives due to a shared love of music. The conceptual frameworks discussed in Chapters 2 and 3 informed the data analysis process of my study (see Section 4.2.5 and Chapter 5) as well as the development of the theory explaining how

young adults living with Williams syndrome learn life skills through music (Chapter 6). In the next chapter, I shall provide a detailed discussion of the procedures followed for this instrumental case study.

CHAPTER FOUR: PROCEDURES FOR THIS INSTRUMENTAL CASE STUDY

Introduction

In this chapter, I shall discuss the research design and approach followed for this study. As stated in Chapter 1 (section 1.6.1), a qualitative instrumental case study was conducted to explain how young adults with Williams syndrome learn life skills through music. This chapter starts with a section on qualitative research design and the philosophical assumptions underpinning this study. I shall then discuss the instrumental case study approach, as well as describing the case, the participants, the role of the researcher, and the processes of data collection and data analysis. The write-up process will then be discussed before I move on to the ethical considerations and end with a discussion of trustworthiness.

4.1. Qualitative research design

Qualitative research is focused on understanding how people make sense of their lives by focusing on processes, meaning and understanding from the participants' perspective (Merriam & Tisdell, 2016; Saldaña, 2015). For this study, the participants (see section 4.2.2) include all the stakeholders at Berkshire Hills Music Academy (BHMA). Qualitative researchers focus on phenomena concerning people's everyday lives and gain an understanding of these phenomena from the perspectives of those participating in their research. Qualitative research is further conducted within real-life — often social — contexts and aims to explain people's behaviour by studying processes, motives, causes, and personal values (Creswell & Poth, 2017; Guest *et al*., 2013; Saldaña, 2015). By following a systematic approach to inquiry (Merriam & Tisdell, 2016) within a natural setting (Creswell, 2014), I was able to discover how young adults living with Williams syndrome learn life skills through music at BHMA. I carefully planned my data collection process by setting up an observation protocol, designing interview protocols for my various participants, taking care to record any and all relevant events during data collection, carefully organising my data, taking time to plan my

strategy for data analysis, and ensuring that I could provide a thick description of my case during the write-up. This study consequently enabled me to expand my knowledge of the phenomenon (how young adults living with Williams syndrome learn life skills through music) and to generate a theory (see Chapter 6) that addressed a pre-existing gap in the scholarly literature (see section 1.1.2) (Creswell & Poth, 2017; Merriam & Tisdell, 2016). By asking questions about the participants' lives and exploring their behaviour and social contexts (Merriam & Tisdell, 2016; Saldaña, 2015), I was able to explain how young adults living with Williams syndrome learn life skills through music.

One of the main reasons for choosing to conduct a qualitative study was that qualitative research allowed me to answer my main research question[17] by gaining a deeper understanding into the process (Creswell, 2014; Stake, 1995) of how the young adults living with Williams syndrome attending BHMA learn life skills through music within real-life contexts. I also elected to do a qualitative study because my aim was to discover information that I could not have anticipated before starting this study by posing open-ended questions to participants, and by observing participants in real-life situations, in a specific context (Willis, 2007) at BHMA, over a six-week period (Creswell, 2014; Guest *et al.*, 2013). A qualitative design was further suitable for my study, as it allowed me the opportunity to report on the voices of the participants by gaining access to their personal views (Creswell, 2014; Creswell & Poth, 2017; Saldaña, 2015). It was acceptable to include a small number of participants in my study, as I was able to obtain detailed data over six weeks. Creswell (2014) argues that qualitative researchers could jeopardise the richness of their data by studying large groups of individuals. This claim is especially relevant for my study as I also studied a group of individuals who are marginalised (Creswell, 2014) and have not been studied in this way previously.

Creswell & Poth (2017, p. 94–96) suggest that to ensure the quality of a qualitative study, a researcher must adhere to the following criteria:

[17] What theory explains how young adults with Williams syndrome learn life skills through music?

a) provide details about the key characteristics of the design of the study (Section 4.1 and 4.1.1);
b) ensure that an ethical study is conducted (Section 4.4) — in my case, by obtaining ethical clearance from the NWU ethics committee and by addressing ethical issues during data collection (section 4.4.3), analysis (section 4.4.4) and write-up (section 4.4.5);
c) ensure rigour by following a sophisticated research approach (section 4.2);
d) identifying a single phenomenon, which in this case is how young adults with Williams syndrome learn life skills through music;
e) collect data from multiple sources (section 4.2.4);
f) provide a detailed description of the processes followed during data collection (section 4.2.4. a, b, c), data analysis (section 4.2.5) and write-up (section 4.3) to ensure the trustworthiness (section 4.5) of my study;
g) use multiple levels of abstraction during data analysis (section 4.2.4.b);
h) ensure that my writing was clear, detailed, engaging and realistic; and
i) situate myself within the study by reflecting (section 4.2.3) on my personal history and experiences and how my background influenced the design of this study as well as my interpretation of the data.

4.1.1. Philosophical assumptions

It is argued that, although researchers often do not explicitly consider and state how their personal history and values influence their research, this reflection and disclosure plays an important role in the design of their studies, specifically referring to the identification of certain philosophical assumptions that impact the design of their research (Creswell & Poth, 2017). It is necessary to define and make transparent the paradigm framing my research, as this paradigm not only reflects my personal beliefs but also determines the design of my research study (Creswell, 2014). Willis (2007) also states that a paradigm is determined by one's beliefs and worldview and, consequently, that it determines a researcher's practice. My

philosophical assumptions are based on the social constructivist paradigm — thus, the focus of my thesis was to explore how young adults living with Williams syndrome learning life skills through music within a real-world context by studying the socially constructed, subjective experiences and meanings of the voluntary participants at BHMA (Butler-Kisber, 2010; Creswell & Poth, 2017).

My philosophical assumptions will now further be discussed in terms of a) ontology (the nature of reality), b) epistemology (the nature of knowledge), c) axiology (the role of values in the research process), and finally d) methodology (the nature of the qualitative procedures followed to conduct this study) (Butler-Kisber, 2010; Creswell, 2013; Creswell & Poth, 2017; Willis, 2007) (Figure 4.1).

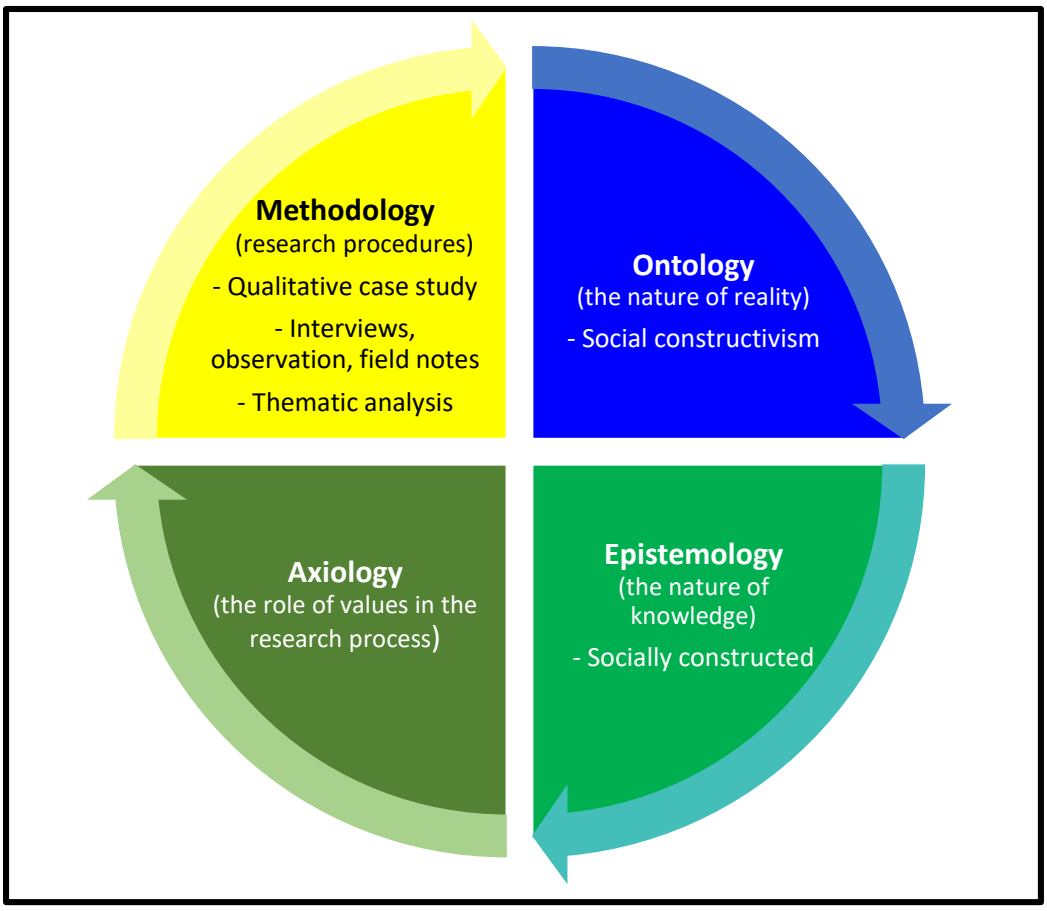

Figure 4.1 Philosophical assumptions.

4.1.1.1. Social constructivism: Ontology

Here, ontology refers to the nature of reality as viewed from the researcher's perspective (Butler-Kisber, 2010; Creswell & Poth, 2017; Willis, 2007). As a qualitative researcher, I assume that there are multiple interpretations of a specific event and there are therefore multiple realities that are socially constructed (Butler-Kisber, 2010; Creswell & Poth, 2017; Guest *et al.*, 2013; Merriam & Tisdell, 2016). My worldview thus implies that I believe that people subjectively make sense of their experiences through social interaction. I, therefore, believe that the participants living with Williams syndrome who participated in my study learn through social interaction with peers, mentors and the community within their real-life contexts (Willis, 2007) at BHMA and while performing in the community and that their processes of meaning-making are valid. I consequently focused on how the young adults living with Williams syndrome at BHMA interpret the world, and I acknowledged that the learning

context ultimately influenced how these young adults with Williams syndrome were able to learn life skills through music (Merriam & Tisdell, 2016; Willis, 2007).

As a social constructivist, I believe that we do not merely have access to reality through personal experience. Instead, reality is experienced through social interaction within specific contexts (Willis, 2007). I also acknowledge that my personal experiences and worldview have influenced how I conducted my research. Willis (2007) supports this notion by arguing that research is "a socially constructed activity" (p. 113) and that the reality it focuses on is, therefore, also socially constructed within real-life contexts (Creswell & Creswell, 2018). However, it is important to emphasise that I had to be aware of the various realities and meanings that existed for my participants (Creswell & Creswell, 2018) within various social contexts. Willis (2007) further contends that qualitative approaches such as case studies, and methods of data collection such as interviews and observation, are among the most suitable procedures for research based in a social constructivist paradigm. As a social constructivist, I have therefore focused on how my participants were able to learn life skills and gain knowledge in a socially constructed manner at BHMA within specific learning contexts (Creswell & Creswell, 2018).

4.1.1.2. Epistemology

When referring to epistemology, one thinks about what knowledge is and how reality can be known (Saldaña, 2015; Willis, 2007), how knowledge is justified, and also about "the relationship between the researcher and that being researched" (Creswell & Poth, 2017, p. 60). From a social constructivist perspective, I believe that knowledge is determined by socio-cultural communities and that our experiences, culture and tools determine the knowledge that we construct — that this knowledge is not universally true (Creswell & Creswell, 2018; Willis, 2007). I consequently aimed to explain how young adults living with Williams syndrome learn life skills through music by describing, understanding, interpreting and explaining the phenomenon within a context-bounded setting at BHMA (Merriam & Tisdell, 2016). I furthermore collected data (see section 4.2.4) directly from the participants through

observation and interviews to create less distance between myself and the participants (Creswell & Poth, 2017; Saldaña, 2015).

4.1.1.3. Axiology

Axiology acknowledges the role of personal values in the research process, which is one of the unique characteristics of qualitative research (Creswell, 2016; Creswell & Poth, 2017). As a qualitative researcher, I have conducted previous research with teenagers diagnosed with Williams syndrome with the aim of explaining the lived musical experiences of individuals living with Williams syndrome. Through my previous research (Erasmus, 2014; Erasmus & Van der Merwe, 2017) and from conducting an in-depth study of the existing scholarly literature on Williams syndrome, I became aware that music could play an essential role in the education of individuals diagnosed with Williams syndrome. Through my knowledge of the scholarly literature on Williams syndrome, and engagement with Williams syndrome individuals over the last eight years, I have discovered that there is a lack of knowledge (see section 1.1.2) on how music could be used as a means for educating young adults with Williams syndrome and specifically on how music could allow these individuals to acquire specific life skills in their striving towards becoming independent individuals. I do want to acknowledge that I have developed positive expectations of the meaning that individuals living with Williams syndrome ascribe to their musical experiences. Consequently, I also have positive expectations of how music might support their learning process (see section 1.1.1).

I consequently want to disclose that I am aware that my previous experiences with Williams syndrome (also see section 4.2.3) as well as my background influenced how I interpreted the findings (see Chapter 5) and how I positioned myself as a researcher (Creswell & Creswell, 2018). However, I agree with Muncey (2010) that “subjectivity does not infect your work, it enhances it” (p. 8). Muncey (2010) further writes, “making links between your own experiences and your work is healthy” (p. 8). My aim, therefore, was to interpret how young adults living with Williams syndrome learn life skills within specific contexts (Creswell & Creswell, 2018). I also stayed true to the experiences and perspectives of the participants (see

section 4.2.2) in order to give a trustworthy account of the phenomenon through an empirical inquiry while relying on my experience and knowledge to inform my interpretation of the data.

4.1.1.4. Research approach

Research approach refers to the nature of the procedures followed for a specific study. The approach includes the plans that determine data collection and analysis, as well as interpretation strategies to be utilised throughout the research project (Creswell & Creswell, 2018; Creswell, 2013; Guest *et al.*, 2013; Yin, 2014). The qualitative research approach that I chose to utilise for this study, an instrumental case study, was informed by my paradigm, as my social constructivist philosophical framework implies certain suitable data collection strategies (Creswell & Creswell, 2018; Willis, 2007). Open-ended interviews, observations, and the review of documents are deemed effective ways for understanding processes and behaviour from a social constructivist perspective (Creswell & Poth, 2017; Merriam & Tisdell, 2016). I, therefore, employed data collection strategies that enabled me to gain access to my participants' perspectives within real-life social contexts through open-ended questions and observations (Saldaña, 2015). The procedures that I followed while conducting my research can be characterised as being mostly inductive, as my study was exploratory and themes were emergent (Creswell, 2013; Saldaña, 2015).

I consequently had to make decisions about the research procedures throughout the study and could not purely rely on a predetermined agenda. Instead, I was open to evolving as my study progressed by adapting my interview and observation protocol as needed. It was therefore crucial that I adapted my strategies of data collection (interview and observation protocol, section 4.2.4.2 and 4.2.4.3) and analysis (section 4.2.5) as my awareness of and insight into the participants' world increased (Saldaña, 2015). Accordingly, when designing my data collection strategies, I needed to reflect on previous experiences gained during research with individuals living with Williams syndrome (Erasmus, 2014; Erasmus & Van der Merwe, 2017) as well as my scholarly knowledge to effectively plan my data collection. This existing knowledge allowed me to make informed decisions about what to focus on during observation

and interviews. However, I let the data speak: I analysed data in such a way as to discover and develop detailed knowledge of my phenomenon (how young adults with Williams syndrome learn life skills through music) by staying true to the participants' perspectives and the learning context (Chapter 5). My data analysis, and especially the conceptualisation of theory (Chapter 6) was informed by the conceptual frameworks presented in Chapter 2 and 3 as well as selected new theories and scholarly literature included in the final chapter of this thesis.

4.2. Research approach: Instrumental case study

Case study research is an empirical strategy of inquiry through which the researcher studies contemporary phenomena in everyday contexts (Atkins & Wallace, 2012; Creswell & Poth, 2017; Creswell, 2013; Stake, 1995; Yin, 2014). I, therefore, aimed to understand a real-world bounded system (young adults with Williams syndrome at BHMA during six weeks) that is likely to be influenced by context-specific conditions. I further observed the bounded system over time, collected data from multiple sources and wrote a detailed report on case themes (Chapter 5) (Creswell & Poth, 2017; Creswell, 2013).

Case studies focus on single units for analysis (Atkins & Wallace, 2012; Merriam & Tisdell, 2016; Saldaña, 2011), are bounded by place, activity and time, and provide an in-depth description of the case (Yin, 2014; Merriam & Tisdell, 2016). The case identified for this study is that of BHMA in Massachusetts, United States of America (USA) (bounded by place) (Figures 4.2 and 4.3), with a specific focus on how the young adults living with Williams syndrome enrolled at the academy learn life skills through music (bounded by activity). This case, therefore, limited me in terms of the types of data that I could collect (see section 4.2.4) and I was also bound by the time and financial support available for data collection (Creswell & Poth, 2017; Merriam & Tisdell, 2016; Stake, 1995; Yin, 2014) as I was only able to visit BHMA for a six-week period from 11 January to 19 February 2016 (bounded by time).

Figure 4.2 The main building at Berkshire Hills Music Academy (Berkshire Hills Music Academy, 2017).

Figure 4.3 The Bernon Music Center at Berkshire Hills Music Academy (Berkshire Hills Music Academy, 2017).

While case studies are characterised as being bounded, there are other determining design factors to consider when choosing to follow a case study approach. Yin (2014) and Stake (1995) state that a) case studies involve distinctive situations (see section 4.2.1); b) the approach relies on multiple data sources as evidence (see section 4.2.4) (Atkins & Wallace, 2012; Creswell, 2013); and that c) case studies depend on the development of theoretical

assumptions for support during data collection and analysis (see section 4.2.3, 4.2.5.2 and Chapter 6). It is important to state, however, that instrumental case study research does not lead to generalisations about communities or populations, but rather to transferability and findings that can be generalised as theoretical *propositions* with the aim of expanding existing theories (Stake, 1995; Yin, 2014; Yin, 2018).

This case study, due to the nature of the phenomenon, was explanatory, as my research questions were aimed at providing an in-depth (Creswell & Creswell, 2018) explanation of how young adults living with Williams syndrome learn life skills through music by collecting data at BHMA (Creswell & Poth, 2017; Yin, 2014). This instrumental case study further focused on gaining insight into the issue (Creswell, 2013; Rule & John, 2011; Stake, 1995) of how young adults living with Williams syndrome learn life skills through music. I shall not focus on the case which is BHMA (intrinsic case study), but rather I use BHMA as a means to conduct an in-depth investigation into the phenomenon (Merriam, 2009; Stake, 1995) of how young adults living with Williams syndrome learn life skills through music. The concept of learning is consequently central to my study which further supports the choice to conduct a case study as a case study approach is a common choice for research in education (Atkins & Wallace, 2012; Stake, 1995; Yin, 2018) and allowed me to study behaviour, processes and performance in a real-life context (Guest *et al*., 2013; Merriam & Tisdell, 2016; Yin, 2014) at BHMA. I was also able to justify my research approach by a) asking questions during interviews that focused on how learning takes place; b) not taking control over events at BHMA or during community performances during data collection; and c) focusing on contemporary events (Yin, 2014) which included music showcases, community performances, ensemble rehearsals, peer relationships and community engagement during data collection.

The reason for choosing this specific case is that BHMA is the only institution of its kind that I am aware of that specifically focuses on the learning needs of young adults living with Williams syndrome and that teaches these young adults life skills through music. BHMA, therefore, provided a unique perspective on the research topic (Guest *et al.*, 2013; Merriam &

Tisdell, 2016; Yin, 2014). Although it is true that individuals living with Williams syndrome across the globe could be attending individual music therapy sessions (Dykens *et al.*, 2005; Lenhoff, 1998), these sessions would be isolated cases and would not provide me with access to the same amount of data on the phenomenon. One-on-one music therapy sessions will also not contribute towards answering my research questions, as I am interested in how young adults living with Williams syndrome learn life skills through music more generally (section 4.1.1).

My aim with this instrumental case study was, therefore, to explain how young adults living with Williams syndrome learn life skills through music by studying their learning process at BHMA. By following a rigorous approach during data collection (section 4.2.4) and analysis (section 4.2.5), I was able to generate a theory (Chapter 6) that provides insight into the learning process of young adults living with Williams syndrome and suggest recommendations for how the learning needs of these individuals could be addressed in different educational settings.

4.2.1. Describing the case

The idea of a music academy focusing on special needs was coined after several music camps were held by the Williams Syndrome Association over ten years and the Music & Minds programme[18] was hosted by the University of Connecticut in 1998–1999. BHMA was founded in 1999 and opened its doors in 2001 with the launch of their Two-Year Certificate Program for young adults who have diverse needs. During the first year, 85% of students enrolled in the certificate programme had Williams syndrome (Berkshire Hills Music Academy, n.d. b).

Today, BHMA offers a post-secondary transition programme through a Two-Year Certificate Program focused on teaching life skills, communication skills, vocational skills and

[18] When referring to official names of programmes in the U.S., the term “program” will be used, as this is the American spelling of the word. In all other instances the word will be spelled “programme.”

music to young adults who are intellectually divergent with the aim of also preparing them for independent and community living (Berkshire Hills Music Academy, n.d. c). BHMA also offers a programme where graduates of the Certificate Program can become LIVE (Long-Term Independent Vocation Experience ensemble groups for students who choose music as their vocation during the two-year programme) members while following programmes specifically tailored to their individual needs or whereby they can join the Performance Troupe (an ensemble group for more advanced musicians who finished their two-year vocational programme) (Berkshire Hills Music Academy, n.d. a). During my six-week visit to BHMA, I focused on young adults with Williams syndrome who are part of the LIVE programme or the Troupe.

4.2.2. The participants

The participants for this case study were purposively selected due to their unique perspective on the phenomenon to be studied as well as their ability to answer my questions effectively (Creswell, 2014; Creswell & Poth, 2017; Guest *et al*., 2013; Saldãna, 2011; Yin, 2018). All the participants in my study were older than the age of 20 and therefore did not include any minors. I therefore used homogenous sampling to identify participants who were able to reflect on and share stories about their music teaching and learning experiences with specific reference to life skills acquisition for young adults living with Williams syndrome. Once I obtained permission to collect data at BHMA, Liz[19] informed staff, parents and young adults attending BHMA about my study as well as the purpose of my study. She also sent out consent forms to all the possible participants on my behalf. Due to her knowledge of the background of various families with BHMA, and after they were informed of my study, Liz made suggestions as to which parents I could contact to conduct interviews with. All the parents that I contacted agreed to the interviews. There was one parent whom I could not reach. The participants identified for this case study, therefore, include: a) the seven staff members

[19] To protect the anonymity of the participants of my study, all the names used in this thesis are pseudonyms. Sizzle, Horn Man and Thorny Rose chose their own synonyms.

working with young adults diagnosed with Williams syndrome at BHMA whose classes I observed (Alex, David, Harry, Johann, Leanne, Liz, Suzie), b) thirteen Williams syndrome students attending BHMA (Abe, Allan, Alice, Alison, Angela, Horn Man, Jack, Jimmy, Matt, Nikita, Sizzle, Tammy, Thorny Rose), as well as c) three parents (Jane, Julia, Melany) of students who attend the academy.

4.2.3. Role of the researcher

I first heard of Williams syndrome when I was a third-year BMus student. There was to be a talk about the syndrome on campus, and I was very interested in learning more. I have always been interested in music education, psychology and music therapy, and when the talk was cancelled, I decided to find out more about the syndrome by doing my fourth-year mini-dissertation with a focus on Williams syndrome and music. I was immediately fascinated by the intense love of music that the participant in my fourth-year mini-dissertation showed, and this interest lead to my passion for advocating for the importance of music in the education of young people with Williams syndrome.

I have been involved in research projects with individuals living with Williams syndrome for the past eight years and chose to focus on individuals living with Williams syndrome for both my fourth-year mini-dissertation and my masters' dissertation. I also have two published articles from my studies on Williams syndrome. The first article, "The role of musical experience in the lives of Williams syndrome individuals," was published in the *The Journal for Transdisciplinary Research in Southern Africa* in 2014 (Erasmus, 2014). The second article, "An interpretative phenomenological analysis of the lived musical experiences of three Williams syndrome individuals," was published in *Psychology of Music* in February 2017 (Erasmus & Van der Merwe, 2017). I believe that my prolonged engagement with individuals who have Williams syndrome, as well as my personal experiences with these individuals, provide me with unique insight into the data collected for this study. Saldaña (2015) also supports this claim when writing that qualitative researchers cannot, and should not, be objective, as experience and personal life determine how we view and make sense of the

world. He further writes that we should, however, be committed to conducting rigorous investigations to maintain a balance between the personal interpretation of the data and the actual data or stories of our participants. My experiences with the participants and my unique, in-depth knowledge and understanding of the data collection site, therefore, played a vital role in data analysis and the write-up of my thesis.

4.2.4. Data collection

The data for this study were collected during a six-week visit to BHMA from 11 January 2016 – 19 February 2016. The data collected include multiple sources of evidence (Yin, 2018), such as:

- semi-structured interviews (face-to-face, phone conversations and email);
- casual conversations;
- observations (recorded using photos, video and voice recordings) including field notes;
- material found on the BHMA Facebook page (posts about participants, events, Williams syndrome awareness month) as well as interviews with Williams syndrome participants that were conducted for the BHMA blog (Atkins & Wallace, 2012; Creswell, 2014; Guest *et al.*, 2013; Yin, 2014); and
- flyers and newspaper articles on BHMA and the students with Williams syndrome attending the academy.

Table 4.1

Overview of the data collection strategies followed with the participants

Participants	Data collection strategy
Educators and therapists	Interviews (face-to-face and email) Observation (photos and video) Casual conversation

Students	Observations (photos and video) Casual conversation Social media posts Field notes Interviews (face-to-face and email)
Parents of students	Interviews (face-to-face, email, and telephone)

During my six-week visit to BHMA, I collected data from staff members which include three music educators and three music therapists. Although I observed these six staff members during my six-week data collection period, I was only able to schedule in-depth interviews with two music educators and one music therapist. I also conducted face-to-face, telephone, and email interviews with four parents of four of the young adults living with Williams syndrome at BHMA. Finally, although I made various attempts, the interviews conducted with the students living with Williams syndrome were mostly unsuccessful. The fact that I experienced difficulty conducting interviews with the young adults living with Williams syndrome could partly be ascribed to the fact that the students struggled to reflect on their learning experiences at BHMA, and that they were nervous about officially being on the record for an interview, despite being assured of confidentiality. In my previous studies, I also found that the formality of an interview was intimidating for some of my participants. The initially unsuccessful interviews could possibly also be a result of the fact that individuals living with Williams syndrome typically have IQs between 40 and 100 and present poor reasoning capabilities (Levitin, 2005). They also, therefore, struggle with higher-order thinking skills (Sforza *et al*., 2006) such as metacognition about learning experiences. I was, however, able to include the response of Sizzle, who answered interview questions via email, and the responses gathered in a face-to-face interview with Thorny Rose, both of whom attend BHMA. After various casual conversations with Thorny Rose, Horn Man and Sizzle I came to realize that I needed to ask different questions than what I had planned (see Annexure B) and that I had to ask them about their leaning in a less direct way. I also recorded some casual

conversations with students living with Williams syndrome attending BHMA, observed them when performing in the community (recorded through photos and videos), and made notes about my observations over the six weeks. I further included interviews conducted with these young adults by BHMA staff for posts made on the BHMA blog. I did not collect the same amount of data from all the classes with Williams syndrome students, but I attended each class at least once during my six-week visit and spent time with the students, caretakers and staff outside of class to gain insight into their perspectives and behavioural patterns.

4.2.4.1. Gaining access and entering the data collection site: Arriving at BHMA

Before I could start planning my data collection strategies or enter the data collection site, I had to gain access to BHMA as my site for data collection (Atkins & Wallace, 2012; Guest *et al.*, 2013; Saldaña, 2015; Stake, 1995; Yin, 2018). I initially struggled to make contact with BHMA for a few months due to time differences and struggling to get in touch with the correct people. I finally managed to reach the managing director of BHMA, who referred me to Liz, whom I contacted via email, explaining that I would very much like to use BHMA as the data collection site for my PhD. I also provided her with the purpose of my study along with other relevant information, including the planned data collection strategies (Creswell & Poth, 2017; Stake, 1995; Yin, 2018). After we exchanged a few emails, my request was then taken to the BHMA board for approval. Liz and I also scheduled a time for a phone call, which led to obtaining final approval to conduct my data collection at BHMA during six weeks from January – February 2016.

As part of the preparation for my study, before my arrival, the parents of the students at BHMA, and the students (with and without Williams syndrome) and staff, were informed about my visit and the nature thereof. Most of the consent forms were also completed before my arrival, with the final forms being completed within the first few days of my visit (Guest *et al.*, 2013; Stake, 1995; Yin, 2018). Once I arrived, I was introduced to the students and the staff, and I took some time to start building relationships with the BHMA community in an attempt to build rapport with all the students and staff (Creswell & Poth, 2017, Guest *et al.*,

2013; Yin, 2018). It was important that everyone at BHMA was comfortable with me joining their community for six weeks, and I therefore, deemed it necessary to interact with as many people as possible.

4.2.4.2. Semi-structured interviews

Semi-structured open-ended interviews were a valuable source of data for my study as these interviews allowed me to gain an understanding of the phenomenon of how young adults living with Williams syndrome learn life skills through music from the perspective of my participants (Creswell & Poth, 2017, Guest *et al.*, 2013; Saldãna, 2015; Stake, 1995; Yin, 2018). Semi-structured interviews were conducted as a means of exploring the participants' opinions, values, social world, feelings and beliefs in their own words (Guest *et al.*, 2013; Saldãna, 2011). Interviews are regarded as an efficient data collection strategy for case study research, as they allow the researcher the freedom to change or adapt the interview protocol according to the participants' needs and to rephrase certain questions when it becomes apparent that the participant does not understand the question (Guest *et al.*, 2013; Saldãna, 2011; Stake, 1995).

In preparation for conducting the interviews, I:

1. formulated questions (see Annexure B) which were open-ended and focused on gaining insight into my phenomenon;
2. identified participants who would be able to answer my questions sufficiently due to their previous experiences, knowledge and expertise;
3. obtained devices to make audio recordings of the interviews for transcription later on;
4. designed and refined my interview protocol to ensure that the questions included were well-phrased and would explore relevant topics (see Annexure B);
5. obtained permission from the interviewees to participate in my study and for me to use the information from their interviews for data analysis (see Annexure A);

6. arranged for the interviews to take place in a space where there would be as little distraction as possible; and
7. took care to act respectfully while conducting the interviews, not to ask the interviewees leading questions, and to follow my interview protocol as far as possible while staying open enough for the participants to tell their stories and deviate from the interview protocol when needed (Creswell & Poth, 2017; Guest *et al.*, 2013; Saldãna, 2011; Yin, 2014; Yin, 2018).

When developing my interview schedule, I considered questions that would speak to the essence of the research problem of my study (Stake, 1995; Yin, 2014; Yin, 2018). I also identified the domains of content to be covered by the interview schedule, which included questions on how and why music is utilised as a means for teaching and learning, social interaction, behaviour, emotion and student engagement (Creswell, 2016; Guest *et al.*, 2013; Saldãna, 2011). Finally, I developed the interview schedule according to certain types of data that I wished to collect by formulating questions that explored the background and training, experiences, opinions, feelings and knowledge of the participants (Guest *et al.*, 2013; Merriam & Tisdell, 2016).

During my six-week visit to BHMA, I conducted a face-to-face interview with staff member Liz and also, with permission, recorded some of our informal conversations. I conducted semi-structured face-to-face and e-mail interviews with staff members Johann and Alex and obtained permission to record and make notes of relevant topics discussed during casual conversations with other teaching staff during my visit. The e-mail interviews were conducted to clarify and probe topics not thoroughly addressed during interviews. I also conducted semi-structured face-to-face and telephone interviews (Creswell, 2014; Creswell, 2016; Creswell & Poth, 2017; Yin, 2018) with four parents who have children with Williams syndrome enrolled at BHMA. Three of these parents have been with the academy since the school opened its doors, and their children also attended the music camps before BHMA was founded.

4.2.4.3. Observation

Observation is a powerful data collection strategy for qualitative researchers — and specifically case study researchers — as it allows the researcher to observe and study the participants' behaviour, activities and interactions in real-world settings (Creswell & Poth, 2017; Saldãna, 201; Yin, 20181). Before I could prepare my observation protocol, I had to determine what I wanted to observe, whom I would observe, and for what amount of time (Guest *et al.*, 2013; Stake, 1995).

Liz presented me with a timetable (Table 4.2) upon my arrival at BHMA, which indicated classes that I could observe where students living with Williams syndrome would be present. We also discussed that observations might not always be possible in certain groups due to students' comfort levels and their needs at specific points in time. I determined that it would be least disruptive for the students and the staff if I took on the role of nonparticipant or complete observer by conducting direct observations (Yin, 2014; Yin, 2018) for most of my data collection activities and, therefore, I observed how the students living with Williams syndrome learnt life skills through music without being involved in their activities. I did, however, allow the staff and students to dictate when I could change my role to participant-observer according to their needs and what they would be most comfortable with. As a result, I also took on the role of participant-observer (Creswell & Poth, 2017; Yin, 2018) at times when it was appropriate to interact and/or participate with students and staff during activities in some of the ensemble classes or when assisting the students and staff during community performances.

Table 4.2

Timetable for data collection during a six-week visit to BHMA.

	Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
9:15 – 11:45	LIVE Band Johann	LIVE Band Johann / David	LIVE Band Johann	LIVE Band Johann / David	Troupe rehearsal
11:45 – 12:30	Lunch	Lunch	Lunch	Lunch	Lunch
12:30 – 13:15	Angela	Music dept. meeting	Katie	Angela / Rock 'n' Roll Ensemble	Dance Ensemble
13:15 – 14:00	Roots Ensemble		Zumba		Jazz/Soul Ensemble
14:00 – 14:45	Chorus	Alternative Takes Ensemble	Chorus	Musical Theatre	Variety Hour

The observations included as data were made by observing students living with Williams syndrome in different ensemble settings which include LIVE bands, different specialised ensembles, and the Troupe (a group of advanced students who finished their two-year vocational programme). I also observed students living with Williams syndrome during their music lessons, chorus, and dance class. Care was taken to ensure that the students knew who I was and why I was attending their classes before the sessions started, especially during the first two weeks of my data collection period (Creswell, 2017, Guest *et al.*, 2013). During my six-week visit to BHMA, I also travelled with some of the ensemble groups when they went out to perform in the community on most Wednesdays. When students went out to perform, their Wednesday schedules were dictated by the performance scheduling and travel times to and from the venue. Finally, I attended variety concerts held at BHMA for friends and family on most Fridays. The timetable provided in Table 4.2 was therefore subject to change due to performances, weather circumstances, and whether all students would be comfortable with me attending their classes at a specific time or day. Therefore, it was not always possible to follow this exact schedule.

My observation protocol (see Annexure C) was designed to focus on the learning environment, social interaction between students, personal space, student-staff interaction, motivational levels observed in the students, students' level of engagement, student behaviour, student emotion and teaching strategies employed (Guest *et al.*, 2013; Saldãna, 2011; Yin, 2014). I recorded my observations with audio-visual equipment (67 GB of video data and 49 voice recordings), including photography (765 photos, after sorting through the initial photos), and by making notes during observations (Stake, 1995; Yin, 2018). I also reviewed the observation recordings to make notes about behaviour or moments that provided insight into how young adults with Williams syndrome learn life skills through music as part of the process of sorting through and preparing my data for analysis (Creswell & Poth, 2017; Guest *et al.*, 2013; Yin, 2018).

4.2.5. Data analysis

4.2.5.1. ATLAS.ti

Interview transcripts, transcripts of voice recordings, photos and field notes were included for data analysis were imported into, organised and saved in one hermeneutic unit in ATLAS.ti 7[20] (see Annexure D) (Friese, 2014). The photos were removed from the copy bundle for examination to ensure the anonymity of my participants and to protect their privacy, as not all the visual material put my participants in a positive light. ATLAS.ti 7 enabled me to organise and visualise my data easily as well as to develop a theory through thematic analysis (Clarke *et al.*, 2015) by facilitating abstract thinking. Butler-Kisber (2010) also states that computer-assisted qualitative data analysis software is often used to assist thematic analysis, therefore making ATLAS.ti 7 an ideal tool for my data analysis. ATLAS.ti 7 ultimately made it easier for me to identify interesting aspects in the data (notice things), to find similarities in the data (collect things) and to find patterns and relations in the data in an aim to develop categories

[20] The reason that I used ATLAS.ti 7 and not ATLAS.ti 8 to conduct data analysis was that ATLAS.ti 8 was only released after I started my study and I had already started the analysis process.

and themes (thinking about things) (Friese, 2014). Friese (2014) refers to this process as the NCT model for qualitative data analysis (Figure 4.4).

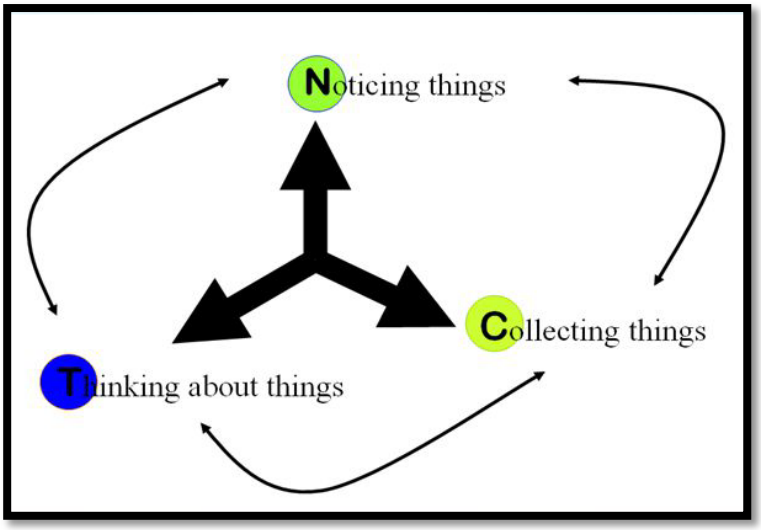

Figure 4.4 The NCT model of qualitative data analysis adapted from Seidel (Friese, 2019, p. 108).

Thematic analysis was made possible due to ATLAS.ti 7's features of allowing the researcher to search for links between codes and categories, as well as its use of network views to visually represent relationships between categories as a means of conceptualising themes (Butler-Kisber, 2010; Friese, 2014). I also used ATLAS.ti 7 for data analysis due to the software's ability to store a vast amount of data and to allow the researcher to work with various data types within one hermeneutic unit. My choice to use ATLAS.ti 7 as data analysis software was further motivated by the fact that the software was developed with theory development in mind, therefore making it ideal for my data analysis strategy (Friese, 2014).

4.2.5.2. Thematic analysis as a method of data analysis

Thematic analysis is a popular method for data analysis due to its flexibility within a variety of qualitative approaches (Braun & Clarke, 2013; Clarke *et al.*, 2015). Within the qualitative approach, I applied thematic analysis to study meaning as something that is context-specific while acknowledging the active role of the researcher throughout the research process (Braun & Clarke, 2013). Furthermore, thematic analysis recognises that the

researcher's perspective is subjective and that data analysis is informed by the researcher's unique perspective (Braun & Clarke, 2013; Saldãna, 2015).

Clarke *et al.* (2015) argue that thematic analysis can be applied to and takes different forms within a wide range of theoretical frameworks and worldviews which often dictate the design of a study. I, therefore, used thematic analysis as a means to find theoretical implications in the data by focusing on social constructions of reality and meaning-making reflected therein. When conducting data analysis, I had to be aware of the fact that my theoretical assumptions and prior knowledge and experiences would inform the themes that were to emerge from my data (Braun & Clarke, 2013; Clarke *et al.*, 2015; Saldãna, 2015). Therefore, although I started the data analysis process inductively, thematic analysis required that I drew from existing bodies of knowledge to generate my final theory through theme development (see Chapter 6).

I engaged in an iterative process (Atkins & Wallace, 2012; Grbich, 2007) of data collection and analysis, as I had already engaged in data analysis when I made notes on observations in the field (Butler-Kisber, 2010). These notes highlighted aspects of the observations that shed light onto my main research question and allowed me to change or adapt the focus of my observations and interviews as required. Data analysis was furthermore carried out by organising my data, having the recordings of the semi-structured interviews and voice notes that I conducted transcribed, making notes about observations, and organising photos according to specific groups or activities (Butler-Kisber, 2010; Yin, 2018). I did not include videos in my hermeneutic unit as the transcribed voice notes, semi-structured interviews, personal notes, blog entries, social media posts and photos provided enough data to reach data saturation.

The data analysis strategy that I followed can be characterised as an exhaustive comparison between small units of text. I rigorously interacted with the data to identify and examine themes that emerged as transparent and credible in order to accurately present the stories and experiences voiced by my participants (Guest *et al.*, 2013; Yin, 2018). Thematic

analysis as a method of data analysis required that I move away from basic descriptions of the data and towards a more conceptual, interpretative level of analysis through an iterative process of theme development (Braun & Clarke, 2013). I therefore had to continually compare data across categories to develop an interpretative understanding of how young adults living with Williams syndrome learn life skills through music, as presented by themes grounded in the data. In order to successfully reduce and enlarge categories for theme development, it was important that I had specific definitions for codes and categories to assist me in the process of identifying chunks of data that could be included or should be excluded from certain categories (Butler-Kisber, 2010; Friese, 2014). I added these definitions as comments to codes where necessary (see Annexure D).

I also engaged in concept-mapping during data analysis as a means of visual representation of my data (Butler-Kisber, 2010) by creating mind maps of themes and categories to organise my data. This process was facilitated by the use of network views in ATLAS.ti 7. These concept maps or network views assisted me in identifying patterns and less obviously apparent relationships between categories with the aim of discovering emergent themes and for theory development.

Ultimately, I followed the six steps of data analysis, assisted by ATLAS.ti 7, as defined by Clarke *et al.* (2015) in the following ways:

i. Familiarising myself with the data

I started by familiarising myself with the data by reading and re-reading and reviewing my data set multiple times. This allowed me to start making sense of the vast amount of data that I collected by making notes and writing down questions as I reviewed the data. This process was facilitated by ATLAS.ti 7, where I was able to go through my data and organize my thoughts using memos and comments (Friese, 2014).

ii. Coding the data

I then proceeded to code the data by assigning labels to sections of the text. My coding was informed by codes focused on processes and actions by focusing on behaviour, routine, activity, time, change and sequence (Saldaña, 2013). While I did use initial coding (stage one of my analysis process) at the start of my data analysis, I also used process coding[21] to focus the analysis (Saldãna, 2013).

The coding process was conducted by first starting open coding, whereby I assigned labels to the data as they came to mind and without taking possible categories or themes into consideration. After I started with open coding I also included the life skills identified in Chapter 2 as a priori codes in my hermeneutic unit to inform my data analysis process. I then started to work through my code list to identify codes that were similar in order to start renaming and merging codes to develop categories (the second stage of data analysis). I identified categories empirically and therefore did not rely on previous knowledge during this process of inductive analysis (Friese, 2014).

The second stage of my coding process took place at different times and was followed again by first-level coding until all the data were coded (Saldaña, 2013). The reason for returning to first-level coding was that I needed to sort through my initial codes from open coding periodically to avoid having too many codes to work with when seeking to identify categories. Sorting through the codes ultimately helped me to stay organised throughout my analysis process. Friese (2014) also speaks about having too many codes, arguing that having too many codes could lead to a dead end as it could be overwhelming and hinder further data analysis.

iii. Searching for themes

[21] Process coding is focused on human action, interaction and emotion. I, therefore, used words ending with “-ing” for my initial codes (Saldãna, 2013).

According to Van Manen (2016), one identifies themes in the data through a process of finding meaning. Themes ultimately encapsulate the essence of the phenomenon being studied (Van Manen, 2016). Hence, I searched for themes in my data in an attempt to discover meaning in and make sense of my data to explain how young adults living with Williams syndrome learn life skills through music at BHMA. After I finished the coding process, the search for themes began, thus implying a new level of abstraction (the third stage of analysis) (Clarke *et al.*, 2015). This process started with the organisation of the categories: I searched for patterns between the codes and accordingly merged and linked codes to organise into categories. These categories allowed me to search for relationships using concept mapping as a strategy for theme development. I then also had to conceptualise my themes by finding relationships between the themes in order to determine the boundaries between the themes and ultimately to develop a theory. The theme development process was both inductive and deductive, as I relied on both the empirical data and my existing knowledge to guide the process. I worked inductively when I conceptualised my code list to find categories and themes, but I ultimately relied on theory to build theory. The theory presented in Chapter 6 explains relations, not only between categories and constructs in the data, but also to the scholarly literature by supporting and expanding existing theories (Anfara & Mertz, 2015).

iv. Reviewing the themes

After the main themes were developed, I had to review the themes in terms of their relation to the quotes associated with each theme, and to the data set (Clarke *et al.*, 2015). I, therefore, started to review each theme according to its relation to the data coded for that specific theme to determine whether all the data did indeed fit with the theme and whether the theme complemented the meanings captured in the data. After that, I proceeded to determine whether

the themes fit the entire data set and reflected on the essence of the data. Van Manen (2016) also speaks about the importance of re-examining themes in collaborative research. Although this is not strictly speaking a collaborative research project, my promotor's perspective (Van Manen, 2016) did assist me in the process of reviewing my initial themes in the pursuit of developing the final themes. This step in the data analysis was an integral part of ensuring the trustworthiness of my study.

v. Describing each theme

After I was satisfied that all the themes did fit and complement the data, I defined each theme with a short description stipulating the boundaries of the theme and capturing the theme's essence (Clarke *et al.*, 2015; Friese, 2014). These descriptions supported the structure for each theme during the write-up. According to Van Manen (2016), researchers often identify statements or phrases in the data that highlight the essence of the phenomenon. I also, therefore, identified statements or phrases that I saw as speaking to the essence of each theme to provide a detailed explanation of the phenomenon of how young adults living with Williams syndrome learn life skills through music. I formulated the final names of the themes accordingly and took time to ensure that the names that I chose were creative and drew attention to the essence of each theme.

vi. Write-up

The final data analysis step defined for thematic analysis is write-up. When Van Manen (2016) speaks about writing, he argues that researchers should be aware that the writing process is also a critical stage for reflection and that research, thinking, reading and writing are inseparable. He maintains that when we, as researchers, look back on what we have written, we can distance ourselves from our work and that we are therefore able to evaluate our own work.

4.3. Writing up

When writing up my findings (Chapter 5), I relied on raw data as evidence for my themes (Clarke *et al.*, 2015). The examples taken from the data were carefully selected due to their ability to support the choice of and motivation behind the themes that emerged from the data as well as highlighting the relationships that exist between the themes. The raw data also supported the process of writing an informed narrative and presenting a rich, thick description of the identified case (Yin, 2014). I do want to mention, however, that when I started writing up my findings, I reviewed my themes and categories in my ATLAS.ti 7 output as I noticed some similarities between codes, categories and themes and then consequently made final analysis and conceptualisation decisions during the write-up process.

Writing about my study further allowed me to come to terms with and reflect on my understanding of the phenomenon (Van Manen, 2016) of how young adults living with Williams syndrome learn life skills through music by putting my thoughts to paper. One of the key elements to consider when I started to write up my findings was the order in which I wanted to present my themes in terms of the relationships between the themes and their definitions. In this respect, the network views created in ATLAS.ti 7 (Friese, 2014) assisted me in finalising the structure of my presentation of findings (Chapter 5). I took care to write my research report in such a way as to appeal to my audience (Yin, 2014). Although it is true that I do not know exactly who will read this thesis, my audience can be anticipated to include educators working with young adults with Williams syndrome, parents of young Williams syndrome adults, mainstream educators and examiners and academics working in the mainstream and inclusive education fields.

4.4. Ethics

As a qualitative researcher, I had to be aware of the ethical issues that warranted consideration throughout all the phases of my research project. Due to the interpretative nature of qualitative research, I was involved in a continuous experience with the participants

during an intensive six-week data collection period. It was, therefore, important that I stated my preconceptions explicitly (section 4.2.3) (Creswell, 2016) to inform my audience about the factors that might influence my interpretation of the data and to ensure ethical conduct. I had to address ethical issues before conducting my study, at the beginning of the study, during data collection, while I was analysing my data, when I started to write my report and also when I submit the study for publication (Creswell & Poth, 2017).

4.4.1. Before conducting my study

Before I started to conduct my study, I wrote my research proposal which was approved by the NWU School of Music's research committee. After my proposal was accepted and I made the necessary alterations as per the committee's suggestion, I applied for ethical clearance from the Research Ethics Committee of the Faculty of Arts, the North-West University Institutional Research Ethics Regulatory Committee (NWU-IRERC) once I had confirmation that staff and students at BHMA were willing to participate in my study. My study was approved, and I received an ethics number (NWU-00476–15–A7).

One of my first tasks as a qualitative researcher was to gain informed access to the data collection site to conduct my study (Atkins & Wallace, 2012; Guest *et al.*, 2013; Saldaña, 2015; Stake, 1995; Yin, 2018). I also had to ensure that all the participants gave informed consent for their participation in the study by providing them with information about the purpose of the study and their role as participants (Creswell, 2014; Creswell, 2016; Guest *et al*., 2013; Saldaña, 2011; Yin, 2014). I gave the participants details regarding my aims and the time that I would like to spend at the site when requesting to use their site for my data collection. My request was then granted by the BHMA board of directors as well as staff, parents and students attending BHMA who also gave written consent to participate in my study.

4.4.2. At the beginning of the study

As stated in section 4.2.4.1, I made sure that the staff and students were aware of and comfortable with the purpose of my study at the beginning of my study and upon arrival at BHMA. All the staff, parents and students were asked to complete consent forms for participating in the study. It was emphasised that their participation was entirely voluntary (Creswell, 2016; Creswell & Poth, 2017, Guest *et al*., 2013; Saldaña, 2015), that they could choose not to sign the form if they were uncomfortable participating in the study and that there would be no repercussions if they chose not to participate the study or to discontinue their participation at any time. I took care to be aware of the needs (Saldaña, 2015) of not only the participants but also of the other stakeholders and the staff of the data collection site once I arrived at BHMA (Creswell, 2016; Creswell & Poth, 2017). I did my utmost to ensure that I did not disrupt the BHMA community during my visit (Creswell, 2016). I also had to acknowledge and be aware of the fact that the students who attend BHMA are vulnerable (Creswell, 2016) due to the various ways in which they are intellectually divergent. I subsequently took care to be sensitive to their personal needs and emotional wellbeing while I was at BHMA (Creswell & Poth, 2017; Saldaña, 2015).

4.4.3. During data collection

To ensure that I acted ethically throughout data collection, I spent the time to establish relationships and build trust with the students and staff at BHMA and took care not to discuss topics that participants were uncomfortable with or would lead to feelings of disrespect (Saldaña, 2015; Yin, 2018). I also did not observe classes where my presence would disrupt the behaviour of some students or make them uncomfortable (see section 4.2.4.2 and 4.2.4.3). There was one student, Abe, who initially was uncomfortable with my presence. He did in fact become significantly more relaxed after we got to know each other better during the first few weeks. I also ensured that I effectively captured my data (Creswell & Poth, 2017) by using photos, video recordings, audio recordings and observations, and by backing up my data at the end of each day. Through ethical conduct with my participants, I adapted to challenges in

the field (which included participants who were unable to answer some of my questions due to various reasons), fostered interpersonal relationships with my participants and developed empathy and insight into their lives (Saldaña, 2015). I finally took time to prepare the participants, and non-participant students at BHMA, for my departure after the time spent at the site, which contributed to my departure not being too sudden or traumatic for the participants.

4.4.4. Ethical considerations during data analysis

One of the most important ethical considerations that I made was to ensure the anonymity of my participants (Creswell, 2016; Creswell & Poth, 2017). I, therefore, used pseudonyms in the interview transcripts and refrained from exposing participants' faces in photos to ensure anonymity. Some of the interview transcriptions were done by an outsider person who signed a form of confidentiality which stated that she will protect the anonymity of the participants and not use the information for personal gain. The participants with whom I stayed in touch through social media after my visit to BHMA were asked if they would like to choose their own pseudonyms, which Thorny Rose, Sizzle and Horn man did. Another step in the process of ensuring ethical conduct during data analysis was to ensure that I did not side with any of the participants by taking care to report on multiple perspectives and by not only disclosing positive results (Creswell, 2016; Creswell & Poth, 2017).

4.4.5. During write-up

Ethical issues were also addressed in the following ways: I endeavoured to be honest and not to falsify data when writing up my findings, and I did not disclose any information that could potentially harm any of my participants or the data collection site. I also focused on using appropriate language to ensure the clear communication of my findings, to write an honest account of the findings, and not to commit any plagiarism (Creswell, 2016; Creswell & Poth, 2017). I further focused on only using quotes and stories that would not enable those who read my study to identify any of the participants, and I used unbiased language during write-

up. I also gave credit to my participants and my promotor before publishing my study as recommended by Creswell (2016).

4.4.6. When publishing my study

Finally, I shared my findings with the participants before publishing my study to ensure that they were comfortable with my report. I shall also take care to not self-plagiarise when writing articles for publication from my thesis. After reading through my thesis, participants were comfortable with my findings and Suzan even commented that my thesis has given her new insights into BHMA and the significant role it plays in the young adults' lives.

4.5. Trustworthiness

Trustworthiness was ensured during this study through prolonged engagement at the data collection site over six weeks and by collecting data from multiple sources as evidence (Butler-Kisber, 2010; Merriam & Tisdell, 2016; Yin, 2018). I was also able to enhance the credibility of my study by stating my preconceptions (see section 4.2.3) and by acknowledging that my previous experiences and research (Erasmus, 2014; Erasmus & Van der Merwe, 2017) could influence my interpretation of the data. The trustworthiness of my study was further supported by my intimate knowledge and understanding of the research topic and research context (see section 4.2.3), as well as by ensuring rigour in my research design and working systematically during data collection and analysis (Butler-Kisber, 2010; Saldaña, 2015).

Trustworthiness was further ensured during data collection by asking open-ended questions during semi-structured interviews (see section 4.2.4.2 and Annexure B) and by not leading or forcing the participants into giving artificial answers to my questions. I also took care to not interfere in the real-life contexts in which the observations took place (see section 4.2.4.3) (Guest *et al*., 2013; Merriam & Tisdell, 2016). Additionally, I included multiple sources of data during data collection (see section 4.2.4), therefore employing crystallisation (Merriam & Tisdell, 2016).

Another strategy that I employed to guarantee the trustworthiness of my findings was to take care to be sufficiently involved during data collection to ensure data saturation. Consequently, I spent as much time as possible observing rehearsals, attending performances and engaging with participants during leisure time without over-extending my presence. I also focused on searching for multiple explanations for certain phenomena during data analysis and conducted negative case analysis (Merriam & Tisdell, 2016; Saldaña, 2015). I thus took time to analyse various data sources such as interview transcripts to include as many perspectives as possible in my findings. I also analysed social media posts written by young adults living with Williams syndrome who attend BHMA as well as posts from the BHMA blog. I further took care to not only disclose positive results and to not provide any identifiable information when writing up my negative case analysis by using second pseudonyms for this section of the findings (see 5.1.4).

The trustworthiness of the present study is also influenced by originality: my emerging themes are grounded in the data (see Annexure D) and the theory that I developed from data analysis, which is grounded in the data and the literature, will hopefully make a worthy contribution to the scholarly literature (Anfara & Mertz, 2015). My study furthermore provided the participants with information which they could use to better their practice and which could contribute to social change, as well as providing policymakers and experts with information about how to improve quality of education for young adults living with Williams syndrome and intellectually divergent young adults in general (Butler-Kisber, 2010).

Conclusion

This chapter provided a detailed explanation of the procedures followed to conduct this instrumental case study, including the research design, philosophical assumptions and research approach. I also explained the processes followed for data collection, data analysis and write-up before ending with ethical considerations and comments on the trustworthiness of this study. Chapter 5 shall now present the findings of this study.

CHAPTER FIVE: Findings

Explaining how young adults with Williams syndrome learn life skills through music at Berkshire Hills Music Academy in Massachusetts, USA

Introduction

There was a distinct smell of pine trees in the air as I was walking onto the campus of Berkshire Hills Music Academy for the first time early one January morning. I could feel the snow crunch under my feet as I made my way towards the magnificent pale yellow building. The air was crisp and fresh, and the breeze felt sharp against my face. As I reached the large front door, I took a slow, deep breath. I eased the door open. Beyond the entrance hall I entered the great room where I was happily greeted by Abe with his signature big smile. What an amazing space. A large room with wooden floors, inviting windows, a grand piano and comfortable lounge chairs. There was an energetic bustle of music, chatter and excitement in the room. I accumulated many fond memories here during the six weeks that followed. This is where for a moment I did not understand my mother tongue when Michael unexpectedly greeted me in Afrikaans on that first day, and where he played the South African National Anthem in my honour on the piano a few days later. It was in this room where I was inspired and humbled each time the audience applause would erupt at Variety Hour after every performance. This is also the space in which I heard Toto's Africa being sung more times than I could count over the next six weeks. In this room I saw friendships form, I saw fellow students sit and share their ideas about music for hours on end. This is where I watched people provide support, embrace differences, learn, grow and love.

5.1. Core theoretical components

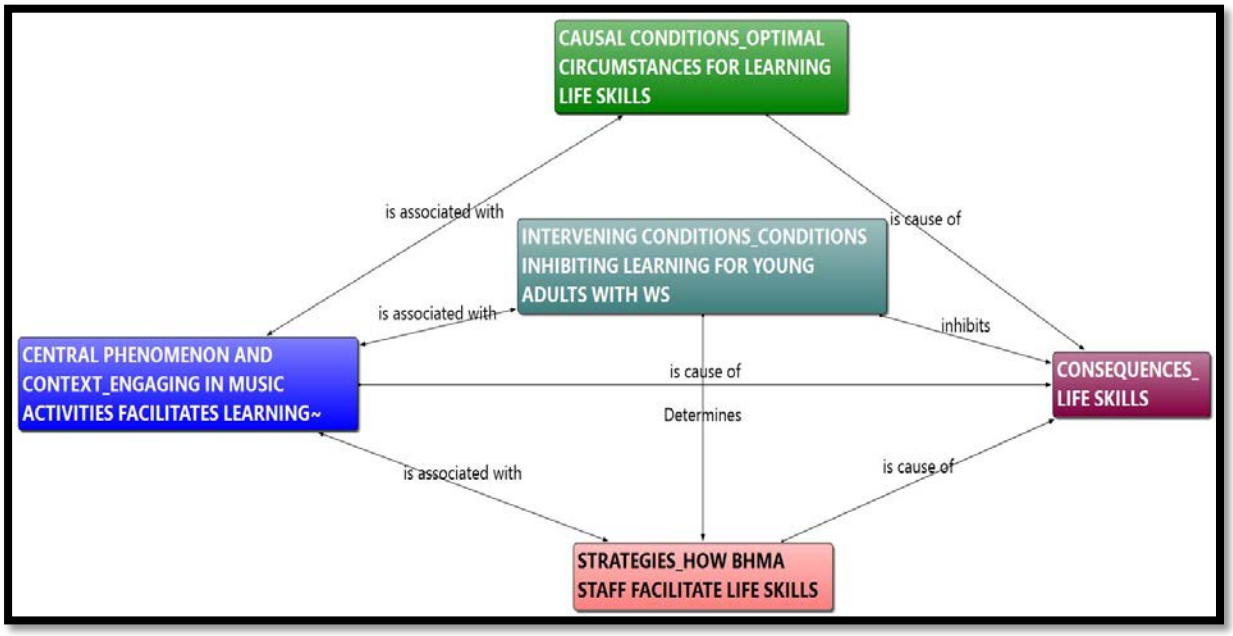

Figure 5.1 Core theoretical components explaining how young adults living with Williams syndrome learn life skills through music at Berkshire Hills Music Academy.

The aim of this thesis is to generate a theory explaining how young adults with Williams syndrome learn life skills through music (see 1.3.1 and Chapter 6). For this chapter I coded my data using the axial "coding paradigm" described by Corbin and Strauss (1990, p. 13) and consequently relied on five theoretical components (Figure 5.1): 1) central phenomenon and context; 2) causal conditions; 3) strategies; 4) intervening conditions; and 5) consequences (Corbin & Strauss, 1990; Creswell, 2013). These theoretical components allowed me to thematise and categorise my data to explain how young adults with Williams syndrome learn life skills through music at BHMA (see 1.3.2). The following five core theoretical components, therefore, help to analyse and explain how young adults with Williams syndrome learn life skills through music at BHMA:

1. Central phenomenon and context: Engaging in music activities facilitates learning;
2. Causal conditions: Optimal circumstances for learning life skills;
3. Strategies: How BHMA staff facilitate life skills;

4. Intervening conditions: Conditions inhibiting learning for young adults with WS at BHMA;
5. Consequences: Life skills.

In this chapter I shall discuss how young adults living with Williams syndrome, at BHMA, learn life skills through music by placing my focus on the themes and categories that emerged from the data for each of the five theoretical components listed above (Figure 5.1). I analysed (see 4.2.5) interview transcripts, Facebook posts, photos, observational notes as well as posts from the BHMA blog (see 4.2.4) in ATLAS.ti 7 (see 4.2.5.1) and used network views to provide a visual representation of the relationships between theoretical components, themes and categories emerging from the data. The first theoretical component which I shall discuss refers to the central phenomenon and context, namely, the engagement in music activities that facilitate learning for young adults living with Williams syndrome at BHMA.

5.1.1. Central phenomenon and context: Engaging in music activities facilitates learning

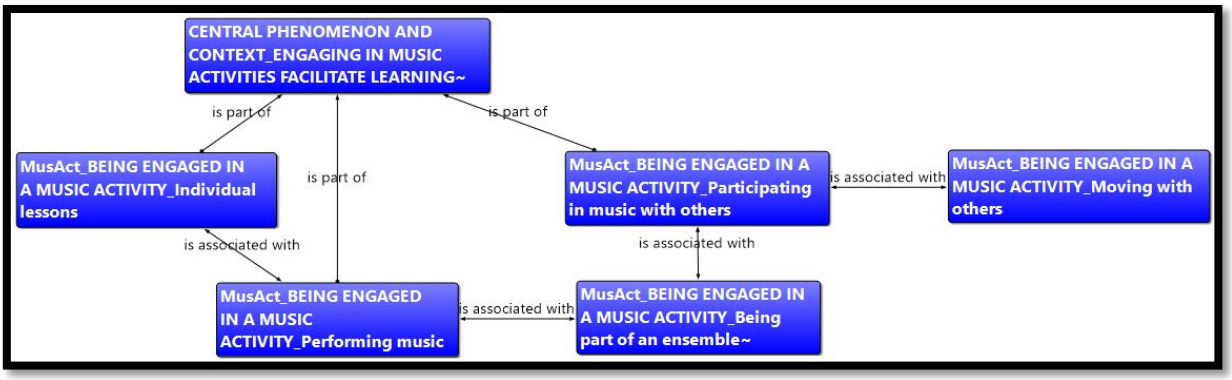

Figure 5.2 Engagement in music activities support young adults living with Williams syndrome to learn life skills

At BHMA young adults living with Williams syndrome learn life skills through engaging in music activities which include 1) individual lessons, 2) participating in music making with others by moving with others and being part of ensembles, and 3) music performances (Figure

5.2). The "enduring connection" (27:1)[22] that young adults with Williams syndrome have with music is at the core of the BHMA curriculum. For Julia, the "sharing of music is so important" (2:17) and is an integral part of the success of BHMA. Liz (1:1, 1:59) and Johann (4:1, 4:9, 4:16), both BHMA staff members, emphasised that engagement in music activities is a key factor in the acquisition of life skills for young adults with Williams syndrome at BHMA. Johann further stated that "music is truly the one factor that ties our sessions with WS students together" (4:9) and that music "tremendously accelerates their learning process" (4:16). When speaking about the importance of music in his life, Allan said that "[m]usic is very important because it has a big impact in my life, and it helps me learn" (20:13). During my time at BHMA, and from observing and listening to the staff and the young adults with Williams syndrome attending the Academy, it became clear that without engagement in music activities, these young adults might not acquire life skills as efficiently and successfully. For the young adults with Williams syndrome at BHMA, music not only acts as a motivator (4:1) to learn and step out of their comfort zones (7:64), but facilitates their learning. While attending BHMA, young adults with Williams syndrome spend most of their days engaged in music activities either at the Academy or while performing in the community. Although they spend the majority of their days engaged in ensemble classes, individual lessons play an important role in how they develop life skills.

5.1.1.1. Individual lessons

Individual lessons do not make up a large part of the programme for young adults with Williams syndrome at BHMA, as they typically have only one or two individual lessons per week. This is, however, a music context in which these young adults learn more about themselves, gain confidence and build character (15:21, see 5.1.5.1). During the six weeks that I spent at BHMA, I witnessed how Tammy's confidence and sense of self improved (see 5.1.5.1) as a result of the support and encouragement she received during her individual

[22] These numbers reference the primary document from which the quotes are taken in my hermeneutic unit. The first number refers to the number of the primary document and the second number to when the quotation was coded. Therefore, in this instance, the quote is from primary document 27 and is from the first quotation that was coded in the document.

lessons. For Angela and Thorny Rose, individual lessons provided opportunities to work on vocational skills (see 5.1.5.8) as well as supporting them in learning repertoire that enabled them to share their stories through music (see 5.1.5.2 and 5.1.5.3). Similarly, individual lessons are an essential part of Sizzle's and Horn Man's programmes as they both have solo careers as musicians and therefore need to continuously develop their personal talent (2:37, 17:7). A significant amount of Sizzle's repertoire consists of songs that she composed herself.

BHMA also offers composition, which for Sizzle and Thorny Rose is an important means to express themselves (21:3, 21:6, 21:8, see 5.1.5.3). Individual lessons, whether they be teaching an instrument or working on students' composition skills, afford the staff of BHMA opportunities to address internal struggles that the young adults with Williams syndrome face, which in turn aligns with the aim of following an abilities-first approach[23] (1:42, 14:55, see 5.1.3.1) by developing individual talent (1:136, 1:167, 2:11, 14:1) while addressing non-musical goals (1:133, see 5.1.3.1 a) and individual needs. The intrapersonal and musical skills that young adults with Williams syndrome develop during their individual lessons enable them to do well when they participate in music activities with others, while simultaneously meeting their social needs (see 5.1.5.2).

[23] Focusing on students' abilities rather than challenges.

5.1.1.2. Participating in music with others

Young adults with Williams syndrome at BHMA spend most of their days engaging in music activities with others. They typically rehearse in their various LIVE bands or in the Troupe in the mornings, while the afternoons are spent participating in ensembles which include rock 'n' roll ensemble, reggae ensemble, Roots ensemble, Alternative Takes ensemble, chorus, jazz/soul ensemble and Zumba (see Table 4.2). I will accordingly be discussing contexts in which young adults with Williams syndrome have the opportunity to move with others, after which I will discuss the findings on when young adults with Williams syndrome participate in ensemble playing.

a. Moving with others

One of the motivations behind the Zumba classes[24] was to encourage students to live healthy lifestyles by being more active (14:82, 224:1). The activities in the music and movement classes at BHMA include activities where the students have to follow and imitate the movements of their instructor, Leanne (152:1, 161:1, 235:1, 247:1). They also have to react physically to instructions (156:1 & 2, 191:1, 222:1, 224:1, 247:1) by moving in certain directions, taking on specific roles or doing particular types of movements. When the young adults with Williams syndrome participate in the music and movement or Zumba classes at BHMA, they have the opportunity not only to improve their concentration and bodily and spatial awareness (5.1.3.2. b and 5.1.5.10), but also to connect with (149:2, 224:1, 235:1) and learn from their peers (see 5.1.5.2). This is also true when young adults with Williams syndrome participate in their various ensembles.

b. Being part of an ensemble

I spent most of my mornings at BHMA observing LIVE bands (53:2, 68:2, 188:2, 190:3, 197:1, 253:1, 256:1) as most of the young adults with Williams syndrome who are participants in my study were members of these bands at the time of data collection. The LIVE bands

[24] Zumba classes include fitness and movement activities.

perform out in their community almost every Wednesday. The young adults who make up the LIVE bands have already graduated from the two-year certificate programme; they chose a music vocation and have therefore been with BHMA for at least two to three years. Thorny Rose, Jimmy, Horn Man and Sizzle, all young adults living with Williams syndrome, have each been with BHMA for more than ten years. Jimmy, Horn Man and Sizzle do not participate in the LIVE programme, but are members of the performance group called Troupe (138:1, 141:1, 141:3, 211:1). Troupe has between 6 and 8 members who perform at various "schools, corporations, conferences, fundraisers and private parties" (26:6) in the community and across the country promoting disability awareness (1:154, 19:9, 259:1).

The Alternative Takes, Roots, rock 'n' roll, jazz/soul and reggae ensembles provide the young adults living with Williams syndrome at BHMA with the opportunity to choose ensembles other than the LIVE bands or Troupe which they would like to be part of based on their personal preferences of music genres. These ensembles further allow students from various programmes to interact, as LIVE members, two-year certificate members and Troupe members all have the opportunity to play in these ensembles. It was remarkable to see how these ensembles allowed younger students to observe and learn from their older, more experienced peers (see 5.1.3.4 and 5.1.5.2).

It is essential to mention that most of the ensemble sessions at BHMA are rehearsal opportunities, apart from times when the young adults living with Williams syndrome rehearse for their individual lessons. Rehearsal is another integral part of the BHMA curriculum, as it encourages students to be "engaged in the music activity and to be present in practising and rehearsing" (1:1) while working towards "life skills development and social skill development" (1:122). Rehearsals also provide opportunities not only for BHMA staff to support the students, but also for the students to support each other. This became apparent when Thorny Rose would often give input during LIVE band rehearsals where she almost took on the role of assistant facilitator at times (14:17, 14:22). Sizzle would similarly give advice and help work

out arrangements during Troupe rehearsals (218:1) as they prepared to perform in the community.

5.1.1.3. Performing music

Music performance (1:2, 1:62, 1:63) plays a vital role in the learning process of young adults living with Williams syndrome at BHMA, as it allows them not only to learn new skills but also to practise these skills (see 5.1.3.8 b). Most of the ensembles at BHMA perform out in the community at least once every one or two weeks, while Troupe sometimes gives multiple performances in a given week. Most of the performances that the BHMA ensembles give in their community are either at nursing homes (1:121) or schools, where they also promote disability awareness (see 5.1.5.1, 122:1). Although I loved being in the audience when the ensembles would perform for various audiences in the surrounding community, one of my favourite events of every week was definitely the Variety Hour concerts.

Variety Hour at BHMA is scheduled every Friday at 14:00 (see Table 4.2). It is one of the weekly highlights for BHMA students, staff and the student's parents and friends outside of BHMA. During Variety Hour (165:1, 167:1, 174:2, 175:2) BHMA students have the opportunity to perform solo music pieces, dance or perform with their ensembles. The energy and excitement in the room during Variety Hour was absolutely infectious and the support that the young adults living with Williams syndrome received from their peers during their performances undeniably had a positive influence on their self-esteem, confidence and sense of accomplishment (see 5.1.5.1). The safe, supportive environment that students experience during Variety Hour is one of the causal conditions for young adults living with Williams syndrome to successfully acquire life skills through studying music at BHMA.

5.1.2. Causal conditions for learning life skills

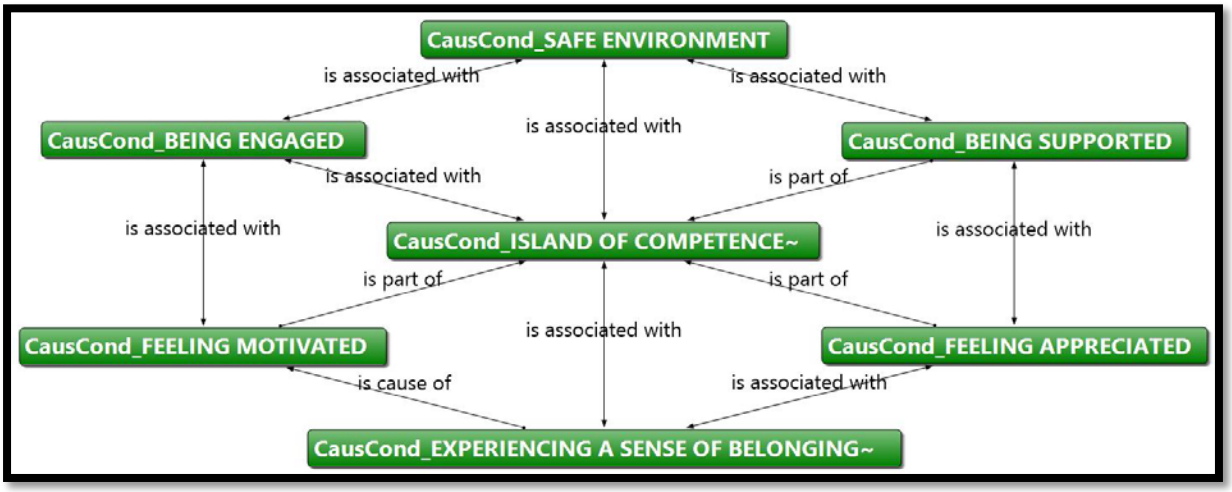

Figure 5.3 Causal conditions for learning life skills at BHMA.

I believe that the learning environment that the founders envisioned and which BHMA staff have created over the years plays a vital role in the way that young adults living with Williams syndrome enrolled at the Academy acquire life skills. During data analysis, seven causal conditions emerged as being an integral part of how the BHMA programme is structured. The success of the BHMA programme is, therefore, partially determined by the fact that young adults with Williams syndrome at BHMA 1) have the opportunity to learn within a safe environment, 2) are supported, 3) feel appreciated, 4) experience a sense of belonging, 5) feel motivated to learn, 6) are engaged in the learning process; and by how 7) BHMA staff have managed to create a space in which young adults living with Williams syndrome can feel competent.

5.1.2.1. Safe environment

When I spoke with Liz, a staff member at BHMA, about their programme at BHMA and their vision, she said that “helping the students have a safe place is the first piece that we try to create, and I think we were successful in creating [this] years ago” (1:34). She also stated that “if the environment in which they are learning and living is safe, uhm, then their resistance or their fight-or-flight response isn’t engaged” (1:35) and, therefore their “ability to absorb that incoming information is that much more present” (1:36). It thus became clear that it is one of the top priorities of the BHMA staff to create an environment in which young adults with Williams syndrome can “feel comfortable” (1:93) and safe while they learn, and that creating this type of environment ultimately promotes optimal learning for these young adults.

It was easy to see, from the first day that I spent at BHMA, that the staff were continuously focused on making the young adults with Williams syndrome feel safe. BHMA staff members Johann and David would especially take care to create a space in which Abe and Alison, young adults living with Williams syndrome who tend to get anxious quickly, would feel safe by following their lead during rehearsals and by allowing them to feel in control and to have the courage to express their emotions during rehearsal (190:2, 253:1). I believe that creating a safe learning environment is also closely related to the notion of providing students with the necessary support, especially when learning new skills or when they need to cope with challenging situations.

5.1.2.2. Feeling supported

When speaking with Liz about how the young adults with Williams syndrome at BHMA learn life skills, she said “an important part about people with Williams, is that they – we’ve only acknowledged this and really started to say this publicly – is that they will always need support” (1:97). She said this in a conversation about how staff often need to revisit specific skills with students and that the young adults with Williams syndrome, in a certain sense, need to be reminded of particular behavioural patterns which are acceptable in specific situations or not. She further spoke about sometimes “re-teaching” (1:97) certain skills. She explained

by mentioning that one should not assume that once a young adult living with Williams syndrome has mastered a new skill that staff will never need to revisit teaching the specific skill. Liz added:

> if you're thinking about room maintenance, or personal hygiene, or grooming, uhm folks who've been here for 14 years, still need the same level of support in order to do that on a maintenance routine basis as they did 10 years ago. And the same for social skills (1:98).

She did, however, also emphasise that the degree of support that young adults living with Williams syndrome will need throughout their lives differs from person to person and that some young adults living with Williams syndrome are able to live independently. She explained:

> there are some who will be successful doing a lot and who need a little bit of a check in, and then there are some who will be successful doing a little and will be needing a lot of check-ins. But some sort of string of consistency of 'Hey are you okay? How are you doing? How can I help?' is a, a maintenance piece that, that I don't think they can let go (1:103).

Although this hands-on approach to support is a crucial factor in how staff at BHMA structure their programmes, it is also essential that students feel supported beyond this. BHMA staff member Alex spoke about how students feel supported, not only by staff but also by their peers, during Variety Hour and that it is one of the aspects of the BHMA programme that should always remain (5:39). It was also clear that Liz provided Tammy, a young adult with Williams syndrome, with the support she needed during her singing lessons when Tammy would look to Liz for support when she was nervous about making mistakes (14:29, 14:32). David and Johann, likewise, were definite sources of support for Tammy and Alison when they were struggling to learn some of the new pieces during their ensemble rehearsals (41:2, 190:2). Thorny Rose, a young adult with Williams syndrome, similarly "credits the supportive

staff at BHMA with encouraging her to succeed" (23:14). She also spoke about knowing that "everyone was there to support me" (25:6) when referring to her second-year recital.

The more time I spent with the young adults with Williams syndrome at BHMA, the more apparent it became to me that students at BHMA do not only feel supported by the staff, but in fact rely mainly on support from their peers. There were various times during my visit where Abe, Matt and Tammy, for example, were patient with and encouraging of a peer having difficulty with some of the activities during Zumba class (14:57). Horn Man has also been described as someone who "takes [other students] under his wing by providing supportive comments, a positive attitude, and a willingness to help them feel more comfortable" (26:9). I consequently realized — and the data confirmed this — that young adults living with Williams syndrome at BHMA feel appreciated and that it was this feeling of appreciation that supported them in learning life skills through music.

5.1.2.3. Feeling appreciated

Just as Liz spoke about young adults with Williams syndrome needing to feel supported (1:39, see 5.1.2.2) and safe (1:34, see 5.1.2.1), she also said that "the second piece was respect, and creating an atmosphere here where the students feel respected and that they're valued" (1:37). She also acknowledged that "the State of Massachusetts has helped along greatly in this endeavour because of all the disability rights, laws and efforts that we have", adding that the state funding that many of the students and young adults at BHMA receive is based on their right to be respected (1:41). According to Liz, "people succeed more often feeling valued and respected" (1:44). She further believes that "the successes you see now are because people do feel that they're heard and they're valued" (1:46, 1:57). One of the first things that I noticed while spending time at BHMA was that the students truly feel and know that they are respected and appreciated within the BHMA community. Liz specifically mentioned, with reference to young adults with Williams syndrome, that "the connection to music really helps initiate [their learning]" and that an environment where they feel appreciated "is really where the learning and the growth and the blooming kind of happens" (1:58). She

supports this by stating that “you can get very clinical about it or very not clinical about it, but I think the core of it all, and from a psychology perspective, the core of the human nature is wanting to feel valued” (1:134). I do agree with Liz that at BHMA they have indeed succeeded in creating not only an environment, but a culture of valuing people for the unique abilities that they have to offer (1:163).

Johann and Harry, both BHMA staff members, also advocated the value of respecting others during ensemble rehearsals by drawing attention to the young adults with Williams syndrome giving others a turn to speak and express their opinions (14:23, 12:4). Alex spoke about always treating others with respect and treating the students at BHMA like adults (14:54). Being respected is clearly very important for Thorny Rose, which was clear when she said that in the past she “was teased a lot because I was different. At BHMA everyone is respected” (21:21). David further accommodates and appreciates the individual talent and needs of each student, and often takes time to give Abe opportunities to perform a song which he likes just after their LIVE band rehearsals (256:1). Jimmy’s mom, Jane, similarly spoke about the fact that Jimmy is “always very accepted and very respected for his abilities” (8:7). I believe that the fact that young adults with Williams syndrome at BHMA continuously feel appreciated contributes toward their experience of a sense of belonging.

5.1.2.4. Experiencing a sense of belonging

One of the most powerful statements by Thorny Rose was that, at BHMA open house events, she would often “tell the parents and their child that might wanna go here that everybody here is so friendly. You won’t feel like you’re out of place when you go here” (7:56). This really resonated with me as I know, from various conversations with young adults living with Williams syndrome during my six-week visit to BHMA, that most have them were bullied and felt out of place for their entire school careers. In an interview for Williams Syndrome Awareness Month, Thorny Rose also said that “BHMA is a very welcoming environment in which she feels fully accepted” (23:11). The causal condition of experiencing a sense of belonging is strongly related to the life skill of connecting with others and making friends, which

will be discussed in depth in section 5.1.5.2. (d). If the young adults at BHMA feel safe, supported, appreciated and experience a sense of belonging, they should consequently feel more motivated to learn.

5.1.2.5. Feeling motivated

I specifically asked Liz what she would say to people if they asked her why they do not just teach non-musical goals to the young adults living with Williams syndrome without music, to which she answered "[b]ecause it's boring. It's not as fun". She went on to say: "[t]ell me the next time you exercise without listening to music. It doesn't happen. [T]here's all kinds of plusses within it, motivation, energy" (1:144). Intrinsic motivation is an unmistakable part of the causal conditions that determine whether these students will successfully learn life skills through music at BHMA. Liz added that "[i]f you don't like being somewhere, you're less likely to learn or wanna go back" (1:151), and that it is "more fun and maybe easier to do if you're introducing your song and doing something you really love to do" (1:175). Johann specifically said that at Berkshire Hills, "[we use music] largely as a motivating factor to address life skills goals" (4:1). Alex also supports this notion that music is an important motivating factor for these young adults by mentioning that "[t]hey do love music" and that these young adults have a "passion for it" (5:68).

It was, therefore, not surprising to hear Thorny Rose say "I love school so it makes me feel really excited and motivated" (7:26, 7:27). During an interview for Williams Syndrome Awareness Month, Sizzle said "I love that I get to do what I love – performing for people all over the place" (17:6). Allan also said "I really enjoy doing what I do" (17:12), while Horn man "has been motivated by music for as long as he can remember" (26:1). Similarly, Jane mentioned that music is Jimmy's passion (8:3). The findings of my study suggest that the intense love that young adults with Williams syndrome have for music (20:1, 27:1) is a crucial motivating factor for their learning and this is one of the main reasons why the BHMA

programme is so successful. The notion that these young adults are motivated to learn through music contributes towards their engagement in the learning process.

5.1.2.6. Being engaged

During my six-week visit to BHMA I was constantly amazed at the level of engagement the young adults with Williams syndrome evinced. Liz feels that the "students would not be half as engaged as they are" (1:147), if it were not for music. Johann also claimed that the engagement of the young adults with Williams syndrome at BHMA is "[m]uch(!) higher compared to approaches that don't utilize music" and mentioned that there is a "very high level of engagement" because they structure the programme around music at BHMA (4:10). Johann went on to say that music "engages students with WS in almost any scenario" (4:18). This was clear during my visit to BHMA as the young adults with Williams syndrome were noticeably engaged and having fun during ensemble rehearsals, individual lessons, performances in the community, during Variety Hour, Zumba class, choir practice or when they were part of the audience.

Thorny Rose specifically mentioned that she likes "[g]etting hands on and doing music" (7:48). Sizzle's and Jimmy's body language more often than not revealed their enjoyment of engaging with music during Troupe rehearsals and performances (14:38, 141:2, 163:1, 221:1). I was furthermore often amazed by Abe's and Tammy's engagement during Zumba class (221:1). Abe would often truly get lost in the rhythm and loved the opportunity to improvise (14:61, 213:1, 230:1). Through data analysis it became evident that the fact that BHMA staff were successful in creating an environment where young adults with Williams syndrome feel safe, supported, appreciated, that they belong, are motivated and engaged has enabled them to create an "island of competence" (3:7).

5.1.2.7. Island of competence

It was during a conversation with Julia, Horn Man's mom, when I first heard the phrase "island of competence" (3:7). Julia spoke about Horn Man's journey with music and the fact that he attended the Music and Minds camps years ago, which were one of the motivations

behind the establishment of BHMA. She then spoke about a talk she once attended where the keynote speaker spoke about how:

> people with various disabilities are in school and they're having to swim all the time – swim, swim. And it's always difficult. Everything is difficult. What if they had an island of competence? An island where, you know, there's something good, they relax (3:8).

I love the metaphor of an island where people's various abilities are celebrated rather than drawing focus to their struggles. This image also fits so well with what the staff at BHMA strive toward and what they have been able to create through their abilities-first approach to teaching. Throughout the six weeks that I spent at BHMA I came to realise that the "positive and interactive musical experience" that BHMA offers young adults with Williams syndrome, "regardless of ability level" (18:4), is an integral part of this particular island of competence. Through various conversations with students, parents and staff as well as my observations at BHMA and ultimately through data analysis, I have come to understand that, without having this particular kind of space — where all the young adults living with Williams syndrome are celebrated for their unique abilities, where they feel safe, supported, appreciated, motivated, engaged and that they belong — the programme would not be as successful.

5.1.3. Strategies: How BHMA staff facilitate life skills

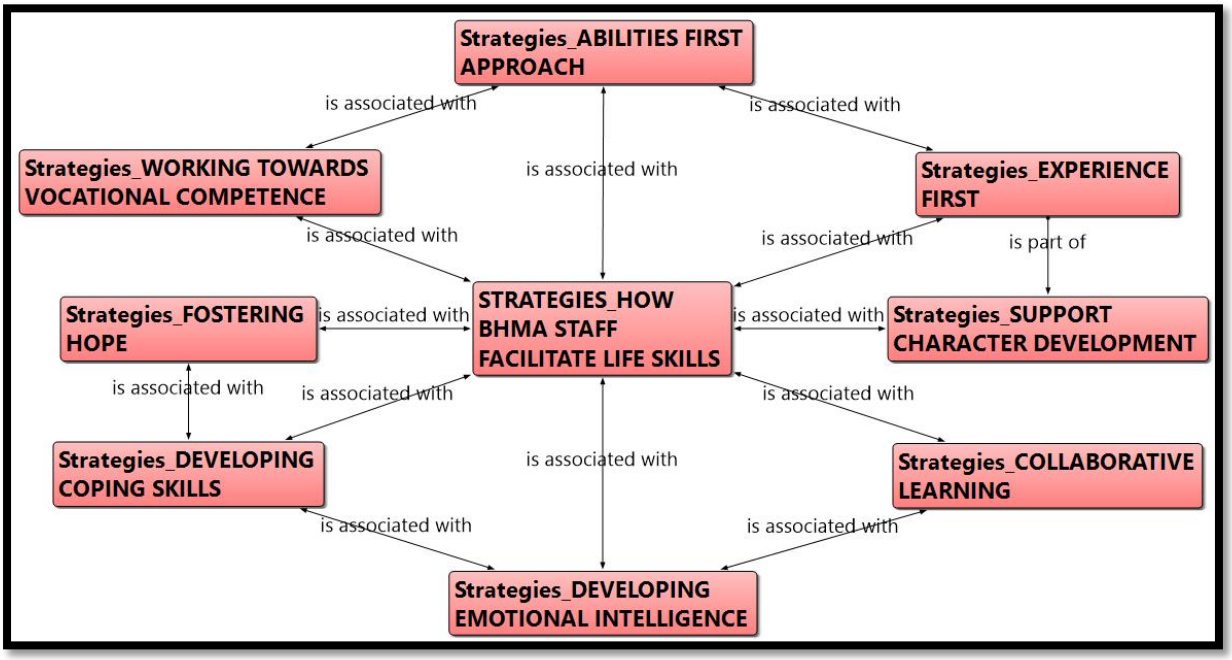

Figure 5.4 Strategies explaining how BHMA staff facilitate life skills.

The strategies that I shall discuss in this section are not from any policy or curriculum documentation from BHMA, but emerged from the data. These are, therefore, the strategies that I saw BHMA staff implement, and which the staff and students spoke about during interviews and casual conversations. At BHMA the staff facilitate the learning of young adults living with Williams syndrome to learn life skills in various ways. The curriculum at BHMA is mostly based on 1) an abilities-first approach, which allows staff to also shift the focus away from the internal struggles that these young adults might be dealing with. The programme is further structured in such a way as to promote 2) an experience-first approach while supporting 3) character development among students. BHMA staff also strongly encourage 4) collaborative learning. At BHMA, staff further support students in 5) developing emotional intelligence, while working on their 6) coping skills and 7) fostering hope. Ultimately, BHMA staff want to enable young adults with Williams syndrome to acquire 8) vocational competence through music.

5.1.3.1. Abilities-first approach

Liz is very passionate about BHMA's abilities-first approach and speaks about "celebrating" (1:42) the unique abilities of every young adult attending BHMA. She also speaks about the fact that they still face many challenges as the school districts, even now, often focus on trying to 'fix' individuals who have different abilities. Liz said:

> All of the school district meetings that we sit in are still about changing or supporting what's broken, you know, what's not right. We need support in this and support in that. That's slowly shifting too, but just that little piece about the 'dis-' and the ability. And that small change really does, it sheds a whole different coloured light on the situation and it comes from a positive place, rather than, 'Oh we've got this problem and we've got to fix it'. But, 'Oh, we've got this ability and let's see how we can make life better' (1:47).

I was to some degree surprised to hear that, even in Massachusetts — a state which I thought was at the forefront of inclusion and disability awareness — people, and especially policymakers, struggle to make the shift towards a more ability-aware approach to programme development. In terms of BHMA's abilities first-approach, however, I do want to acknowledge that young adults like Sizzle and Horn Man are exceptionally talented. The staff at BHMA structure their programme in such a way as to accommodate the abilities and talents of young adults such as Sizzle and Horn Man, who have the ability to run their own successful solo careers in music, as well as the abilities and needs of young adults with Williams syndrome, who will be more successful, and enjoy, being part of ensembles and performing in the local community (1:136). Liz supported this by saying "[w]e look at what you can bring to the table and how we can help you" (1:136). Julia also spoke about how, when they were speaking about starting an academy such as BHMA, there were many conversations about developing the individual musical talent of young adults with Williams syndrome who might be attending the Academy (2:13, 2:37). Sizzle even transferred to BHMA from secondary school and "completed her education here" (2:43).

The amount of care that BHMA staff take to ensure that they cater to the needs of every student (4:15) by focusing on each student's distinctive abilities becomes very clear

when one spends time observing daily routines and activities at the Academy (140:2, 188:1, 190:3). The staff at BHMA really take time to get to know their students and to ensure that they accommodate not only their abilities (14:1, 14:45, 14:55) but also their interests (14:59, 253:1, 256:1). The music curriculum at BHMA is structured in such a way that the "[m]usical material is carefully chosen, specific to the individuals in the group, to be challenging but attainable" (18:9). David mentioned that he appreciates that he is "able to be part of a team that is constantly ready and willing to break the mould if it benefits our students. Our strength lies in our ability to combine both structure and flexibility" (22:2), "while putting the goals and needs of our students first" (22:13). The fact that the BHMA staff spend time learning about the needs and abilities of each individual young adult at the academy further allows them to facilitate the acquisition of life skills in a way which draws the focus away from their internal struggles.

a. Draw focus away from internal struggles

"At BHMA, music often serves as the bridge to enhance communication skills" (18:6). Johann spoke about using music as "a motivating factor to address life skills goals" (4:2). The staff at BHMA, therefore, use the young adults with Williams syndrome's "strength in music to help develop skills in other areas" (16:1). When speaking about the motivation behind utilising music to reach non-musical goals at BHMA, Liz stated that a person's "brain is completely on fire when [they're] listening and engaged to music, which makes everything else work better. That's why. Because it's harder to do it without it" (1:146). She further mentioned how one of the main reasons for her postgraduate studies was because she wanted to look "at how music does address non-musical goals all the time" (1:135).

Liz went on to explain how staff at BHMA would, for example, use songs to assist young adults with Williams syndrome in mastering tasks which they find challenging in daily living as well as practical tasks related to personal hygiene (1:23, 1:24). Moreover, she mentioned how music would allow the student to work on a task, while "all the skills within this task are working on something internal that you struggle with that will help you be a better

communicator, or a better presenter. Better at social skills or whatever in the future" (1:9). Some of Liz's fondest memories of her time at BHMA relate to the notion of how music draws the students' own focus away from their internal struggles. She spoke about a message from a parent after a Christmas concert when a student experienced some challenges during the performance.

> And you know in my way I walked on stage and made a joke, and it kind of worked. And a mum wrote back and said thank you for helping my friend, or our friend, or something like that. You know, taking the struggle, someone's struggle on stage, and finding a way to have him have a successful experience in the end is worth more than… you know, the amount — the successful songs that he'd sing. Just knowing that people ca-, can find a way to help him. That. I just might tear up thinking about it. That was huge (1:153).

Johann similarly spoke about how music enables the staff to draw the focus away from the internal struggles that young adults with Williams syndrome might face when he said that "music seems to be the most easily accessible language for them. Given the cognitive challenges that Williams syndrome brings, music seems to be the most fluently processed information for individuals with Williams syndrome" (4:6). Liz stated that "there's a vulnerability with 'I'm working on myself'" and that "if you're working outside of it, indirectly on yourself, I think there's an easier path" (1:12). She explains that music allows young adults with Williams syndrome to "disconnect from 'I'm working on me' versus 'I'm working on an instrument', or 'I'm working on a piece'" and that this is "helpful" (1:10). She feels that it is beneficial for young adults with Williams syndrome to not have "the spotlight directly on [them] and what [they] may or may not be understanding" and "what [they] may or may not be processing" (1:11). For Sizzle and Jimmy, for example, most of "the things that are really obstacles for them are not music related" and providing them with opportunities to work on these skills through music empowers them to overcome the obstacles (1:92). Some of the internal struggles that Liz spoke about with reference to the young adults living with Williams syndrome at BHMA are associated with "constantly thinking about eye-contact and being able to look at people when you're talking". She said that overcoming challenges such as eye-contact and communication "might be more fun and maybe easier to do if you're introducing your song and doing

something you really love to do" (1:150). The strategies that BHMA staff follow when they enable young adults with Williams syndrome to work on difficult skills without necessarily explicitly focusing on these skills are based on principles of learning through experience first.

5.1.3.2. Experience first

One of the principles that BHMA staff keep in mind when structuring their programmes is that if the young adults with Williams syndrome "physically experience something, it might help [them] to understand and relate it" (15:8) to other experiences and circumstances. Liz spoke about this notion of physical experiences that support learning after one of Tammy's singing lessons, when she was struggling with some technical aspects and interpretation of a piece. This is closely related to the notion of drawing the focus away from their internal struggles as musical experiences are used as a means to address particular challenges without necessarily labelling or even pointing out the skills to be developed to these young adults (see 5.1.3.1. a). When young adults living with Williams syndrome have the opportunity to learn through physical experience, this subsequently promotes their bodily and spatial awareness.

Some of the young adults living with Williams syndrome at BHMA struggle with muscle control and coordinated movement. Alex mentioned how he has seen music "help students control their physical, you know, movement" and that for him this became especially apparent during "movement" classes and "even with playing the piano" (5:16). It was also evident how Zumba classes helped Abe to control his muscle movements more and to work on his coordination and sense of spatial awareness (14:82, 149:1, 224:1, 250:1). Alex further spoke about how physical experiences and movement are "crucial" for Alice, as she had struggled to "control her body" when she just started at BHMA (5:63). I also remember some of the last conversations that I had with David and Liz, when they spoke about how Alice's movements had improved immensely since she started her two-year certificate programme. David similarly specifically mentioned the benefits of movement classes to develop the bodily and spatial awareness of students at the Academy during interviews held by BHMA staff member Suzie

that were posted on the BHMA blog (18:7, 22:11). I believe that when young adults living with Williams syndrome are supported in becoming more spatially and bodily aware, they become more aware of themselves, which could support the BHMA staff in working on character development with these students.

5.1.3.3. Support character development

BHMA staff focus on the character development of young adults living with Williams syndrome by working on their 1) sense of self and self-esteem, while 2) creating opportunities for them to experience success. This in turn leads to 3) increased confidence among these young adults (see 5.1.5.1). Liz mentioned how David and Johann, for example, consciously facilitate the students finding their place, not only in the ensembles but in the world. She further clarified that in order for this to happen, these young adults need to know what "values" they bring to the group (1:115). I agree with Liz that it is essential that the BHMA staff support the development of a sense of self and self-esteem for these young adults living with Williams syndrome, as each individual's unique approach and contribution to a musical piece adds a lot of value to each ensemble (1:116). It was interesting to see how Leanne also supported young adults living with Williams syndrome in the Zumba class to find their sense of self. This was especially clear in the case of Jack (243:2), who has a strong sense of self. During my visit to BHMA I had the privilege of watching as Tammy, Abe and Matt's sense of self and self-esteem (14:76) developed as a result of the time and attention of BHMA staff during Zumba, individual lessons and ensemble rehearsals (233:2, 240:2, 247:2).

One of the strategies that seems to be an integral part of how BHMA staff facilitate life skills for young adults with Williams syndrome is creating opportunities for them to experience success (1:137). Liz gave an example of such a moment by describing how BHMA staff would join students during performances, but that they "hope to fade in the background". She said that the aim of their joining the ensembles is to provide the students with the opportunity to "walk away with … a successful experience" (1:138). Alex also emphasised that the staff take

time to teach the students that they “have to practice to achieve” (256:1), therefore enabling them to take control of their own successes.

When David, for example, gives Abe the opportunity to be in control and choose a song which he loves to perform just after LIVE band practice, his face lights up as he delivers a perfect rendition of the song (256:1). This small gesture is an important strategy for fostering Abe’s self-confidence. There were many other times that I could see how confident these young adults were and how their confidence grew over the six weeks that I spent with them (14:72). I genuinely believe that Leanne’s approach to Zumba had a significant influence on Abe’s and Tammy’s confidence levels as she created an environment that was accepting and encouraging (158:1, 233:2). Although Liz undoubtedly approaches her individual lessons with Angela and Tammy in a way that promotes self-confidence (19:7), it was interesting to notice that the contexts in which the students were able to move or make music with others seemed to be an integral part of building their sense of self, self-esteem and their confidence. Collaborative learning, therefore, is another strategy that staff at BHMA utilise while facilitating life skills to young adults with Williams syndrome.

5.1.3.4. Collaborative learning

Collaborative learning is an essential strategy for BHMA staff when referring to how they support the students to acquire life skills and so it forms an integral part of the BHMA programme. It is important to mention that collaborative learning does not only take place during official rehearsals, but also when students engage with music during recreational activities. The staff at BHMA further emphasise the development of social skills among the young adults with Williams syndrome and take care to provide them with sufficient support.

Liz spoke about how young adults with Williams syndrome at BHMA learn a lot from “mirroring” and “watching other people” (1:94). She explained that not only do they learn by watching what others do, but that they also learn when they see how their behaviour is “being reflected by others” (1:94). Horn Man’s mom, Julia, likewise explicitly mentioned how he “needed to be around his peers” and that she believes that “Williams syndrome kids

particularly can learn from their peers" (3:5). During an interview conducted by Suzie which was posted on the BHMA blog, David stated that the various music contexts at BHMA provide opportunities for the students to "engage with staff and fellow students in one-to-one and group environments" (22:6), which I believe to be a central part of the strategies of BHMA staff towards encouraging collaborative learning.

There were many instances where I noticed how Johann would encourage and utilise collaborative learning during his LIVE band rehearsals, where Alison could, for example, learn by watching Thorny Rose perform (188:3, 189:1) and how Thorny Rose learnt how to provide support for her fellow ensemble members (14:21, 64:1, 97:1). David would also draw the attention of Thorny Rose, Alison and other ensemble members to the fact that they need to be aware of the needs of their fellow students in order to assist and support them where needed (14:12). I believe that students at BHMA have valuable opportunities for collaborative learning when music is utilised as a form of recreation as these contexts support connection among students (see 5.1.5.2).

a. Music as recreation

Recreational activities play an important part in collaborative learning at BHMA where students have various clubs that they can participate in as part of a recreational programme. One of the recreational activities which many of them young adults with Williams syndrome love to attend is open mic nights. Although these events are "less performance-based" and "more social recreational music" events (1:78), BHMA staff use the "social recreational music" for "team building and communication skills and leisure planning" (1:82). These events also set the stage for further developing the social skills of young adults with Williams syndrome at BHMA.

b. Developing social skills

During a conversation that I had with Liz, she spoke about how Sizzle and Jimmy had an argument after a performance over the weekend. She explained how "quick temper" and "misinterpretation of social nuances tripped three [band members] up this weekend at the gig,

because it was too much. Too much" (1:100). She mentioned how young adults living with Williams syndrome are often very skilled in casual social situations "in a cocktail sense" when engaging in general, light-hearted conversation, but that "the deeper understanding of it does trip them up often" (1:102). Through our conversation I came to realise that BHMA staff play an essential role in facilitating the social skills of these young adults and that this is an ongoing process of development, even for the senior students. Liz further explained how staff need to make use of rehearsal time for not only "life skill development" but also for "social skill development" (1:122).

Social skill development and creating opportunities for collaborative learning are indeed large parts of the work of the BHMA staff (14:2, 14:3, 16:2, 18:8), which might be one of the motivations for having the students become involved in making and experiencing music with others for such a large part of their day. Another motivation behind this strong focus on social skill development was explained by Johann, who said that "social interactions and relationships have a tremendous impact on the learning process of students with Williams syndrome" and that it is "critical (even more so than with the average student population) that we maintain good relationships and encourage healthy and constructive social interactions in the classroom" (4:13). By watching how the BHMA staff would adapt their strategies and encourage the development of the social skills of young adults with Williams syndrome, I came to appreciate that none of this would be possible without the support that they provide to these students.

c. Provide support

David said that he appreciates "that there is a place with an established culture of supporting students with innovative and creative thinking" (22:1). This notion of utilizing strategies which provide students with the necessary support is closely related to the causal condition that the young adults living with Williams syndrome need to feel supported if they are to have successful learning experiences (see 5.1.2.2). For Alex, part of providing these young adults with the support that they need is taking time to follow up with the students and

making sure that they are okay (5:4). Liz also spoke about checking in with students, which I believe is an imperative aspect of providing them with the support that they need (1:103). Both Liz and Julia mentioned how one of the strategies that BHMA staff follow is to continuously provide students with feedback (1:19, 2:2, 2:20). I believe that this feedback that students receive, not only from staff but also from their peers, plays an integral part in how supported they feel. It is my opinion that, because the BHMA staff take so much time and care to promote character development, social skills and collaborative learning among these young adults, they also as a result develop their emotional intelligence.

5.1.3.5. Developing emotional intelligence

When Liz spoke about the conflict between band members, mentioned in 5.1.3.4. b, she explained how BHMA staff supported the young adults living with Williams syndrome in dealing with the situation getting them to reflect on the repercussions of their behaviour (1:101). The ability to reflect on and determine appropriate behaviour in a given situation is one of the defining characteristics of a person who is emotionally intelligent. Liz also stated that, in some ways, the staff at BHMA face similar challenges when aiming to develop emotional intelligence in young adults living with Williams syndrome as other educators might when working with teenagers (1:107). I had the opportunity to witness a similar conflict situation with the same students a few weeks later, when Sizzle got so caught up during one of her fellow band members' solo pieces that she got on the stage and started to dance and get the audience involved in the performance (130:1). This was, however, not appropriate at the time and was quite upsetting to the band member delivering the solo. It was inspiring to witness how Harry facilitated the Troupe members to reflect on what had happened after the performance and how Sizzle was able to acknowledge that she did not behave appropriately at that time, although she did strongly feel that the fellow band member did not speak to her appropriately on stage (14:34). I do believe that the BHMA staff have been successful in using the various music contexts at BHMA to support young adults with Williams syndrome in becoming more emotionally intelligent. In my opinion, the strategies that BHMA staff follow to

develop the emotional intelligence of these young adults are closely related to how they support them in developing coping skills.

5.1.3.6. Developing coping skills

Young adults living with Williams syndrome often come to the Academy with a history of being bullied, not having many quality relationships, not necessarily having a strong sense of self and struggling with various medical conditions (14:53). It is, therefore, important that BHMA staff equip them with the skills that they need to cope with the various challenges that they might face throughout their lives including coping with change, being able to relax and to deal with conflict. Alex spoke about how he learned, early on, that he needs to take care to prepare students for change as young adults with Williams syndrome often get anxious when they do not know how to prepare for certain new situations or experiences (14:93, 5:69). Leanne also uses the Zumba class to assist students in coping with change and unforeseen circumstances when they need to partner up with random peers and imitate movements improvised by their peers (240:2). Alex specifically mentioned how they are able to use music to assist young adults with Williams syndrome to relax (5:66), which enables the staff to address the students' coping skills more efficiently.

One of the most prominent coping skills that BHMA staff worked on with young adults with Williams syndrome during my stay was that of conflict resolution. Thorny Rose mentioned how the staff had helped her to deal with conflict in the past (7:19) and I was able to observe while staff member Harry took on the role of mediator during various conflict situations between Sizzle and fellow Troupe members (12:1, 12:4, 12:6). Harry always took care to let the students know that they have the ability and the power to resolve conflict on their own, if they treat each other with respect while expressing their feelings in a mature way (12:8). When BHMA staff succeed in supporting young adults with Williams syndrome to develop their character, develop social skills, learn from their peers, develop emotional intelligence and successfully cope with various challenges, including conflict with peers and friends, they also have an opportunity to support these young adults to be hopeful about their futures.

5.1.3.7. Fostering hope

During a conversation with Thorny Rose, she spoke about how there is “a performer’s oath” (7:64) at BHMA that you have to be open to new experiences. Although being hopeful is a theme that will be discussed in depth as a life skill in section 5.1.5.6, I do deem it essential to acknowledge that, in my view, the young adults living with Williams syndrome at BHMA would most likely not be as hopeful about their futures if it were not for the support, love and care of the BHMA staff. I do believe that BHMA staff foster a culture of care and hope among young adults with Williams syndrome by creating opportunities for these young adults to develop their sense of self (see 5.1.3.3), to connect with others (see 5.1.3.4 and 5.1.5.2), and supporting them in setting and achieving goals that they deem essential (3:1, 14:83, 17:11, 22:13). All these strategies ultimately contribute to working towards improving the vocational competence with young adults with Williams syndrome at BHMA.

5.1.3.8. Working towards vocational competence

One of the main goals of BHMA staff is to support young adults with Williams syndrome in developing their vocational competence. In order to do this, they facilitate young adults with Williams syndrome to 1) develop their musical ability, 2) promote problem-solving skills, 3) assist them in managing their careers, and 4) learn about professionalism. When speaking about the goal that BHMA staff have of working towards developing the vocational skills of young adults with Williams syndrome, Liz said that “being a musician is more than just, you know, singing a great song. There’s a lot else that goes into it, and those basic work skills are really hard” (1:110). The increased focus on developing vocational competence among young adults with Williams syndrome is partly influenced by the higher demand the world has for these young adults to have a vocation and become more independent (2:46, 16:4).

A crucial part of what BHMA staff need to nurture that is associated with vocational skills is the development of the students’ musical abilities according to their individual talents (14:1, see 5.1.1.1 and 5.1.3.1). This is especially true for young adults such as Horn Man, Jimmy and Sizzle, who have purely musical vocations, and with Horn Man and Sizzle in

particular both having strong solo careers (1:83, 2:37). While Thorny Rose does receive payment when she performs with her LIVE band, she also has a non-musical paying job at a local grocery store. So does Nikita (3:1), another young adult living with Williams syndrome attending BHMA. The staff at BHMA, therefore, utilise individual lesson time (1:69) to deal with specific challenges and personal development while working on creating set lists with the young adults with Williams syndrome who choose musical vocations.

Another vocational skill that BHMA staff encourage among young adults with Williams syndrome is the ability to solve problems independently. Thorny Rose, for example, had to undertake a problem-solving task when Johann called on her to support a fellow LIVE member during a rehearsal when she did not know the lyrics to the song. She quickly asked Alison if she could borrow her phone and googled the lyrics to the song (68:2). Thorny Rose also searched for a song on YouTube, when there was some uncertainty about chord structure when they were rehearsing their Mardi Gras-themed set list. Similarly, Horn Man experienced a loss of sound from his keyboard during a sound check for a performance at a secondary school in the surrounding community. It took him only a few minutes to figure out the problem and replace the cable feeding the keyboard sound to the sound system (14:88).

Because students such as Horn Man and Sizzle are doing so well in their solo careers, and there is an increasing need for career management for these students, BHMA staff were working on establishing a “career management programme” (1:169, 24:2) through which staff would support young adults living with Williams syndrome in managing their music careers. Julia expressed her gratitude that BHMA assists Horn Man in this regard as it has taken a load off her shoulders by supporting him in striving towards meeting his aspirations (2:36). An essential aspect of career management is also teaching young adults with Williams syndrome about professionalism.

It is worth mentioning that, although BHMA staff spend a lot of time working towards developing the professionalism of these young adults living with Williams syndrome as it pertains to their music performances, they also teach them about “the level of professionalism

that it takes to be a good audience member … or to be a successful presenter" (1:15). Johann explained how they would typically use rehearsals and performances as a "measurement factor while achieving the skills needed to complete all the necessary steps that lead up to a successful performance" (4:4). Besides focusing on skills such as punctuality, respect, commitment, responsibility and reliability (14:73, 22:5), BHMA staff also work on teaching young adults with Williams syndrome how to dress appropriately for a performance, something that both Sizzle and Jimmy struggled with and still tend to find challenging at times (5:8, 5:9, 5:11, 8:11). By allowing the students to perform out in the community, BHMA staff have managed to provide them with many opportunities to practise these professional and vocational skills in real-life.

a. Real-life application

Liz emphasised that real-life practising of vocational and other skills is an integral part of their approach at BHMA as it provides opportunities for young adults with Williams syndrome not only to "have a better go of it in, you know, the community, the real world" (1:95) and to experience the "practical application" (1:22) of the skills learnt at the Academy; but she also believes that real-life application exposes these young adults to situations that might not arise at the Academy as they are immersed in new social contexts during their performances in the community (1:96, 1:97). Jimmy's mom, Jane, spoke about how the strategy of providing these young adults with opportunities to apply their skills "out in the real world" has had a positive influence on Jimmy's self-awareness and self-esteem (8:12, 8:16, see 5.1.5.1). In my opinion, the fact that BHMA staff create opportunities for young adults with Williams syndrome to practise their skills in the real world is an integral part of the process of developing their vocational competence. BHMA staff also encourage young adults with Williams syndrome to practise being more independent when they are out in the real world by allowing them to make their own decisions and also providing opportunities for practising the skills needed for independent living (2:30).

b. Developing independence

Although BHMA staff encourage the development of independent living skills, they firstly enable young adults with Williams syndrome to make their own decisions (3:6, 14:67, 14:83) and set goals according to their individual needs (22:13). It is clear that Thorny Rose values the fact that the BHMA staff trust her enough to make her own decisions, when she explained that Liz would ask her what she wants during meetings where they would plan her programme (7:52). Thorny Rose also spoke about Johann giving the members of the LIVE band the responsibility of determining the set list (14:50) for their performances based on criteria received from the venues where they would be performing (7:58). There was a sense of pride when she spoke about this. When BHMA staff encourage young adults with Williams syndrome to set their own goals and make decisions, they ultimately enable them to be successful in their careers. It is also important, however, to discuss the conditions at BHMA which could inhibit the acquisition of life skills for young adults with Williams syndrome if the staff at BHMA do not intervene successfully.

5.1.4. Intervening conditions: Conditions inhibiting learning for young adults with Williams syndrome at BHMA

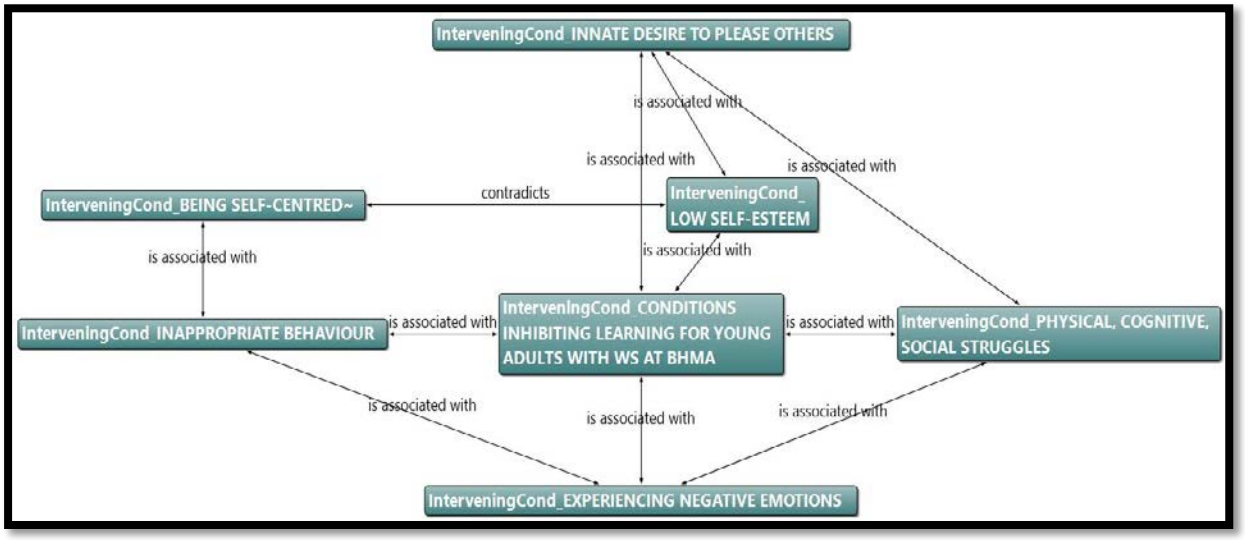

Figure 5.5 Intervening conditions: Conditions inhibiting learning for young adults living with Williams syndrome at BHMA.

During my six-week visit to BHMA and during data analysis, I noticed that there are various circumstances which have the potential to inhibit young adults living with Williams syndrome from successfully learning life skills through music. I was, however, pleasantly surprised at how BHMA staff managed these situations. At BHMA the degree to which young adults living with Williams syndrome acquire life skills relies on how the BHMA staff manage the fact that many of these young adults tend to have 1) an innate desire to please others, which is possibly related to the perception that young adults with Williams syndrome often 2) have a low self-esteem. Young adults living with Williams syndrome, furthermore, tend to 3) face specific physical, cognitive and social challenges, which could explain why they 4) experience negative emotions, which often lead to 5) inappropriate behaviour. Some of the young adults living with Williams syndrome at BHMA also sometimes struggle with 6) being self-centred, which is also associated with a display of inappropriate behaviour.

5.1.4.1. Innate desire to please others

During our interview Kate[25], a BHMA staff member, mentioned that "for people with Williams syndrome, their innate desire to please others blocks the self-realisation of 'Who am I?', 'What does my voice sound like?'" (1:30). She further explains that these young adults are typically "fearful of offending others" (1:31) and that even some of the young adults who have been with the Academy for more than ten years still struggle with that (1:32). I also noticed that students Carli and Eliana would sometimes say that they agree with statements made by others when their facial expression and body language would clearly indicate the opposite (14:33, 15:2). It is my opinion that it is crucial that the BHMA staff enable young adults with Williams syndrome to find their voice and their sense of self (see 5.1.3.3 and 5.1.5.1) if they are to successfully acquire the life skills they need to be independent (see 5.1.5.7), to develop vocational competence (see 5.1.5.8) and to live well (see 5.1.5.10). The innate desire that many young adults with Williams syndrome have to please others could possibly explain why some of these young adults have low self-esteem.

5.1.4.2. Low self-esteem

In my opinion, the low self-esteem that some young adults with Williams syndrome displayed during my visit to BHMA is related to their innate desire to please others (see 1.5.4.1) as well as to the struggles that they face (see 1.5.4.2). I could see Chantal struggling with new music and how her low self-esteem and uncertainty would inhibit her learning and engagement at times (14:30, 41:2, 239:1). Kate also stated that one must keep in mind that many of the young adults at BHMA are experiencing the same developmental challenges that adolescents would and that they are "trying to figure out" life and themselves (1:105). The low self-esteem observed in some young adults with Williams syndrome could perhaps also be related to the various physical, cognitive and social struggles that these young adults face in their daily lives.

[25] To protect the participants, this section (5.1.4) has been double anonymised. The motivation for this is that some of the participants might be able to identify each other as they were part of these contexts and the information might make some participants feel uncomfortable when they read about themselves or know which of their friends certain situations refer to.

5.1.4.3. Physical, cognitive and social struggles

Young adults living with Williams syndrome often experience significant health problems which could have a direct influence on their learning. For example, I did not have the opportunity to meet Allan during my six-week visit to BHMA as he was hospitalized and recovering after his intestine ruptured. Other physical challenges faced by young adults with Williams syndrome at BHMA include having difficulty with muscle control. Reece specifically spoke about how Ginny struggled in this regard when she started at BHMA (5:63), while I saw how, at times, Charles struggled physically following some of the moves during Zumba (14:56).

Another well-known developmental struggle that young adults living with Williams syndrome need to overcome is related to cognitive difficulties. Rose, Eliana's mom, mentioned how Eliana struggled to transfer the skills that she learnt at BHMA to her home life (6:16) during the time that I was at BHMA. This would be especially apparent in Chantal's body language when she would struggle to learn new music (42:1). Young adults with Williams syndrome would also seem to get distracted mid-performance when something unexpected happens (126:1, 129:2, 133:1, 216:1) or they would lose interest if they did not have a significant role to play at some point during rehearsal (102:1).

These distractions during performances sometimes led to social struggles when conflict might arise from such situations if a peer was the source of distraction (12:1, 136:1). Kate mentioned how young adults with Williams syndrome have "personality quirks that are huge social challenges for them" (15:5) and that, although "[t]hey bring so much talent and wonderful ideas, and sweet genuineness, [they] struggle with social skills" (15:6). When speaking about Tabitha and Jake's friendship, Reece said "they also have this love-hate thing going on" (5:25). It seems that Tabitha and Jake, although they "really like each other a lot" (5:25) and are very close friends, also experience a good deal of conflict. The physical, cognitive and social challenges that young adults with Williams syndrome face at BHMA could possibly contribute towards the fact that they experience negative emotions, in some cases.

5.1.4.4. Experiencing negative emotions

Data analysis revealed that young adults living with Williams syndrome at BHMA often experience negative emotions related to feeling overwhelmed and disappointed, feeling anxious, being annoyed, feeling sad during and after conflict and encountering unforeseen circumstances. Facial expression and body language would show when Chantal's low confidence would lead to her feeling overwhelmed during ensemble rehearsals and movement classes (42:1, 239:1). Similarly, Eliana was noticeably disappointed when she found out that a fellow ensemble member would be joining the Troupe (14:69, 273:1) while she would not. Young adults living with Williams syndrome at BHMA would also often experience negative emotions and anxiety as a result of unforeseen circumstances (14:39, 14:94). Tabitha was very uncomfortable and anxious when she had to take over Jake's role as lead piano during a Troupe rehearsal, when he was not able to come into work one day (14:95), even though she has the ability to do so easily. I also saw how young adults living with Williams syndrome would be annoyed when peers would not be performing a musical piece up to their standard during ensemble practice (77:1) and how Tabitha would be overcome with sadness when she would experience conflict with fellow Troupe members (135:1, 137:1). Young adults living with Williams syndrome also often struggle to cope during unforeseen circumstances and tend to get really upset during such times (14:39, 14:49). In many instances, these negative emotions would lead young adults living with Williams syndrome to display inappropriate behaviour.

5.1.4.5. Inappropriate behaviour

The inappropriate behaviour that the young adults living with Williams syndrome displayed during my visit is related to conflict situations and unprofessional behaviour, dressing inappropriately and providing an unwarranted amount of support during rehearsals. When referring to inappropriate behaviour displayed by these young adults, BHMA staff member Reece mentioned how Tabitha and a fellow band member "were killing each other" during an argument at a performance because "she was clapping too loud and it was bothering him and he let her know it" (5:29). I witnessed a similar situation when Tabitha acted

inappropriately during a performance a few weeks later, which lead to inappropriate and unprofessional behaviour when she interrupted a peer's solo and mean things were said among friends in the heat of the moment (134:1, 14:34). Tabitha and Jake also find dressing appropriately for performances challenging at times, which could affect the way that they are perceived by others in terms of their professionalism (5:9, 8:11). When preparing for performances, BHMA staff take time to speak with the young adults living with Williams syndrome about what clothes would be appropriate for their performances. They often emphasise that it is important to look smart as it could influence how others perceive their professionalism. Tabatha and Jake would specifically often wear their old sweatshirts, ski-pants and sweatpants which, according to Reece and James is not appropriate when performing out in the community. Lastly, some young adults living with Williams syndrome would, although their fellow ensemble members could use some support during rehearsals, often over-enthusiastically provide support which seemed to me, as a bystander, to be offensive and even disrespectful at times (14:71, 102:1). I could see how the fellow ensemble members would sometimes feel uncomfortable during these situations. These forms of inappropriate behaviour could be associated with being self-centred and might not only inhibit the learning of these young adults, but could also have a negative influence on the learning experiences of their peers, if BHMA staff do not intervene.

5.1.4.6. Being self-centred

Although this does not apply to all or even most of the young adults living with Williams syndrome at BHMA, I do feel that in the case of a specific young adult, being self-centred does to no small degree impede her learning as she "wants everything to be about her" (15:3). This individual would also often steal someone else's moment seeking praise for herself and boasting about her personal achievements (14:70). I could also see, however, that for each inhibiting condition described in 5.1.4, BHMA staff would immediately intervene to assist the young adults in overcoming challenges and learning acceptable behaviour, which would enable them to learn the life skills required to live well (see 5.1.5.10).

5.1.5. Consequences: Life skills

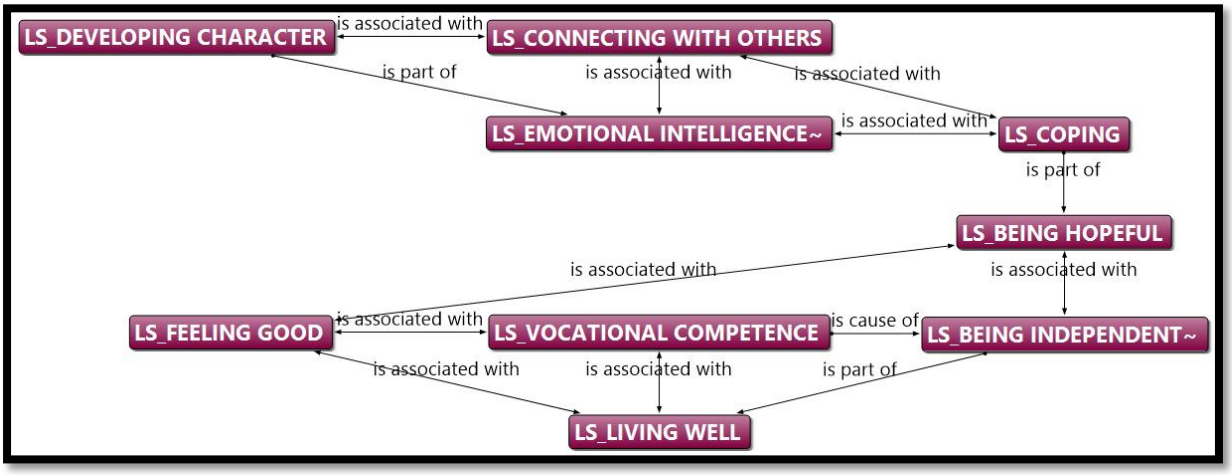

Figure 5.6 Consequences: Life skills.

The last theoretical concept which I shall discuss in this chapter focuses on the life skills that the young adults living with Williams syndrome learn through music at BHMA which, in this case, is the consequence of their learning. Data analysis revealed nine life skills that the young adults at BHMA learn through music. Through music, the young adults living with Williams syndrome at BHMA are able to 1) build their character and 2) connect with others, which consequently supports the development of their 3) emotional intelligence. Engagement in music activities creates opportunities for these young adults to develop 4) coping skills, 5) be hopeful and acquire the necessary skills to become 6) independent. One of the main goals of BHMA staff is to facilitate the development of their 7) vocational competence, which in turn contributes towards them 8) feeling good and ultimately 9) living well.

5.1.5.1. Developing character

Data analysis revealed that, through engagement in the music activities at BHMA, young adults with Williams syndrome develop their character by becoming more self-aware, having self-respect, becoming increasingly confident, improving their self-esteem and being self-determined.

a. Self-esteem

Through the data analysis I realised that young adults with Williams syndrome at BHMA often experienced increased self-esteem after a successful learning experience (1:139); they became more self-aware, developed a stronger sense of self and found their voice (15:14, 19:14). Their self-esteem also rose on their ability to self-advocate, which enabled these young adults to raise awareness of Williams syndrome. When referring to how music facilitates the development of positive self-esteem, Jane spoke about how engagement in music activities and real-life application of skills enabled Jimmy to "have great self-awareness and great self-esteem" (8:12). Liz said that self-awareness is an integral part of making music. She mentioned that young adults with Williams syndrome have to "be present in practising, rehearsing and presenting a music activity" (1:2) and this requires that they are self-aware (1:3, 1:4). When interviewing for a post published on the BHMA blog, Allan mentioned how he is able to perform songs that he never thought he would be able to (20:14). Thorny Rose also mentioned how, since attending BHMA, she has learned a lot about her abilities (7:9, 33:1), while also becoming more aware of her own limits (33:3). According to Liz, this "recognition of ability" (1:43) that the young adults with Williams syndrome develop is an integral part of developing a "sense of self" (1:43). Liz further explains that, if young adults with Williams syndrome are to become more self-aware, they need to know who they are and where they fit in the world (1:114, 1:119, 1:173). Jane, likewise, mentioned that the strategy that BHMA staff use to provide young adults with Williams syndrome at BHMA with opportunities to practise skills in the real world had significantly contributed towards their self-awareness (8:12). Through music, Allan has been able to "develop his sense of self" (27:2). Similarly, music has helped Sizzle to "embrace her strengths and passion for life" (21:6) and she said that "[h]aving a disability is just one part of my life" (19:10).

During my visit to BHMA and during data analysis, it became clear that engagement in music activities has facilitated young adults living with Williams syndrome in finding their voice (1:55, 1:85). This is supported by Melany's statement that Thorny Rose has become "proud

of who she is" (6:13) and also by the fact that Thorny rose has learned "to not be afraid to talk about [having Williams syndrome] (23:9). During an interview conducted by Suzie and posted on the BHMA blog, Sizzle described herself as being "friendly and helpful" (19:10). Through music, Sizzle embraces who she is and often writes songs about her life's journey. Liz also explicitly mentioned how Sizzle has found her voice and has become "much better at self-advocacy over the last fifteen years" since she has been at BHMA (1:33). Sizzle loves writing her own songs and writes that she is "not afraid to tell people how [she feels]" (13:2). I also heard various conversations where Sizzle advocated for herself when she felt that she was being mistreated (202:1, 204:1). Thorny Rose, similarly, "speaks freely of having Williams syndrome and is eager to share traits of the syndrome with others" (6:14).

During a conversation that I had with Thorny Rose, she mentioned how she would often tell people that she is "just like everybody else" (7:33). She went on to speak about not liking it when people use the "'R'[26] word" and that she is "not afraid to go, like, this word is really offensive" (7:62). She further explained that she gets "that people don't understand" but that they can still "use other words" (7:63). Sizzle also said that people should not allow others to disrespect her or anyone else "for having a disability" (17:8) and that she likes "helping younger people with Williams syndrome know that they can have positive futures" (17:11). Thorny Rose similarly avidly advocates for herself, often through her social media posts (34:2, 37:1).

Sizzle is definitely an advocate for people living with Williams syndrome and raises awareness of the syndrome at most of her performances (19:9, 258:1, 259:1). She has a powerful message to share and has been described as "changing perceptions about what individuals with disabilities can do" (31:2). In my view, using music activities to increase the self-esteem of young adults living with Williams syndrome at BHMA is an important starting point for enabling them to acquire the life skills they need to live well. If young adults living

[26] In this instance, 'R' word refers to when people use the words retard or retarded.

with Williams syndrome are more self-aware, find their own voice, develop self-respect (1:86), realise their worth (14:5, 14:60) and start to stand up for themselves (33:2), they could probably also experience increased self-confidence.

b. Increased confidence

One of the musical contexts in which it was hard to miss the increased confidence levels of young adults living with Williams syndrome over the six weeks I spent at BHMA was the Zumba class (156:1, 235:1). I loved watching Abe, Tammy, Matt and Jack grow over the six weeks as they became more comfortable with and confident about themselves with each passing week (152:1, 221:1, 228:1). Liz spoke about how she has fond memories of watching young adults with Williams syndrome grow in confidence (1:139) and mentions that "the more of those successful experiences a person has, the better the foundation is for … confidence" (1:139). She specifically shared how Alice would now "sing her song at an audible volume, not nervous, not whisper the rest of the song" and how "when she first came [other people] couldn't hear anything she sang. Nothing." Liz further explained how Alice's "head was down and, you know, it was just constant moving and rocking and to see that…" (1:162). This was clearly an aspect of their development that is dear to Liz's heart as her love and compassion when sharing these stories were unmistakable.

The increased confidence of young adults with Williams syndrome is also one of the first things that Alex mentioned when speaking about how music helps these young adults to learn life skills. Thorny Rose's mother Melany (6:10) and Jane (8:5. 8:6, 8:8, 8:10, 8:15, 9:1) similarly explicitly referred to how music has supported Thorny Rose and Jimmy to become more confident individuals. Since Matt started attending BHMA a few years ago, he has also "learned to believe in himself" and "came into his own" (23:4). The increased confidence that young adults with Williams syndrome experience due to engagement in music activities at BHMA consequently also lead to an improved display of self-determination among these young adults.

c. Self-determination

Self-determination[27] is one of the core goals that these young adults need to strive towards for young adults with Williams syndrome at BHMA as determined by these young adults' individualised education programmes (IEPs) (1:41). I believe that the fact that these young adults are competent in and able to excel in music, despite other challenges, is a crucial contributing factor towards enabling them to develop self-determination (2:2, 4:20, 4:21). Similarly, because these young adults love music so much, it contributes towards their intrinsic motivation, which is an integral part of self-determination. Liz mentioned how "having a successful experience to start a journey gives you energy and motivation to tackle the next step" (1:89). This notion was supported when Thorny Rose said that music "makes me feel really excited and motivated" (7:26) and that music "pumps me up" (7:67).

I have come to believe that the fact that these young adults are able to have various successful experiences through music, which in turn allows them to experience how others are proud of them, supports my observation that music motivates these young adults. Julia is undoubtedly proud of Horn Man's accomplishments and said that "[music] is Horn Man's vocation. And you know, to me, it just gives me chills to realise that I can say that now" (2:41). In *Happy to be me,* Sizzle wrote "[n]ow people come up to me, and tell me that I'm inspiring" (13:3). When young adults with Williams syndrome become aware that other people, especially those closest to them, are proud of their accomplishments, it contributes towards them experiencing a sense of accomplishment, which is one of the core aspects of self-determination.

Liz shared many stories of times when young adults with Williams syndrome at BHMA experienced a sense of accomplishment. One such, which Sizzle also mentioned a number of times, was when Sizzle sang "the national anthem at Fenway Park" (1:159, 15:20). The performance with the Cleveland Pops Orchestra was definitely another highlight for Sizzle

[27] Self-determination refers to the extent to which a person is autonomous, how they relate to others and how competent they are. Self-determination is associated with resilience and coping, and it is a prerequisite for an individual to flourish (Ryan & Deci, 2017).

(15:20, 21:1). Besides being very proud of "her ability to sing and perform 'gigs' for the nursing homes" (6:17), Thorny Rose mentioned how she "was asked to perform" for Days Ahead, who visited BHMA for a masterclass once and that "they really liked [her] singing" (7:6). She is definitely very proud of all that she has accomplished through music (51:1). Allan similarly spoke about how proud he is of the hard work he has done with the LIVE Band. During an interview for Williams Syndrome Awareness Month, Matt mentioned how he feels "very emotional and happy because it has not been the easiest ride" (23:3) and that he is "very proud of [his] accomplishments" (23:8). Young adults with Williams syndrome might find it easier to connect with others when they feel a sense of accomplishment and see how proud others are of what they have achieved.

5.1.5.2. Connecting with others

The development of social skills is one of the critical aims of BHMA staff and, therefore, connecting with others is also one of the prominent life skills that young adults with Williams syndrome acquire through music at BHMA. These young adults learn to connect with others by 1) interacting with others, 2) learning from and with others, 3) learning to be better communicators, and realising that they 4) have things in common with their peers, which supports them in 5) making friends.

During our interview Liz mentioned how music is "a connector within the Williams syndrome community, but also a bridge to connect with other disabilities and other people" (1:48, 1:49). She also shared how, although not all young adults with Williams syndrome at BHMA have the same level of talent, "they love music and relate to music, probably listening to it all the time … But it's still that connector" (1:133). Likewise, Johann said that "[f]or the teachers that are musicians like myself, it is what unites us, where we feel true kinship" (4:12). He further stated that music "changes our relationship fundamentally because we process music very similarly, in most cases. It connects us in a way that other topics/areas of life simply can't" (4:19). Johann said he will "never forget the immediate kinship [he] felt upon [his] arrival when realizing how vital music is to individuals with Williams syndrome" (4.19). This

made me realise that, not only does music act as a connector between the young adults and their peers, but that it also, very importantly, connects them with their mentors. Thorny Rose, equally, believes that "music unites people" (7:11) through creating opportunities for interaction.

a. Interacting with others

I felt a very strong sense of togetherness (14:27) during my visit to BHMA and had the privilege of witnessing how, as Thorny Rose put it, "music brings everybody together" (25:3) by affording young adults with Williams syndrome the opportunity to interact and connect with others (26:3). While analysing the photos included as data in my hermeneutic unit, I found it interesting to notice that these young adults would, almost without fail, instinctively turn their bodies towards their partners when singing duets (66:1, 83:1, 138:1, 141:1, 219:1), or often towards staff and accompanists (190:1). For me, this was a striking example of the need that these young adults have for social interaction and connection. The love that these young adults have for such interaction was also evident during movement classes where Abe, Jack, Matt and Tammy would noticeably enjoy activities where they could partner up with a peer and were excited to interact with others during movement activities (160:2, 149:1, 219:1, 242:1, 245:1). Through experiencing connection during interaction with others when engaged in ensemble or movement activities, young adults with Williams syndrome have the opportunity to learn from and with others.

b. Learning from/with others

Opportunities for modelling behaviour is an important part of the learning process for young adults with Williams syndrome and is also central to the strategies that BHMA staff use to promote collaborative learning among students (14:89, 149:2). Liz explained how young adults with Williams syndrome are able to improve their own skills and future behaviour when they have opportunities to observe how others act in similar contexts (1:174). Tammy, Abe and Alison were able to learn a great deal about professionalism (see 5.1.5.7. e) by observing and interacting with their peers and mentors during ensemble and movement classes (149:2,

157:1, 188:2, 189:1, 221:3). Contexts in which young adults with Williams syndrome have the opportunity to learn collaboratively (see 5.1.1.2 and 5.1.3.4) support them not only in learning from others, but also in learning more about themselves, to develop their own abilities and to connect with others while simultaneously developing their communication skills.

c. Being a better communicator

Liz explained that opportunities for performing and presenting music to various audiences ultimately "help [young adults with Williams syndrome] to be better communicators" (1:8) and that the development of communication skills for these young adults is an integral part of what they do at BHMA. Liz stated that "music is sort of the language of all" and that it helps the young adults to "bridge communication gaps" (1:50). Although these young adults are often described as highly sociable, they often do experience challenges regarding their communication skills, and so BHMA staff utilize the students' engagement in music activities to address these challenges (1:51, 1:52, 1:81). Some of the communication-related challenges that the young adults have been able to overcome through their engagement in music activities at BHMA includes making eye contact (1:161, 14:78), articulation and diction when singing (5:64, 14:80), expression and body language (14:16, 14:78).

Over the fifteen or more years that Sizzle has been attending BHMA, her expressive abilities have improved tremendously and she is now able to more easily express her feelings through her singing, composition and when addressing a crowd (119:1, 141:1, 212:1, 259:1). Thorny Rose also comfortably shares her story and emotions through musical performance (165:1, 189:2), while movement is clearly an important means of expression for Abe, as I could often feel the intensity of what he was feeling by watching him move (222:1, 232:1, 247:1). Sizzle truly has a talent for expressing herself in ways that touch people's hearts through music (168:1, 263:1). Alex shared how he would be brought to tears almost every time Sizzle would perform after he had just joined the BHMA team (5:60). Sizzle has "moved" (21:8) and "inspired audiences all over the United States" (21:5) with her "gift for vocals, piano and song-writing" (21:5). She said that she loves being able to bring joy to people by performing her

music (32:1) and that it feels “good that [she] can heal people with [her] positive messages of encouragement and [she] will continue to do so” (32:3). When young adults with Williams syndrome become better communicators and improve their ability to express themselves, they should be able to connect with others more easily as they discover that they might be able to make friends more easily.

d. Making friends

Forming and maintaining friendships are essential skills associated with the ability to connect with others, especially considering the high sociability of young adults with Williams syndrome. Liz explained that it is important for young adults with Williams syndrome to make friends at BHMA by pointing out that many of them “have never experienced a true peer group” (1:53). She further said “the nuances of making friends within a disability peer group are very similar to the nuances of making friends in a non-disability peer group” (1:56) and that “it is an element of recognition to educate the rest of the community about too” (1:56).

In my opinion, discovering what they have in common with their peers, might support young adults with Williams syndrome in making new friends. When speaking about starting her journey at BHMA, Thorny Rose said “it was like [she] was part of a tribe. Like, yay! There are other people like me!” (4:41). I believe that this feeling of being part of a ‘tribe’ and having things in common with others is essential for making friends. This notion was supported by Liz, who gave an example of how having a mutual favourite artist or band can be an icebreaker and that it is “on a very basic level one important way that it’s helped students relate” (1:88). Alex similarly spoke about how “the music helps, you know, how they relate to one another” and that “[m]usic helps [young adults with Williams syndrome] to have a common cause” (5:32).

It was clear that “friendships are very important” (25:1) to Thorny Rose as she often spoke about how she valued her BHMA friends. She further stated that she likes “singing with [her] friends” (7:30) and that she gets “really excited when [she] sees them” (7:31). She did, however, emphasise that friendships take work, that they “take a while to form” and “don’t just

happen right away" (7:42). There were various times during my visit to BHMA where I witnessed the love and affection between these young adults living with Williams syndrome and their friends. As mentioned in 5.1.4.3, I did not have the opportunity to meet Allan during my visit to BHMA as he was suffering from medical issues. During that time Alice and Abe stated that they missed Allan dearly, with Alice suggesting that the students "make a card for Allan" (14:51) and Abe saying that he really wanted Allan to come back (14:66). Allan even joined one of the Variety Hour concerts via Skype one Friday afternoon to watch and interact with his friends. Alison, Thorny Rose and other fellow LIVE Band members would also often sit casually chatting when there were a few minutes to spare during rehearsal (67:1). The close bond between Sizzle and Jimmy was unmistakeable, with both Alex and Jane specifically referring to the fact that they have a sibling-like bond (8:13). Alex and Jane also, interestingly, mentioned how they sometimes are like "oil and water" (8:13) and at times have a "love-hate" (5:25) relationship, although they genuinely have great respect and love for one another (5:28).

When young adults with Williams syndrome connect with others and form friendships, they have the opportunity to build a support system. During our conversation Alex, for example, referred to how "when push comes to shove, [Sizzle and Jimmy] have got each other's backs" (5:26) and how Sizzle supports Jimmy by comforting him (5:33). I also observed how Thorny Rose would take on a supporting role during LIVE Band rehearsals, when she would support her friends (64:1, 92:1, 103:1) and how peers would support one another during Variety Hour (5:36, 5:37, 14:46). I also had the privilege of experiencing Alison cheering on her peers (35:3) and was often amazed at Jack's "supportive presence" (40:2). When young adults with Williams syndrome have meaningful friendships and feel supported by their friends, they could consequently experience a sense of belonging (see 5.1.2.4). Through the development of life skills associated with character building and connecting with others through music, young adults with Williams syndrome at BHMA have the opportunity to develop their emotional intelligence.

5.1.5.3. Emotional intelligence

Through increased self-awareness and improved social skills through music, young adults living with Williams syndrome at BHMA have the opportunity to learn to be "sensitive to feelings" (23:10). Through music, they are therefore able to develop their emotional intelligence (see 5.1.3.5) 1) by learning to identify and express their emotions, 2) as well as learning appropriate behaviour, 3) and developing empathy, and consequently 4) supporting others.

a. Being expressive

Since attending BHMA for the first time over fifteen years ago, Sizzle has become considerably more emotionally intelligent as she now uses music as a means to share her story and express her emotions (21:3, 31:2, 141:2) in ways that are truly striking. Alex mentions how Sizzle has become "more excited about the process of writing a new song" (5:61) and how she gets "excitement chills" (5:61) when writing a new song. Through composition and singing Sizzle is able to identify and express her emotions (141:2, 168:1, 212:1, 262:2, 263:1) as well as share her story (19:3) with people all over the USA and the world. I first saw one of Sizzle's performances on YouTube more than five years ago, even before knowing about BHMA's existence. Thorny Rose similarly, spoke about how music would sometimes "actually make [her] cry" (7:37m 7:39) and how she enjoys music that "makes [her] emotional" (7:38). I could also often see how Alison would be touched by music (186:1). By means of learning through music at BHMA, Abe has also learnt to be more aware of, identify and express his emotions. Music and movement classes have helped Abe and Jack to be more expressive (163:1, 223:1, 230:1, 232:1), which was evident when he once asked to "do happiness" during Zumba (14:65). When young adults with Williams syndrome at BHMA learn how to identify and express their emotions, they have the opportunity to learn appropriate behavioural patterns.

b. Acting appropriately

There were various times during my visit to BHMA where young adults living with Williams syndrome were guided by staff and peers to act appropriately (15:3, 108:2). Most of these instances were linked to inappropriate behaviour when experiencing negative emotions during a music activity. Thorny Rose, for example, has learnt to not react sometimes, or remove herself from a situation when a peer would do things that she finds inappropriate (7:17). Through music activities, the young adults at BHMA have had the opportunity to observe the behaviour of staff and peers. Through collaborative learning in various music contexts, which include situations of conflict and with stressors such as unforeseen changes in plans, these young adults have the opportunity to practice appropriate behavioural patterns through modelling (14:89). I believe that young adults living with Williams syndrome also learn empathy, when they learn how to identify and express their own emotions as well as by observing others.

c. Having empathy

Through their engagement in music activities, young adults living with Williams syndrome at BHMA have been able to learn to have empathy for others. Thorny Rose explains how, “whenever someone new comes to visit” BHMA, she tries to “put [herself] in their place” (7:57). Engagement in music activities with their peers has also enabled young adults with Williams syndrome to be aware when a peer might be struggling and they would, at times, offer assistance (14:13). The empathy that these young adults have was also noticeable when I saw how Abe, Matt and Tammy would be patient when a peer was struggling with specific movements during Zumba class (14:57). Nikita, Jack and Tammy have been described accurately as compassionate, empathetic and thoughtful (36:1, 38:2, 39:1) by BHMA staff. In my opinion, having empathy is a faculty which allows young adults with Williams syndrome to support their peers (14:13, 14:26, 14:28).

d. Supporting others

I cannot recall one day that I spent at BHMA when I did not see these young adults supporting a peer in some way. Johann created various opportunities for young adults with Williams syndrome to learn to identify the needs of their peers to be able to support them (see 5.1.2.2 and 5.1.3.4. c), if necessary (14:17). Thorny Rose would often support LIVE Band peers when they were experiencing some sort of a challenge during rehearsal (14:21). She would, for example, help peers when they were struggling with lyrics, learning the melody of a new song, or when the percussionists would struggle with the accompaniment (14:24, 14:28, 64:1, 83:1, 85:1, 90:1, 178:1). I also remember Matt giving advice during Zumba class (14:58) and Jimmy providing Horn Man with technical support during rehearsal (14:86). Through music, these young adults did not only learn to support their peers at BHMA, but they also had opportunities to support people in their community during performances or trips to town (14:14). While it is essential that young adults living with Williams syndrome learn how to support others, which consequently helps them to cope with their own difficulties, they also need to acquire skills to cope with various personal and social challenges.

5.1.5.4. Coping

If young adults with Williams syndrome are to acquire the life skills they need to live well, become independent and be vocationally competent, they need to be able to cope with the various challenges that they face in their everyday lives. Through engagement in music activities, these young adults are able to develop coping skills by being called up to adapt, deal with conflict, cope with negative emotions, be able to release tension and drawing on the music as a lifeline.

a. Being able to adapt

Young adults with Williams syndrome at BHMA often struggle to cope with unforeseen circumstances and change. In this regard, BHMA staff member, Alex, spoke about how Horn Man's positivity enables him to be "willing to let go" (5:24). He also mentioned how he has noticed that these young adults at BHMA have become more flexible (5:51) and do not

necessarily need as much guidance as they initially did when plans changed at short notice (5:70). This reminded me of a morning when Sizzle was upset at first because she unexpectedly had to accompany a song during Troupe rehearsal. She, however, quickly gathered her thoughts, sat behind the piano and took on the role of both vocalist and accompanist for the song (14:93). Similarly, Thorny Rose readily took over a solo during rehearsal when a peer was absent for the day (14:49). The ability to adapt to change and unforeseen circumstances is an important skill that these young adults acquire through music at BHMA, and it contributes towards their success, not only during music performances, but in their vocation of choice. Apart from being able to adapt, engagement in music activities also allows young adults with Williams syndrome at BHMA to develop the skills required to deal with conflict.

b. Dealing with conflict

Young adults with Williams syndrome attending BHMA experience conflict with peers in various rehearsal and performance contexts and hence need to develop the skills to deal with these conflicts appropriately. Although conflict is also discussed as an intervening condition in the section on experiencing negative emotions (see 5.1.4.4), these young adults develop skills to cope with conflict through their music activities. Through engagement in such activities, these young adults have learnt to accept differences (7:58), which I believe is a key in limiting conflict situations. I also observed how Sizzle would apologize and accept her responsibility in the conflict, and how she and Jimmy would exchange hugs after resolving a conflict (14:35). It is my opinion that the role of BHMA staff in facilitating conflict situations (see 5.1.3.6. a) should not be downplayed as it is highly supportive of the young adults as they learn how to deal with conflict.

Although it is broadly considered to be a communication skill and could even be associated with emotional intelligence, in my opinion, the ability to be assertive is an important skill that young adults with Williams syndrome need if they are to deal successfully with conflict. In this regard, Alex explains how Horn Man, although “he’s still got ways to go”, has

learned to interact “more assertively in a lot of ways” (5:45) and is now able to “make his opinion known without it being scripted” (5:46). It therefore seems as though the innate desire to please others (see 5.1.4.1) that these young adults tend to display might be one of the challenges that they need to overcome if they are to learn how to be assertive and to stand up for themselves (20:9, 23:6). During my six-week visit to BHMA, I was also able to witness how Sizzle would stand up for herself when she felt that she was being treated unfairly during a conflict situation, or thought she was being misunderstood (12:2, 12:3, 136:1, 205:1, 209:1). Thorny Rose, similarly, often stands up for herself and others, especially through social media (7:62, 17:8, 33:2).

Apart from being able to stand up for themselves and be assertive in conflict situations, young adults with Williams syndrome need to also be able to forgive others, if they are to cope with conflict. Alex specifically spoke about how he is often amazed at how young adults with Williams syndrome forgive each other after conflict and described them as being “forgiving” individuals (5:22, 5:23). Thorny Rose also mentioned how, in the past, she would be annoyed when some peers often act inappropriately during rehearsals, but that she has learnt to deal with these negative emotions, to let go (33:3) and to forgive (7:17).

c. Coping with negative emotions

Many of the young adults living with Williams syndrome at BHMA experienced some sort of bullying during their school careers. Sizzle, especially, speaks about this and how music and composition have helped her to cope with the negative emotions associated with the bullying that she suffered (1:143, 13:1, 17:7, 19:8). Furthermore, one of Sizzle’s best friends in secondary school committed suicide, which had a significant impact on her state of mind. Sizzle used song-writing and the skills that she acquired at BHMA to help her deal with the loss of her friend (1:142). Thorny Rose also mentioned how music helped her to deal with being bullied when she was in school and how music helps her to “cope with things that go on” (7:13). Through music, these young adults at BHMA have learnt to cope with disappointment when things do not go according to plan (5:56, 80:1), or when they have to

perform for much smaller audiences than expected (5:55). Thorny Rose also explained how she would “leave the room” (7:18) or “walk away” (7:20) during situations she finds irritating.

Engagement in music activities at BHMA teaches young adults with Williams syndrome that the show must go on, so to speak. Music enables them to “feel better” (20:5) when they are sad. During an interview by staff member Suzie for the BHMA blog, Allan explained how music “touches [him] in different ways” and how it helps him “to feel better” (20:5). Music also helps these young adults to acquire skills that enable them to persevere despite feeling down by using music as a means to cope with these negative emotions. I specifically recall one morning where Thorny Rose was not feeling herself as something had clearly upset her. She was, however, able to find the strength to overcome these emotions and used music as a means to express what she was feeling (177:1, 198:2, 207:1), which helped her to feel more relaxed (184:2).

d. Relax and release tension

Johann mentioned how music “has a soothing effect in almost any setting” (4:17) for young adults with Williams syndrome at BHMA. Similarly, Liz said that young adults with Williams syndrome “can look forward to Rock ‘n’ Roll ensemble” (1:149) when they experience a hard day, while Alex stated how music helps to “take the tension off” (5:66). There were various times during my visit to BHMA where I could see how music helped these young adults to feel less tense and to relax. Music is definitely a release for Sizzle (19:5) and I saw how Abe relaxed during almost every Zumba class (163:1, 323:1, 234:1) and when he would sing one of his favourite songs (254:1). Another moment that comes to mind where I could see how music helped a young adult to release tension was when Thorny Rose was having a bad day one morning. She would sit apart from her fellow band members, barely interacting at all (198:2, 199:1), which was completely out of character. After the LIVE Band had been rehearsing for a while, I could see how she started to loosen up and how her mood lifted (185:1). During a conversation that I had with her a few days later, she mentioned that she likes how music, and specifically reggae music, relaxes her (7:14). When Suzie conducted an

interview with Thorny Rose for the BHMA blog, she spoke about how music and dancing “take any bad stuff away” (20:4). It, therefore, seems that music plays a vital role in the wellbeing of these young adults with Williams syndrome.

e. Music is a lifeline

When having a conversation with Melany one evening, she explained how music has always been a lifeline for Thorny Rose (6:1) and that “her life revolves around music lessons at BHMA” (6:3). Thorny Rose emphasised that she feels that she “can’t humanly go a day without music” and that she “needs the music” (7:34). She explained this by saying that “[g]oing without music is like going without water. You can’t do it. You need water every day to stay hydrated” (7:36). For me, this must be one of the main motivations behind using music as a means for teaching life skills to young adults with Williams syndrome. Music truly is an essential part of these young adults’ wellbeing (6:2). Sizzle also mentioned how music “helps all of us through the hard times” (19:7) and that “music is what gave meaning in [her] life” (21:4). When young adults with Williams syndrome learn the life skills required to adapt, deal with conflict, to cope with negative emotions, and when music becomes their lifeline, they should be able to be hopeful about their lives and their futures.

5.1.5.5. Being hopeful

I would like to quote two lines from Sizzle’s song, *Happy to be me*, as an introduction to this section on how music enables young adults with Williams syndrome to be hopeful:

> Don’t let anyone take away your dreams (no, no)
>
> Because they’ll become your reality (oh-oh) (13:5)

Through music, young adults with Williams syndrome at BHMA learn not only to set goals (see 5.1.3.7) but also to strive towards achieving these goals (19:11). When young adults with Williams syndrome at BHMA learn how to be positive, to be open to new experiences and take on a challenge through music, they might be able to successfully reach their goals.

In my opinion, the ability to be positive plays an important role in whether these young adults can be hopeful as they might possibly not have positive dreams for their future or trust their ability to reach for these dreams without a positive attitude. In an article on the BHMA blog Allan mentioned how music had enabled him to help "younger people with Williams syndrome know that they can have positive futures" (17:11). Similarly, Sizzle spoke about how having "a disability doesn't mean [she] can't do things" (19:4), while music has helped Matt and Jack to develop positive attitudes (23:2, 40:1). When young adults with Williams syndrome at BHMA have positive attitudes, they might consequently be more open to new experiences.

Since attending BHMA, Thorny Rose has specifically become more open to experiencing new things. During a conversation with Thorny Rose, she explained how her perception of nursing homes has changed as she "didn't really want to go visit [her grandparents] in the nursing home" and that she "had, like, a closed mind thing". She went on to mention how she now "just loves" performing and visiting nursing homes in their community (7:54). Thorny Rose specially credits BHMA for teaching her to "have an open mind" and to "try new things" (7:55). Jane also spoke about how the young adults at BHMA are encouraged to overcome their "resistance to going and trying having new experiences" and how Horn Man has become "more amenable to doing things" (8:14). Through learning to be more open towards experiencing new things through music, young adults with Williams syndrome could possibly also feel less inclined to shy away from facing new challenges.

Liz mentioned how young adults with Williams syndrome at BHMA are enabled to face challenges by, for example, "taking on a challenge of making a friend" (1:87). In an article for Williams Syndrome Awareness Month staff described how, since attending BHMA, Matt has "consistently risen to whatever challenge is before him", even though he initially struggled to adapt to living away from home (23:5). Thorny Rose, likewise, mentioned how engagement in music activities enabled her not to "be afraid to take risks" as she has learnt that "it will make you a better person" (25:9). Through engaging in movement activities during Zumba class, Abe has been encouraged to take on and overcome various personal challenges (247:1).

When young adults with Williams syndrome learn skills associated with positivity, being open to new experiences, not shying away from challenges and consequently trusting their own ability to strive towards and achieve their goals, they might be able to live more independent lives.

5.1.5.6. Being independent

Through their engagement in music activities, young adults with Williams syndrome at BHMA learn "how to be more independent" (2:15) by developing their "sense of self-sufficiency" (2:23). Although the following skills are important skills for becoming vocationally competent (see 5.1.5.6), I do believe that being more responsible (6:8), learning to be on time by planning properly (5:14), being able to make plans to solve problems by, for example, utilizing technology to find lyrics online during a rehearsal (68:1), figuring our chord structures for a song (115:1) and being able to independently book gigs for themselves or their ensembles (14:77, 1:104) are important skills underlying the independence of young adults with Williams syndrome. Skills such as being punctual, problem-solving and making appointments are not only important for succeeding in the workplace, but are also an essential part of daily living. Therefore, I believe that when young adults with Williams syndrome learn these skills through music, they ultimately become more independent.

Enabling the young adults with Williams syndrome at BHMA to become more independent is not only an important goal for BHMA staff, but it is also a skill which parents value highly. This became apparent when mothers Julia and Jane mentioned at various times how Horn Man and Jimmy have become more independent since attending BHMA (2:26, 2:29, 8:14). Thorny Rose has also been described as "one of [BHMA's] most independent students" (34:3). During our conversation, and again during data analysis, I realised how proud Thorny Rose is of her independence when she mentioned that she has "grown up a lot" (7:1) and that she is glad that she has been able to "learn things like being independent" (20:8).

Similarly, Julia is noticeably proud of Horn Man's independence and emphasised that he was one of the first students to successfully live independently (2:29) and that he "lives …

in an apartment" (2:28). Julia also mentioned another young adult with Williams syndrome who joined BHMA "when he was 30 and he had been living at home" and that "after leaving the Academy he's capable of living in a house" on his own (3:3). During an interview conducted by Suzie for the BHMA blog, Allan mentioned how he "learned a lot of things before [he] moved into [his] own house off campus". He also spoke about how he "felt very confident" but emphasised that, although "it is hard work, [he] was ready to be on [his] own" (20:7). Similarly, Thorny Rose talked about how she is "completely independent" as she too lives independently with a fellow "BHMA student and caregiver friend" (23:12). During our interview Jane mentioned how engagement in music activities has enabled Jimmy to acquire the skills he needed to live more independently. She spoke about how huge the moment was when Jimmy was finally allowed to independently take the bus as "he was so resistant" (9:3) and that the fact that he lives with somewhat limited supervision, quite independently, is incredible and "really important right now, as he's an adult" (9:4). Although skills such as cooking and banking are not necessarily taught within musical contexts at BHMA, I do believe that the skills associated with developing character, connecting with others, becoming emotionally intelligent, developing coping skills and being hopeful, which are acquired through music, enable young adults with Williams syndrome at BHMA to become more independent. These life skills further support these young adults to develop their vocational competence.

5.1.5.7. Vocational competence

Developing vocational competence is one of the key goals of BHMA and is, therefore, also an important life skill that young adults with Williams syndrome acquire through music at the Academy (14:73). One of the main aims of BHMA staff is to enable young adults with Williams syndrome to be successful at a vocation that they are passionate about. For many of these young adults, being a musician is this vocation (1:111). Although Sizzle and Horn Man, for example, have well-established solo careers (1:152, 2:37, 2:41, 15:18, 19:1, 19:12, 26:8, 28:1), it is important to emphasise that not all the young adults with Williams syndrome at BHMA become solo musicians. Many of these young adults thrive, and prefer to be part of

ensembles performing out in the community (1:120, 2:35, 6:17, 15:11, 20:10, 23:13, 26:6, 27:3, 30:1, 116:1) while also having a non-music vocation (3:1, 3:2, 23:13). Liz even mentioned that the Troupe would be "getting $1,000 per show to go and play sometimes" (1:157).

a. Developing cognitive skills

When young adults with Williams syndrome continuously engage in music activities at BHMA, they learn cognitive skills which support their vocational competence. It is important to acquire skills such as being able to assist peers and facilitate and give advice during rehearsal (14:17, 14:22, 218:1) as the young adults might also need to give their input or solve problems (14:85) in other vocational settings. Another key cognitive skill associated with vocational competence is the ability to stay focused (80:1, 117:1, 141:3). Alex mentioned that he has noticed how the attention span of young adults with Williams syndrome increased through their engagement in music activities (5:20) and that they, somehow, often manage to stay focused when even he would feel overwhelmed (5:53, 5:54). I was frequently amazed by how focused Jimmy, Horn Man, Sizzle and Thorny Rose would be during rehearsals and performances, especially when there would be a lot of distracting sounds and movements in the vicinity (58:1, 70:1, 166:1, 215:1, 120:2). This level of focus that I observed among these young adults could be a reflection of their dedication while engaging in music activities.

b. Being dedicated

If these young adults are to be successful in their vocations, whether it be musical or non-musical vocations, they need to be dedicated to what they are doing. Engagement in music activities and especially music performance at BHMA requires that young adults with Williams syndrome remain dedicated and they are consequently encouraged to develop a strong work ethic (24:4, 26:10). They also seem to be intrinsically motivated to improve their skills whenever they have the chance. I would often witness Jimmy's dedication to his art when he would casually sit practising during rehearsal break (106:1) or while waiting for their performance to start when out in the community (114:1, 210:1). I also recall that Sizzle would

often not be present in 'the great room' during snack time or even lunch as she would be practising. Melany, similarly, mentioned that commitment is important and that it is one of the skills that Thorny Rose learned while attending BHMA (6:9). I observed that, when young adults living with Williams syndrome are dedicated, they also tend to be reliable. Through engagement in music activities and performances, young adults living with Williams syndrome at BHMA learn professional behaviour associated with being reliable (5:48, 22:5, 35:2) and persevering even when they are having a bad day (177:1).

c. Developing professionalism

Through music, young adults with Williams syndrome learn various vocational skills associated with professionalism and professional behaviour (8:9, 14:41, 109:1, 191:1, 259:1). One of the skills that young adults with Williams syndrome need to acquire, which they will use in either musical or non-musical vocational settings, is being able to take on the role of both leader or follower, depending on the situation. I believe that these young adults have successfully learned this skill, as Thorny Rose and Sizzle would, for example, effortlessly take the lead during warm-ups for ensemble rehearsal (14:18, 14:36). Leanne also takes care to enable the young adults to be both leaders and followers during various Zumba activities, where Abe, Tammy, Matt and Jack would either have to be confident enough (see 5.1.5.1. b) to take the lead during movement activities, or be willing to follow a peer's lead (152:1, 156:1, 156:2, 157:1, 221:3). As the weeks progressed I could see how Tammy became more confident and willing to try new things when peers had to follow her lead during movement class (221:3, 224:1). Abe loved the opportunities he had to lead the activity during Zumba class and would often make very elaborate moves. The ability to take on the role of both follower and leader during music activities could possibly contribute towards young adults with Williams syndrome at BHMA learning about acceptable professional behaviour.

Thorny Rose often spoke about how she has learned to identify appropriate behaviour and deal with the inappropriate behaviour of others (7:22, 7:23) during their engagement in music activities. Similarly, through coping with conflict situations, Sizzle has been able to

improve her professional behaviour by becoming aware of what is deemed acceptable in certain contexts (12:5). Through music performance, these young adults at BHMA also learn about taking responsibility (14:74) when they, for example, have set up prior to a performance and pack up when the performance is over (14:84, 108:1). Another professional skill that was mentioned during various conversations that I had with staff and parents was that young adults with Williams syndrome need to learn how to dress appropriately for performances. According to Alex and Jane, this is something that Jimmy and Sizzle have become much better at although they might still sometimes struggle (5:12, 5:13, 8:11, 119:2). I believe that this emphasis on appropriate dress is a strategy that BHMA use to draw focus to developing not only a sense of responsibility among the young adults, but to teach them about having respect for those who they perform for and for their chosen vocation. When young adults with Williams syndrome develop the skills they need to be more independent and be vocationally competent, they are more likely to have opportunities to feel good about themselves.

5.1.5.8. Feeling good

The fact that young adults with Williams syndrome have the opportunity to feel good when they learn through music at BHMA is, in my opinion, one of the reasons why the programme is as successful as it is. I loved listening to these young adults and hearing how passionate they were about music (7:35), how happy it makes them (105:2), how much they enjoy music (8:4, 66:1, 130:1, 132:1, 184:1), how they have learnt to feel good about who they are (13:6), and seeing how touched they were by music (185:2). Thorny Rose mentioned how she likes being part of the LIVE Band (7:3, 50:1) and “singing with [her] friends” (7:30). Alex, similarly, explained how he often sees how Jimmy enjoys Troupe rehearsals by the smile on his face (5:59). During an interview for Williams Syndrome Awareness Month, Horn Man said that when he plays music, “it makes [him] feel good inside” (26:4), while Thorny Rose has been described as “a passionate singer” (34:1). Similarly, I could often see how Jack and Abe, despite sometimes struggling, would enjoy moving with others with their big smiles and enthusiastic moves (14:62, 14:63, 160:1, 232:1, 243:1). Horn Man, Thorny Rose, Sizzle and

Allan have all mentioned how much they love performing (7:54, 15:9, 17:6, 32:1, 32:2) while Jimmy beams with delight when the crowd enjoys his performances (171:1). Young adults with Williams syndrome do not only feel happiness when they engage in various music activities, but they also feel gratitude. Thorny Rose mentioned how people sometimes "don't know how lucky they are [to be able to attend BHMA]" and that she has "a deep sense of thankfulness because [she] loves the school, the staff, the people" (7:46). In my opinion, and from reflecting on the time I spent at BHMA and data analysis, when young adults with Williams syndrome are able to feel good by participating in music activities, they have opened up the opportunity to live well themselves.

5.1.5.9. Living well

Allan has described his experience at BHMA as "life-changing" (13:6). Through music, young adults with Williams syndrome at BHMA are able to make sense of life and their experiences (1:6, 4:6). Alex mentioned how young adults with Williams syndrome are often "more in the moment in some ways than other people are" (5:52) when they are engaging in music activities. I had the privilege of witnessing this level of engagement during the Zumba class, especially where Abe and Jack would often be significantly more engaged than their peers (224:1, 229:1, 250:1), and Jimmy would be in his own world during Troupe performances (172:2). Liz mentioned how young adults with Williams syndrome are able to become more comfortable with their bodies through music (11:2) and how this spatial awareness brings people together (11:1). This was especially true for Tammy, who was able to gain confidence and become more spatially and bodily aware when she participated in Zumba classes (149:1, 157:1, 188:2, 219:1, 242:1).

When young adults with Williams syndrome develop the ability to become more bodily and spatially aware through music, they could also possibly develop towards greater self-actualisation. Julia mentioned how music activities at BHMA afford the young adults with the opportunity to "be who [they] can be" (2:27). Liz, similarly mentioned how engagement in music activities gave Sizzle the chance to use her talent to help others by engaging elderly people

in music activities at a nursing home in the community (1:124) and how these young adults often have a significant impact on the lives of members in the community through their performances (1:127). Both Sizzle (32:3) and Thorny Rose (25:4) mentioned how it feels good to be able to give back to the community, with Sizzle confirming that she will “continue to do so” for as long as she can (32:3).

Conclusion

Young adults with Williams syndrome have a strong connection to music. Through engagement in music activities at BHMA, they have an opportunity to learn skills which could enable them to live their best lives. The findings from the data indicates that the success of the BHMA programme is determined by the five theoretical concepts discussed in this chapter namely: the central phenomenon (engaging in music activities facilitates learning), causal conditions for learning life skills, strategies (how BHMA staff facilitate life skills), intervening conditions (conditions inhibiting learning for young adults with Williams syndrome) and consequences (life skills). At BHMA young adults with Williams syndrome have the opportunity to engage in a variety of music activities within a safe environment where they feel supported and appreciated; they experience a sense of belonging, as they are engaged in their learning and are able to be part of an island of competence. The constructive approach of BHMA staff to focus on the unique abilities of each student while promoting an experience-first approach, providing continuous support for these young adults, promoting collaborative learning, developing emotional intelligence, coping skills and fostering independence while working towards vocational competence, ultimately enables these young adults living with Williams syndrome to acquire life skills. BHMA staff also take care to ensure that a sometimes counter-productive innate desire to please others, and their physical, cognitive and social challenges, negative emotions, inappropriate behaviour and self-centeredness do not inhibit these young adults from learning valuable life skills. BHMA provides a unique environment in which young adults with Williams syndrome have the opportunity to learn the life skills associated with developing character, connecting with others, becoming emotionally intelligent, developing

coping skills, learning to be hopeful, becoming independent and vocationally competent, all of which supports them in feeling good about themselves and ultimately living well.

CHAPTER SIX: Discussion

Explaining how young adults living with Williams syndrome learn life skills through music

Introduction

This chapter will synthesise the five theoretical components used to thematise and categorise the data, as discussed in Chapter 5 (see section 5.1, Figure 5.1), as well as the frameworks emerging from the literature as presented in Chapter Two (see section 2.1, Figure 2.1) and Chapter 3 (see section 3.2, Figure 3.2). This will be done to generate a theory explaining how young adults living with Williams syndrome learn life skills through music. The main research question (see section 1.3) answered in this final chapter is:

What theory, generated from the scholarly literature and the data, explains how young adults living with Williams syndrome learn life skills through music?

This chapter will also include a discussion of the implications, for different audiences, arising from this study relevant to the research problem as indicated in Chapter 1 (see section 1.1). I shall also explain the particular limitations of this study and make recommendations for future research.

Through the course of conducting this study, and especially when writing up my findings (Chapter 5), I was constantly reminded of how important musical experience is in the learning process of young adults living with Williams syndrome. When reading through and analysing my data, and then writing up my findings, my attention was again drawn to the fact that not enough is being done in South Africa to accommodate the educational needs of young adults who have divergent abilities. In this chapter I shall consequently discuss a theory explaining how young adults living with Williams syndrome learn life skills through music. This theory could prove valuable for educators working with young adults living with Williams

syndrome, in South Africa and elsewhere, as it provides insight into how music could be used as a means through which these young adults could acquire life skills.

The theory presented in this chapter could further inform policymakers as it emphasises the importance of including music in post-secondary curricula. This emerging theory also sheds light on the importance of being compassionate educators who put students' needs first, while following an abilities-first approach, and could therefore not only inform educators and therapists working with young adults living with Williams syndrome, but should be considered by educators from various walks of life.

6.1. A theory explaining how young adults living with Williams syndrome learn life skills through music

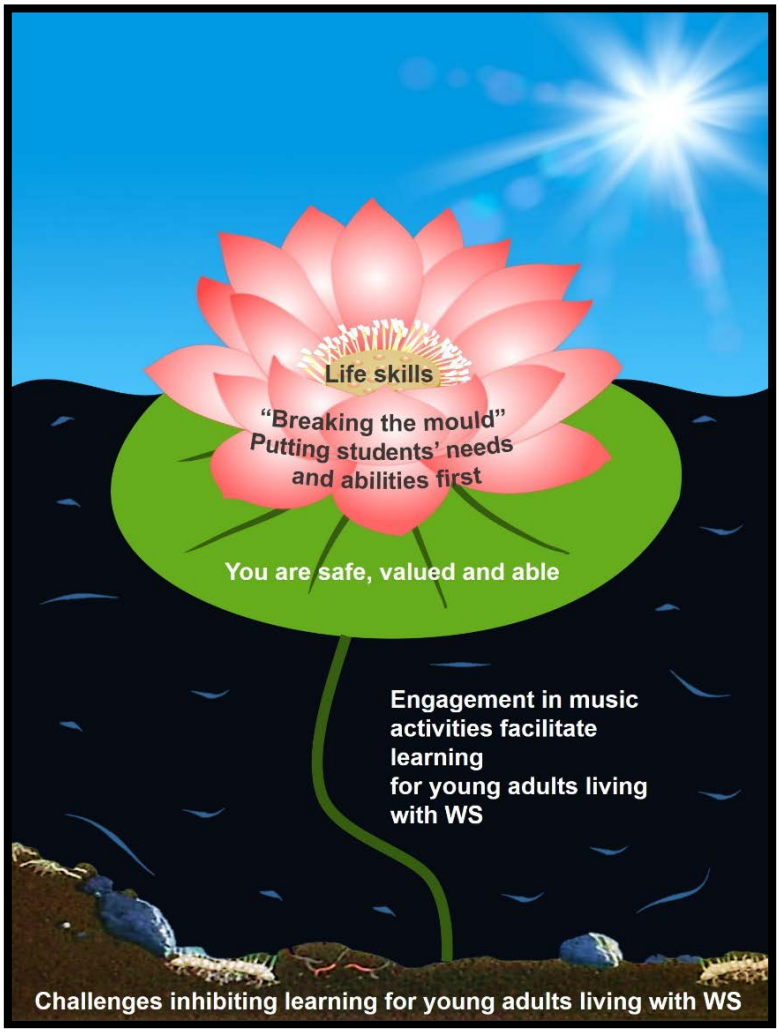

Figure 6.1 A theory explaining how young adults living with Williams syndrome learn life skills through music.

Before discussing the literature supporting the theory emerging from this study, I would like to explain why I chose a lotus flower to represent the emerging theory.

"It is said the deeper the mud the lotus grows in, the more beautiful its flower"

(Lynn, 2013, p. 32)

Robin Lynn (2013) uses the image of a lotus as a symbol of hope, joy, fulfilment and light when writing about her journey towards self-love, finding her self-worth and healing after childhood abuse. Similarly, Bruce Logan (2018) explains how lotus flowers, despite growing from muddy waters, emerge as bright, pure and beautiful flowers. He writes about how these flowers rise above adversity, while in fact being washed clean by the murky water they rise from. In Buddhist practice the lotus flower is a symbol for enlightenment and represents the notion that humans need to overcome suffering and difficult times if they are to reach spiritual enlightenment (Tsogyal, 1999). Lotus flowers further represent love, compassion and the ability to rise out of suffering (Luckan, 2015).

For the theory presented in this chapter, the mud or water from which the flower blooms (symbolically representing difficult times which have to be overcome) represents the *conditions inhibiting learning* for young adults living with Williams syndrome. The water which provides nourishment to the flower signifies the *central phenomenon*, namely engagement in music activities that facilitate learning for young adults living with Williams syndrome. The leaf on which the flower rests and which supports and protects the flower represents the *conditions required* if young adults living with Williams syndrome are to successfully acquire life skills, while the flower leaves represent the *strategies* that educators need to follow if they are to facilitate the growth of life skills for young adults living with Williams syndrome. Finally, the pistil, which allows the flower to pollinate and flourish, signifies the *life skills* which young adults living with Williams syndrome acquire through engagement in music activities.

According to Anfara and Mertz (2015), a theory consists of sets of concepts, constructs and propositions with the links between the concepts and constructs representing the theory.

In this case the themes and categories emerging from the data analysis (see Chapter 5), in accordance with themes emerging from my literature reviews (see Chapters 2 and 3), are the concepts. The constructs are the five theoretical components:

1. The inhibiting conditions (specific challenges inhibiting the learning of young adults living with Williams syndrome);
2. The central phenomenon (engagement in music activities facilitates learning for young adults living with Williams syndrome);
3. Causal conditions (you are safe, valued and able);
4. Strategies ("breaking the mould", putting students' needs and abilities first); and
5. Consequences (life skills).

6.1.1. Inhibiting conditions: Specific challenges inhibit the learning of young adults living with Williams syndrome

Williams syndrome is defined by certain cognitive, personal and social challenges (inhibiting conditions, see Figure 6.1), which could be one of the reasons that therapists and educators often focus on 'fixing' the weaknesses of those diagnosed rather than building on their strengths (Ioannidi & Samara, 2019). Individuals diagnosed with Williams syndrome typically have IQs ranging between 40 and 90, with an average of 55, and have been described as having mild intellectual disabilities (Bellugi *et al*., 2000; Mervis & Becerra, 2007). They often struggle with tasks requiring coordination and are hyper-sensitive to sound. Individuals living with Williams syndrome further struggle with mathematics (Kwak, 2008) and often with reading, although language is deemed to be a relative strength associated with the syndrome (Bellugi *et al*., 2000). It is also true, however, that there are individuals living with Williams syndrome who enjoy reading up on topics they find intriguing (Bellugi *et al.*, 2000). Research has revealed that individuals living with Williams syndrome face significant challenges regarding visual-spatial processing and spatial mapping (Bellugi *et al*., 2000; Kwak, 2008; Mervis & Becerra, 2007). These individuals also often display a dissociation between spatial and linguistic representations.

Apart from certain cognitive challenges that individuals living with Williams syndrome face in their daily lives, they also experience various personal challenges regarding self-efficiency and self-esteem (see 5.1.4.2) as well as exhibiting attention deficit hyperactivity disorder (Mastnak & Neuwrithova, 2017). They also tend to suffer from anxiety (5.1.4.4), are inclined towards obsessive behaviour and extreme worry and fears (Dykens *et al*., 2005; Mastnak & Neuwrithova, 2017). Another behavioural pattern that might be problematic for young adults living with Williams syndrome is their drive to please others (Bellugi *et al.*, 2007; see section 5.1.4.1), which could possibly have an influence on their self-awareness and personal and social development. These personal challenges could possibly also have an influence on the ability of these individuals to foster and maintain meaningful friendships.

Individuals living with Williams syndrome typically struggle with making and maintaining friendships despite their high social drive (Bellugi *et* al., 2000). Mastnak and Neuwrithova (2017) write that individuals living with Williams syndrome are often socially vulnerable as they experience bullying (see 5.1.5.4. c), isolation, abuse and inconsistent relationships. Furthermore, Mervis and Becerra (2007) argue that the challenges that individuals living with Williams syndrome tend to face regarding pragmatics and communication are often overlooked which could possibly influence their ability to connect with others. These challenges also influence the way in which young adults living with Williams syndrome are able to cope and function within their communities. Through the course of studying the literature, collecting and analysing the data and writing up my findings, it became clear that engagement in music activities provides unique opportunities for young adults living with Williams syndrome to overcome the cognitive, personal and social challenges that they face in their everyday lives in order to live their lives well and flourish within their communities.

6.1.2. Central phenomenon: Engagement in music activities facilitates learning for young adults living with Williams syndrome

Through data collection and analysis and from studying the scholarly literature, it became clear that engagement in music activities facilitates learning for young adults living

with Williams syndrome (Mastnak & Neuwrithova, 2017); this is also the central phenomenon of the theory that I propose (see Figure 6.1). Although there have been some studies focused on how music could facilitate learning for individuals living with Williams syndrome (Biel, 2005; Dunning *et al*., 2015; Kwak, 2008; Ioannidi & Samara, 2019; Reis *et al.*, 2003), none specifically focuses on how music supports life skills acquisition, as far as I am aware. When individuals living with Williams syndrome engage in music activities, which could include individual lessons (singing and instrument playing), choir lessons and movement, they improve their autonomy and ultimately master non-musical goals more successfully (Ioannidi & Samara, 2019). The notion of structuring learning activities around music activities is related to findings by van Vreden (2012), who writes about how learning *through* music facilitates Grade R[28] learners to reach non-musical goals. Ioannidi and Samara (2019) further suggest that it is necessary to include music in educational frameworks if we are to sufficiently meet the unique learning needs of individuals living with Williams syndrome. I believe that the notion of learning through music is an important aspect to consider with reference to life skills acquisition for young adults living with Williams syndrome; this is because music is a unique motivator for these young adults and possibly provides opportunities for them to overcome certain cognitive, personal and social challenges (also see 1.1.1, 5.1.4, 5.1.5 and 6.1.1).

Dunning *et al*. (2015) conducted a study in which they found that individuals living with Williams syndrome who have had formal music training displayed better recall than those who did not. Their study further revealed that music therapy and recreational music did not significantly influence how individuals living with Williams syndrome scored during memory tasks. Ultimately, Dunning *et al.* (2015) found that formal music training contributed towards individuals living with Williams syndrome being able to display verbal memory skills similar to those of typically developing individuals. Similarly, Kwak (2008) found that engagement in music activities contributed towards increased mathematical development in individuals living with Williams syndrome when music was used not only as a motivator for learning, but when

[28] Grade R refers learners between the ages of 5 and 6 years.

learning was in fact structured according to music activities. These findings correlate with those of Reis *et al*. (2003), who found that a talent development approach structured around music supported individuals living with Williams syndrome to develop enhanced mathematical understanding. Through participation in music activities, young adults living with Williams syndrome have opportunities to learn problem-solving and critical thinking skills, which might enable them to better exert some control over their lives (Ansdell & DeNora, 2012).

When young adults living with Williams syndrome and other divergent abilities have a chance to engage in music activities within therapeutic and non-therapeutic contexts, they have an opportunity to develop their identities, become more self-aware and gain confidence (Ansdell, 2016; Ansdell & DeNora, 2012; Fillingham, 2007; Jellison, 2012; McFerran & Elefant, 2012, Pavlicevic, O'Neil, Powell, Jones & Sampathianaki, 2014; Saville, 2007; Watson, 2007b). Together with developing their identities and self-awareness, engagement in music activities could possibly support young adults with divergent abilities in learning to identify, express and communicate their emotions, while also learning how to effectively manage negative emotions and anxiety (Bunt & Stige, 2014; Saul, 2007; Saville, 2007; Watson, 2007a; Watson, 2007b; Watson, 2007c). Saville (2007), similarly, writes that participation in music activities could support individuals with divergent abilities in addressing challenges such as aggression, isolation, coping with change and anxiety. When these young adults learn how to deal with their emotions appropriately, they might also be able to cope with and manage their own negative behaviour (Bunt & Stige, 2014; Saville, 2007; Watson, 2007b, Watson, 2016) and connect with others.

Mastnak and Neuwrithova (2017) write about how a young girl living with Williams syndrome was able to come into her own, express herself, find joy, security and acceptance through music. When young adults living with Williams syndrome have an opportunity to learn through engagement in music activities, they might be able to overcome social challenges by developing their communication skills (Ansdell & DeNora, 2012; Darrow & Adamek, 2012; Saul, 2007), feeling accepted (Ansdell & DeNora, 2012; Jellison, 2012; Pavlicevic *et al.*, 2014)

and connect with others, make friends and maintain these friendships (Ansdell & DeNora, 2012; Fillingham, 2007; Jellison, 2012; Pavlicevic, 2012; Pavlicevic *et al.*, 2014; Watson, 2007b).

It is not unknown that music has the potential to support learning not only for young adults living with Williams syndrome, but also for individuals who are otherwise divergent (Andrews, 2011; Barrett, 2001; Bresler, 1994; Eren, 2014; Merriam, 2008; Russel-Bowie, 2009; Savarimuthu & Bunnell, 2002; Standley, 2008; Stickley *et al.*, 2011; Uibel; 2012; Welch *et al.*, 2009) (also see 1.1.1) and typically still developing (Ansdell & DeNora, 2012; DeNora, 2013). I do, however, believe that, because of their unique learning needs and neurological profile (Kwak, 2005; Bellugi *et al.*, 2007; Levitin, 2005; Bellugi *et al*., 2000), engagement in music activities is one of the few ways for young adults living with Williams syndrome to acquire the life skills that they need to live well (Erasmus & Van der Merwe, 2017; Mastnak & Neuwrithova, 2017) (see 1.1.1 and 5.1.5.9). If music activities are to be utilised as a means for young adults living with Williams syndrome to successfully learn the life skills they need to be independent and to flourish, it is important that they have the opportunity to learn within safe, supportive environments.

6.1.3. Causal conditions: You are safe, valued and able

The environment in which young adults living with Williams syndrome engage in music activities plays a vital part in whether they will be able and motivated to acquire the life skills they need to live well. Through the course of conducting my research, I came to realise that it is important for educators to create a learning environment in which these young adults feel safe, valued, supported and able (causal conditions, see Figure 6.1). Robert Brooks (2007) uses *islands of competence* as a metaphor for hope and strength as individuals tend to be more hopeful when they believe in their own abilities. Although Brooks (2007) coined the metaphor to represent the idea of focusing on the various strengths of children and adults who feel inadequate, helpless and hopeless, I want instead, to borrow this term to describe an environment in which young adults living with Williams syndrome will be able to flourish.

Ioannidi and Samara (2019) speak about the importance of the environment in the learning process of children living with Williams syndrome and they refer to the learning "co-text" (p. 271) as a learning environment in which support and communication are key. They further speak about how children living with Williams syndrome need not only to learn within a school setting, but also within their broader communities by including these communities in the learning co-text as part of a social support framework for these learners.

Inclusion and strength-based approaches to teaching are also important aspects to consider when working with students who are intellectually divergent, especially if these students are to be engaged and feel valued within the learning environment (Garwood & Ampuja, 2019). Garwood and Ampuja (2019) further argue that students who are intellectually divergent must feel a sense of connection or belonging within their learning environments, as these students could often easily feel misunderstood, not valued and that they cannot connect with others. Although the environment in which young adults living with Williams syndrome learn plays a significant role in their learning, the strategies that those working with these young adults follow is also vital. If young adults living with Williams syndrome are to feel supported and able within their learning environments, then parents, educators and therapists need to prioritize the needs and abilities of these young adults.

6.1.4. Strategies: "Breaking the mould", putting students' needs and abilities first

A study conducted by Ioannidi and Samara (2019) confirms with the notion of employing strategies which put students' needs and abilities first (strategies, see Figure 6.1) as they advocate the importance of following an abilities-first approach to educating individuals living with Williams syndrome. They in fact urge educators and therapists to focus on the talents and abilities of individuals living with Williams syndrome, and suggest that there should be room for these individuals to choose in which ways they want to engage with music in their learning (Ioannidi & Samara, 2019). Reis *et al.* (2003) also wrote about a music-based talent development approach to educating individuals living with Williams syndrome (see 1.1.1) and

found that, through music, these individuals were able to acquire skills they possibly would not have been able to develop otherwise. During data analysis and write-up, I noticed how the strategies that music educators and music therapists at BHMA follow when working with young adults living with Williams syndrome at the academy did not noticeably differ from each other. This notion that both educators and therapists employ similar strategies to teach life skills to these young adults, support arguments that music education and music therapy are complimentary practices and both address non-musical goals (Adamek & Darrow, 2007; Eren, 2014; Mitchell, 2016; Ockelford, 2012; Veblen & Waldron).

Brooks (2007) uses the phrase 'islands of competence' when referring to specific strengths of individuals who have divergent abilities. The notion of focusing on talent development is related to the way that Brooks (2007) defines 'islands of competence', as he is of the opinion that children and adults learn best when we focus on what they can excel at rather than continually emphasising and trying to fix their weaknesses. The findings presented in this thesis (see Chapter 5, section 5.1.3) reveal that it is essential that young adults living with Williams syndrome have access to post-secondary education programmes which will enable them to overcome various challenges by developing their abilities and talents, even if that means moving away from traditional teaching methods. In my opinion, educators need to be willing to step outside of their comfort zones and let go of their preconceptions, if they are to truly meet the educational needs of young adults living with Williams syndrome.

The idea of breaking the mould when educating young adults living with Williams syndrome correlates with findings by Peterson (2017), who writes about compassionate education. In his writings, Peterson speaks about compassion as a response to the suffering of others. He further argues that if we are to be compassionate, we need to "recognize and care about the suffering of others" and then act accordingly (Peterson, 2017, p. 2). Both Peterson (2017) and Hendricks (2018) emphasise that compassion requires an acknowledgement of shared humanity. Compassion implies certain emotional virtues such as kindness, care, empathy and sympathy, while further requiring that we respond to the suffering

of others (Hendricks, 2018; Peterson, 2017). I believe that compassionate education is further related to an ethic of care, in that educators should care for and about (Noddings, 2015; see 1.1.3) the needs of young adults living with Williams syndrome and that they must listen for and attend to their unique needs. Noddings (2015), Hendricks (2018) and Peterson (2017) similarly speak about an awareness of others' suffering, relationships of trust and providing support. Hendricks (2018) warns that teachers often mistake pity for compassion, adding that it does not serve to meet educational needs if teachers place themselves in a superior position. When Hendricks (2018) writes about compassionate music teaching, she proposes that teachers support and guide students through a shared enthusiasm for music, but also by supporting students' desires and passions.

Consequently, educators need to prioritise the educational needs of young adults living with Williams syndrome by providing them with ample opportunities for learning with and from peers, by actively participating in their learning and applying new skills within real-world social settings (Boud *et al.*, 1993; David, 2007; Goodsell, Maher, Tinto, Smith & MacGregor, 1992; Lave, 1991). If educators and therapists provide opportunities for young adults living with Williams syndrome to actively engage in their learning, they have the opportunity to learn through sensory experiences (Amann, 2003; Matos *et al*., 2015; see 3.2.2.4). When principles of experiential (Beard & Wilson, 2006; Boud *et al.*, 1993; Kunstler, Thompson & Croke, 2013), collaborative (Goodsell *et al.*, 1992) and situated (Lave, 1991; Lave & Wenger, 1991) learning are applied by educators and therapists working with young adults living with Williams syndrome, they leave room for individual meaning-making from hands-on learning experiences within various social contexts. I believe that, if educators prioritise the needs of young adults living with Williams syndrome by providing opportunities for collaboration with peers and educators, being compassionate, caring and open to challenging their own preconceptions, they lay the foundation for creating optimal conditions for learning in which young adults living with Williams syndrome could learn the life skills that they need to live well.

6.1.5. Consequences: Learning life skills through engagement in music activities

If young adults living with Williams syndrome are given opportunities to engage in music activities within safe, supportive environments, and if parents, educators and therapists put the needs and abilities of these young adults first, they should be able to acquire the life skills that they need to reach their full potential (consequences, see Figure 6.1). Music plays an important role in the learning process of individuals, specifically children, living with Williams syndrome; music activities contribute towards these children developing skills associated with expression, autonomy, socialisation and independence (Ioannidi & Samara, 2019). The skills that Ioannidi and Samara (2019) refer to correlate with the findings presented in Chapter 5, where emotional intelligence (emotional expression, see 5.1.5.3. a), self-determination (autonomy, see 5.1.5.1. c), connecting with others (socialisation, 5.1.5.2) and independence (see 5.1.5.6) were identified as some of the life skills that young adults living with Williams syndrome need to develop in order to live well. The life skills identified through the findings of this study are also related to the character strengths and virtues identified by Peterson and Seligman (2004) as manifesting a full humanity is associated with building relationships (see 5.1.5.2) and emotional intelligence (see 5.1.5.3); moderation, wisdom and courage are important strengths for building character (see 5.1.5.1) and could influence independence (see 5.1.5.6); wisdom, moderation and justice are essential for vocational skills (see 5.1.5.7); hope is identified as part of transcendence and could also be associated with zest, bravery and perspective (see 5.1.5.5); and I believe that wisdom, courage, humanity, moderation, perspective, bravery and transcendence are necessary attributes for developing coping skills (see 5.1.5.4).

When young adults living with Williams syndrome have the opportunity to develop the life skills discussed in Chapter Five (see 5.1.5.), they should be able to live fulfilled lives. Volkman (2005) writes that quality of life and the extent to which a person is able to live a full life is largely influenced by meaningful relationships, identity development, wellbeing,

vocation, one's ability to appreciate what one has and adapt to change. I also believe that young adults living with Williams syndrome need to cultivate the capacity to be hopeful (Snyder, 2002) about the future and develop their ability to reach their goals if they are to live fulfilled lives and flourish (Seligman, 2011). Hewitt (2009), when speaking of optimal conditions for developing self-esteem, emphasises that environments which allow people to flourish are paramount for developing self-esteem, as self-esteem is dependent on the extent to which a person feels accepted, secure, competent (see 5.1.2 and 6.1.2), and on whether they can reach their personal goals. These findings also correlate with notions of positive youth development, as Lerner (2009) writes about the importance of strengths-based approaches (see 6.1.3) for enabling adolescents to develop skills associated with building character, confidence (see 5.1.5.1), connection (see 5.1.5.2), caring (see 5.1.3.7) and competence (see 5.1.5.7). Lerner (2009) also suggests that the ability to make a contribution in their families or community is an important goal for adult development. I believe that the ability to make a contribution is an important factor in the lives of young adults living with Williams syndrome as this could influence their self-worth. Through developing their talents and vocational skills through music, young adults living with Williams syndrome might have the opportunity to feel that they are contributing not only financially to their own and their families' lives, but also have a way of giving back to their communities. If young adults living with Williams syndrome are able to develop their life skills through music, they should be able to feel that they are valued, that they belong (Fillingham, 2007; Kenny, 2016; Saville, 2007), be hopeful about their futures (Snyder, 2002), and have the ability to cope with the challenges of everyday life (Ansdell, 2016; Ansdell & DeNora, 2012). Ultimately, I believe that when young adults living with Williams syndrome develop life skills through music, they will be empowered to live their best lives.

The propositions for the theory presented in this chapter are represented by the lotus flower (see Figure 6.1) and its symbolic meaning as described on page 172 and 173. According to Saldaña (2015), "a theory is a generalized statement" which "predicts and

controls action through an if/then logic" (p. 14). Table 6.1 explains the relationships between the concepts and the five theoretical constructs of the theory presented in this chapter (metaphorically represented in Figure 6.1).

Table 6.1

Relationship between concepts and five theoretical constructs explaining how young adults living with Williams syndrome learn life skills through music

i.	***If*** young adults living with Williams syndrome have the opportunity to learn through engagement in music activities (central phenomenon) within a safe environment in which they are engaged and feel supported, appreciated and motivated, and feel that they belong and are competent (causal conditions), and
ii.	***if*** educators are willing to focus on the abilities of these young adults by putting their needs and abilities first (strategies),
iii.	***then*** the young adults living with Williams syndrome should be able to overcome various challenges (conditions inhibiting learning) and ultimately develop the life skills they need to live well (consequences).

6.2. Implications of a theory explaining how young adults living with Williams syndrome learn life skills through music

Through the course of conducting this study, and especially when analysing the data and writing up my findings this year, I was reminded of why I started this study five years ago. I believe that it is important that associations such as the Williams Syndrome Association of South Africa, together with educators, therapists and parents of individuals diagnosed with Williams syndrome, actively start to advocate for the importance of music in the learning process of young adults living with Williams syndrome. We need to heighten awareness of the role that music could play in enabling these young adults to become independent and live fulfilled lives. This notion of advocating for the importance of developing programmes that

support the learning needs of these young adults at post-secondary level, with a particular focus on music, was one of the key factors leading up to the establishment of BHMA in 1999-2001 (see 4.2.1).

In South Africa we need education programmes that address the needs of young adults living with Williams syndrome through music. I believe that young people with other divergent abilities could also benefit from these types of programmes, as music has been found to support learning for individuals who face various challenges (Andrews, 2011; Bresler, 1994; Eren, 2014; Merriam, 2008; Russel-Bowie, 2009; Savarimuthu & Bunnell, 2002; Standley, 2008; Stickley *et al.*, 2011; Welch *et al.*, 2009). My recommendation is that technical vocational education and training, adult basic education and training as well as other post-secondary arts-based institutions take the lead in developing such programmes structured around music. My study could prove valuable for these institutions as it not only identifies certain life skills that young adults living with Williams syndrome need in order to live well, but also sheds light on the types of music activities that support these young adults in acquiring these life skills. The findings emerging from this study shed light on the importance of community engagement (see 3.1.6, 3.1.7, 3.2.3, 5.1.1.3 and 5.1.3.8) as an integral part of music-based post-secondary programmes.

One of my dreams is to one day be part of a team that starts an establishment similar to BHMA in South Africa, where we can address the unique learning needs of young adults living with Williams syndrome, as well as those of young adults who have other divergent abilities, through music. My study will enable me to contribute towards designing a learning programme where music is central to teaching and learning in collaboration with young adults who are intellectually divergent as well as national health services. In so doing, the voices of these young adults will be heard in the design of these programmes to address their specific educational needs. This would be a place where there is not necessarily a focus on a musical product as such, but rather on the process of engaging in music activities as we strive towards achieving non-musical goals such as life skills (Biel, 2005; Ioannidi & Samara, 2019; Mastnak

& Neuwirthova, 2017; Reis *et al*., 2003). Over the last year I have started taking steps towards realising this dream as I am the site manager at a community music engagement site where, every other week, we visit a local school working with learners who have special educational needs.

At BHMA I learned that young adults living with Williams syndrome do not necessarily have a need to learn academic skills, but rather to engage in music activities such as being part of various ensembles, individual music lessons, performing for family and friends on a regular basis, having recitals and performing out in their communities. Through this engagement in music activities, these young adults have the opportunity to strengthen their character development (5.1.5.1), connect with others (5.1.5.2), develop emotional intelligence (5.1.5.3), develop coping skills (5.1.5.4), be hopeful (5.1.5.5), become independent (5.1.5.6), develop vocational skills (5.1.5.7), feel good about themselves (5.1.5.8) and live well (5.1.5.9). For this dream to become a reality, we will need close collaboration between parents, educators, therapists, the teaching institution and local businesses, as community engagement (see 5.1) is a key aspect of the programme at BHMA.

As parents, educators and therapists, we need to accept the uniqueness and needs of every young adult that we work with, whatever their needs and abilities may be. Through the course of conducting this study, I was reminded of the importance of letting go of preconceptions and focusing on the abilities and needs of the young adults that we work with (Garwood & Ampuja, 2019), while adhering firmly to principles of empathy, care (Noddings 2002 & 2015), compassion (Hendricks, 2018), mindfulness (Schonert-Reichl & Roeser, 2016) and social justice (Smith, 2018). Consequently, in South Africa we also need a stronger focus on developing individual educational plans for young adults living with Williams syndrome and other divergent abilities. Through engagement in various music activities (see 5.1.1, 6.1.2 and Figure 6.1) within a safe, supportive learning environment (see 5.1.2, 6.1.3 and Figure 6.1), where strategies of “breaking the mould” and an abilities-first approach are employed (see 5.1.3, 6.1.4 and Figure 6.1), young adults living with Williams syndrome might be able to

overcome various challenges (see 5.1.4, 6.1.1 and Figure 6.1) and develop life skills associated with self-actualization, connection, coping, independence, vocation and flourishing (see 5.1.5, 6.1.5 and Figure 6.1).

6.3. Limitations of the study

One of the main limitations of this study is that I was not able to spend more than six weeks with the participants. It would have been ideal to spend six to twelve months at BHMA. Unfortunately, this was not financially possible (see section 4.2). A second limitation is that I was not able to conduct interviews with all the young adults living with Williams syndrome who attend BHMA. It would also have been beneficial to have access to more than one case on which to base generalisations. However, as stated in sections 1.2, 1.5 and 4.2, BHMA is the only institution of its kind in the world that I am aware of.

6.4. Recommendations for future research

Through this study I realised that it is important for researchers to advocate the importance of including music in the general curriculum, especially at post-secondary level. There is also a need for more research on how to accommodate the educational needs of young adults living with Williams syndrome, as even the most recent research related to the topic is focused on the education of children living with Williams syndrome (Ioannidi & Samara, 2019). Furthermore, I am not aware of South African researchers, other than myself, focusing on this topic.

Conclusion

Although I advocate for access to quality education for all individuals and that young adults living with Williams syndrome must have access to music-driven post-secondary education programmes which could enable them to develop life skills, I do not consider my stance to be one of promoting equality in education but rather equity as suggested by Smith (2018). I say this because I do not believe that all individuals will necessarily thrive within the

same educational circumstances and that we need to meet the individual needs of our students as far as possible. This is why I advocate for meeting the unique learning needs of young adults living with Williams syndrome.

I believe that, for young adults living with Williams syndrome, the acquisition of life skills through music is paramount to their fulfilled survival in this world. In this regard I want to draw on notions associated with subjugated knowledge which identifies certain types of knowledge that might have been disregarded or deemed less important due to power-structures existing in society (Bê, 2019; Boyce-Tillman, 2007). These knowledges which are disregarded and deemed less important by majority groups or people in power typically include the life experiences and views of people from marginalised groups. Bê (2019) writes about subjugated knowledge and people with divergent abilities and how the Western world often disregards the ways in which people with various divergences think about, understand and interact within their communities and the world. Boyce-Tillman (2007) argues that power structures in society contribute towards the subjugation of those who are deemed weaker or less important. I believe that this also holds true for young adults living with Williams syndrome. We need to acknowledge that the unique learning needs and the importance of music in the learning process of these individuals are not of lesser value. During data collection and analysis, I came to realise that there is so much to be learnt from young adults living with Williams syndrome and that they can make truly positive contributions within their communities, if they only have the opportunity to develop the life skills that they need to reach their full potential. We need to consider the ways in which we can learn from those who have a different perspective from ours when planning curricula or designing our teaching and learning programmes. Only then will we be able to truly meet the educational needs of people from all walks of life.

How you changed me

You have shown me the face of generosity and kindness

You inspire me to act with love

Your tenacity humbles me

You shaped me into the compassionate educator I am today

You changed my life

I saw the system fail you

Through music, I will help you to live your best life

I will keep you safe

I will care for, support and empower you

I will break the mould

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Annexure A: Consent form

NORTH-WEST UNIVERSITY
YUNIBESITI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT
POTCHEFSTROOMKAMPUS

Mrs. E. Erasmus
+2783 604 8940
ewievdm@gmail.com

Prof. L. van der Merwe
+2718 299 1689
+2783 467 9469
Liesl.VanDerMerwe@nwu.ac.za

Private Bag X6001
Potchefstroom
South Africa, 2520

Tel: +2718 299-1111/2222
Web: http://www.nwu.ac.za

School of Music
+2718 299 1680
+2718 299 1707 (Fax)

Title of study

Explaining how students with Williams syndrome learn through music: a case study

Dear participant

The following information is provided for you to decide whether you wish to participate in the study at hand. You should be aware that you are free to decide not to participate in it or to withdraw from the study at any time without affecting your relationship with the researcher, the promotor or the North-West University.

The purpose of this case study is to generate a theoretical framework from the literature and the data that explains how students living with Williams syndrome learn through music. The qualitative research approach followed for this study will be a theory building case study. Data will be collected by conducting in-depth, semi-structured and focus group interviews with students living with Williams syndrome who have been taught through music as well as with music educators, music therapists and parents working with these students. The interviews will be recorded and transcribed for analysis. The data for this study will also include observations made by the researcher as well as documents like curricula and videos and photos taken in the classes that were observed. Information found on the Berkshire Hills Music Academy website as well as emails and Skype conversations can also be used as data. All the data needed for this study will be collected during a 6 week visit to Berkshire Hills Music Academy from 11 January 2016 – 19 February 2016.

I shall share my findings with you after the research is completed in order to ensure that the participants are comfortable with my findings and that all the findings published in the thesis

are accurate. In order to ensure the anonymity of the participants, their names will not be associated with the research findings in any way and only the researcher and promotor will know the participants' identities.

Please do not hesitate to ask any questions about the study either before participating or during the time that you are participating. There are no known risks and/or discomforts associated with this study. The expected benefits associated with your participation include providing insight to parents, teachers and therapists about how music can facilitate the learning experiences of individuals living with Williams syndrome. This in turn will allow parents, teachers and therapists to create optimal learning environments for those diagnosed with Williams syndrome in which they can feel a sense of accomplishment.

Please sign your consent with full knowledge of the nature and purpose of the procedures of this study. A copy of this consent form will be given to you to keep. Should you agree to take part in the study, every participant and/or parent/legal guardian will also be asked to complete a consent form thus providing proof that he/she agrees to take part in the study. I would like to emphasise that no interviews will be conducted with a student/minor until their parent/legal guardian gives formal consent. The consent forms will protect the interests of the participants, the researcher and the North-West University, South Africa.

Signature (participant) …… Date .....

Signature (researcher)  Date .....

Annexure B: Interview schedules

Interview Schedule: Educators

1. Could you please tell me about your role at BHMA?
2. How do you use music in your classroom?
3. When do you use music as part of your educational process?
4. Why do you choose to use music when educating WS learners?
5. What is your opinion about using music to teach other subjects?
6. Could you please explain to me what changes in your classroom when you start to use music as part of your teaching process?
7. In your experience, what is the difference between classes where you use music and those where you do not?
    a. Please describe how it would be different if you could not use music in class?
8. How would you describe the level of engagement of WS students when you use music in class?
9. How would you describe the influence that music has on the learning process of WS learners?
10. What is your experience of using music to try to accommodate the unique learning needs of WS learners?
11. Can you tell me a story of a time when you used music to teach WS learners?
    a. Please describe one of your most memorable moments of using music to educate WS learners.

Interview Schedule: Young adults living with WS

1. How long have you been going to BHMA?
2. How do you feel when you listen to music at school?
3. Would you please tell me when do you like to listen to music at school most often?
4. Would you please tell me when you like to make music at school most often?
5. Can you tell me about a time that there was music outside the classroom at school?
6. Tell me about your favourite moment of musical experience at school.
    a. Please describe your favourite musical memory.
7. In which classes do the teachers use music?
8. Can you explain how they use music in these classes?
9. Why do you think the educators use music in this way?
10. Could you please explain to me what changes in the classroom when the teachers start to use music?
11. In your experience, what is the difference between classes where educators use music and those where they do not?
12. Please describe how you experience learning when your teacher uses music in the classroom?
13. How do you feel about learning when you listen to music while you learn?
14. Could you explain the differences between when you study with music and when you do not study with music?
15. What do you learn when you make music with other students?
16. Could you tell me a story of a time that there was music in your classroom?

Interview Schedule: Parents

1. Could you please tell me why you chose to have your child attend BHMA?
2. How was your child diagnosed?
3. When did you first realise your child's attraction to music?
4. When does your child make or listen to music?
5. What role does music play in your child's life?
6. What is your opinion about using music to teach other subjects in school?
7. How would you describe the role that music plays in the learning process of your child?
8. Could you please describe to me what changes you have noticed in your child, in terms of their learning, since they have been learning through music?
9. What behavioural changes have you noticed since your child has been attending BHMA?
10. Please tell me a story about a time when your child participated in music at school.

Interview Schedule: Therapists

1. Could you please tell me about your role at BHMA?
2. Why do you use music when working with WS learners?
3. In your opinion, what role does music play in your sessions with WS learners?
4. What are the obstacles that learners with WS face in terms of their learning?
5. What music therapy interventions could serve as strategies to support the learning of learners with WS?
6. How do you experience social interaction during music making with WS students/clients?
7. How does music influence the relationships that WS students/clients have with their teachers and their peers?
8. What is your opinion of the influence that relationships and social interaction have on the learning process of WS students/clients?
9. How would you describe the emotions that WS students/clients display when they experience music in an educational setting?
10. How would you describe the level of engagement of WS students/clients when using music?
11. How does music influence the behaviour of the WS students/clients that you work with?
12. What is your opinion about the sense of accomplishment that WS students/clients experience at school when they learn through music?
13. What is your opinion about the meaning of music in the learning process of WS students/clients?
14. How would you describe the influence that music has on the learning process of WS students/clients?
15. Some people say that using music to teach other subjects is of little or no value. How would you respond to this?
16. What is your experience of using music to try to accommodate the unique learning needs of WS learners?

Annexure C: Observation protocol

Direct observation protocol

Date:	**Time + duration:**
Subject/Class:	**Environment:**
Topic:	**Educator (aka):**
Students:	
Weather:	
Consent form: Yes / No	

The purpose of this case study is to generate a theoretical framework explaining how young adults living with WS learn life skills through music.

	Descriptive	**Reflective**
Lesson outcome		
Learning materials		
Class environment/layout		
Social interaction (students)		
Student-teacher interaction		
Observed motivation		
Student behaviour		
Student emotion		
Teaching strategies		

Learning styles (auditory, kinaesthetic, cognitive, social, verbal)		
Lesson structure (Music activities)		
Student engagement		
Integration (support of non-musical goals)	**Planned (conscious)**	**Unplanned**
Student reaction	**Verbal**	**Non-verbal**

Annexure D: ATLAS.ti 7 copy bundle

Please use the following link to access the ATLAS.ti 7 copy bundle:

https://nextcloud.nwu.ac.za/index.php/s/SJyyorgEdHRc74e

Please note that no photos (314 photos) are included in the copy bundle as not all photos show the participants in a positive light and faces have not been blurred.