

Lived experiences of singing in a community hospice bereavement support music therapy group



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Abstract: Although singing is an inherent part of grieving in many cultures, relatively little research has been conducted on how singing is experienced by adults in bereavement support group contexts. The purpose of this study was to examine the singing experiences of seven female adults who participated in a postloss bereavement support music therapy group that took place in a community hospice. Individual interviews were conducted with all participants, who also had the option of submitting written feedback after each group singing session. This feedback, along with interview transcripts, was analysed using Interpretative Phenomenological Analysis (IPA). This resulted in seven narrative summary interpretations that represent explicit and implicit aspects of each individual's lived experience of singing in this context. Cross case analysis revealed themes organised under five categories, supported with participant quotes. Potential implications for research and practice are presented.

Keywords: bereavement, grief, singing, music therapy, interpretative phenomenology

Bereavement, music, and singing

Music is an inherent part of grieving in many cultures (Caswell, 2012). In most western Christian-based cultural traditions, significant music is often played or sung at memorial services to remember, grieve, or celebrate the deceased. This music often contains messages that align with the religious or personal beliefs of the deceased and/or their loved ones. Sometimes, this music is chosen by the individual prior to their death and sometimes, it is chosen by loved ones or by those making the arrangements (Adamson & Holloway, 2012; Caswell, 2012). The music therapy literature contains case examples of how culturally relevant songs can help to facilitate grieving processes in meaningful ways. When a group of Mexican migrant farmworkers were in a vehicle accident that resulted in the death of two co-workers, the *corrido* song form (used in Mexican culture to tell stories about significant events) was used in a music therapy bereavement group to help the survivors commemorate and process what happened in a natural and authentic way (Schwantes,

Wigram, McKinney, Lipscomb, & Richards, 2011). Amir (2014, 1998, 1997) described how singing Israeli folk songs in music therapy bereavement groups helped Israeli women who suffered tragic losses to remember and re-experience significant life events and people as well as express feelings that were difficult to articulate. She outlined a five-step procedure (opening ritual, verbal introduction of song, musical processing, verbal sharing, and closing) that can be conceptualised according to participants' needs. For music therapists or others who use music to help facilitate grieving processes, it is important to understand the role of music within the bereaved person's life and not impose one's own personal or cultural assumptions about how they think music will be helpful (Young, 2017; Stige, 2002).

To the best of the present authors' knowledge, the first formalised palliative care music therapy program was established in September 1977 at the Royal Victoria Hospital in Montréal, Canada (Monro, 1978). Since that time, music therapists have continued to develop their scope of practice in end-of-life care (Clements-Cortes,

2013; Dileo & Loewy, 2005), document case examples (Bruscia, 2012), and conduct research within a range of methodologies (Bradt & Dileo, 2010; O'Callaghan, 2009). Although music therapists are becoming more involved in postloss bereavement work (DiMaio, 2015), relatively few publications exist on this topic and only a small number of these pertain to bereaved adults. A book entitled *Voices of the dying and bereaved: music therapy narratives* provides the most comprehensive overview on this subject to date (Clements-Cortes & Varvas Klink, 2016). In addition to case examples, it presents a music therapy bereavement group working model, aspects of which informed the structure of the *Singing Well* group examined in the present study. The literature contains other case examples (Sekeles, 2007), some of which focus on the use of particular music experiences such as Guided Imagery and Music (Bunt, 2011), improvisation (Lee, 2003; Smeijsters & Hurk, 1999), and song writing (Heath & Lings, 2012; Heath, 2009). Krout (2005) described how music therapist composed songs supported grieving persons who participated in one-time bereavement support programs and/or associated rituals (e.g., memorial services).

Although the literature contains seminal texts on vocal interventions used in music therapy (Baker & Uhlig, 2011; Austin, 2008; Uhlig, 2006) as well as a growing body of research on the biopsychosocial benefits of community group singing (Clift, 2012; Gick, 2011), little research has been conducted on how singing is experienced by adults in postloss bereavement support contexts. von Lob, Camic, and Clift (2010) examined how 16 adults used a singing group experience in response to adverse life events. Qualitative analysis yielded six categories: collective experience, building relationships, competence, purposefulness, managing emotions and well being, and creating a meaningful life. However, it is difficult to determine how these results apply to bereaved persons specifically, given the broad criteria for participant inclusion and the fact that details pertaining to the singing group structure and process are not provided. Iliya and Harris (2015) examined nine female creative arts therapists' experiences of singing an imaginal dialogue with a deceased loved one during an individual music therapy session. Qualitative analysis revealed five themes: elicitation of profound emotional expression; discomfort, nervousness, and anxiety; containment and support; emotional and spiritual connection to the deceased; and helpful opportunity for grief resolution. Intensity of emotional arousal was also an important consideration. Limitations related to the sample and single session intervention indicate a need for further research.

Wilkerson and DiMaio (2013) examined the 'Grief Choir,' a bereavement singing group that 'sought to focus on the voice as an instrument of healing' (p. 90). They found that the choir provided participants with

a therapeutic space where they could find their voices, develop new identities, find meaning, access inner resources, and maintain connections with deceased loved ones. This group also had the opportunity to educate community members through public performance. Challenges included navigating differences among participants in terms of musical knowledge, abilities, preferences, and culture. DiMaio (2017) recently conducted a more in-depth examination of the Grief Choir framework within the context of her doctoral dissertation. The purpose of this mixed methods randomised control study was to compare the effects and experiences of a 16-week treatment grief choir and a 16-week standard care grief group on the experiences of adult grievors. Overall, results indicated that both groups demonstrated comparable improvements as evidenced by measured outcomes and participants' perspectives on their experiences. However, the participant interviews also revealed differences in *how* each group may have helped suggesting that a particular type of group may be better suited to persons with particular needs. For example, some may be more comfortable expressing their emotions through singing whereas others may be more comfortable expressing their emotions verbally. Given this implication and the small sample size (N=9), additional research is warranted.

Although the Grief Choir initiative and Amir's (2014) procedure present viable frameworks for how group singing can be used in bereavement support contexts for adults, additional perspectives would create a broader range of best practices that could be adapted to fit particular needs and situations. The current inquiry aimed to build upon previous research and expand theoretical and practical knowledge about singing and bereavement.

Context for the present study

The co-investigators are certified Canadian music therapists (MTA) with a combined total of 42 years of experience. They have both come to understand the voice as a powerful and unique therapeutic tool that must be handled with care, especially when working with vulnerable persons or sensitive issues (Young, 2009; Austin, 2008). Their clinical approaches are eclectic, guided but not bound by humanistic, psychoanalytic, resource-oriented, ecological, and music centered theories and models. They adapt their music therapy practices according to needs of particular clients and practicalities of different contexts.

Adrienne (the hospice music therapist) initiated the *Singing Well* group at the request of bereaved family members who had experienced music therapy sessions with her and their loved ones. They felt that having a place to sing would be helpful, that singing 'feels good.' This idea resonated with Adrienne who envisioned how singing and wellness groups she had been facilitating at a community cancer support centre could be re-conceptualised as a form

of bereavement support. The *Singing Well* group is largely situated within a vocal ‘music as therapy’ approach¹ where all aspects of singing are considered to be the primary medium and agent for therapeutic change and have a direct influence on participants’ health and well being. The main goal is to help each person relate to or engage in skillfully constructed therapeutic vocal experiences that will meet their unique needs as they emerge (Bruscia, 2014). This is somewhat different than other singing/music therapy and bereavement models where grief related topics and songs are often pre-determined prior to each session (e.g., DiMaio, 2017; Clements-Cortes & Varvas Klink, 2016; Wilkerson & DiMaio, 2013).

Over 2013-2014, 18 *Singing Well* pilot sessions were held at the hospice. Ten participants completed an anonymous written evaluation. This feedback, Adrienne’s observations, and others’ approaches (Clements-Cortes & Varvas Klink, 2016; Young, 2009) informed the singing protocol utilised in this study. Adrienne facilitated the group, assisted by a music therapy intern. Laurel was the external co-investigator who conducted participant interviews and also has experience in singing and health (Young, 2009; Young & Nicol, 2011). In addition to expanding knowledge, the co-investigators felt that ‘research in context’ would lend credibility to the program, which could serve as a benchmark example for other hospice services. They also felt strongly about providing bereaved participants, who often feel disempowered by grief and loss, a forum through which their ‘voices’ could be heard.

The purpose of this study was to examine the singing experiences of seven female adults who participated in a postloss bereavement music therapy group that took place in a community hospice. The term ‘singing’ encompasses various means of creative vocal expression including breathing and vocal warm ups, humming, improvised vocalisation with/without words, toning, chanting, and singing precomposed or original songs.

Method

Ethical approval

Prior to initiation of recruitment or data collection procedures, the study was granted ethical approval from Concordia University’s Human Research Ethics Committee (certification #30003284). It also received approval from the hospice Board of Directors where the *Singing Well* research occurred.

Design

As a way of ‘giving voice’ to participants, Interpretative Phenomenological Analysis (IPA) was an ideal fit. The analysis builds from describing and analysing individual

cases to making claims about the group (i.e., common themes across participants) and interpreting the material within broader social, cultural, or theoretical contexts. However, it maintains an ideographic focus so that unique variations of each person’s experience are not lost. The analysis is supported using verbatim excerpts from the data. Researchers systematically reflect upon their own perceptions and ideas throughout the research. Although the results are not generalisable, a rigorous IPA study yields a co-constructed account that provides new insights into the phenomenon being investigated (Larkin & Thompson, 2012; Larkin, Watts, & Clifton, 2006; Reid, Flowers & Larkin, 2005).

Participants

The researchers employed a convenience approach to sampling. An information brochure was sent via e-mail or post to the hospice’s list of community partners and posted on the hospice website and Facebook page. Participants volunteered by contacting the hospice, who ensured that they met the inclusion criteria: ability to speak and write in English, healthy enough to attend sessions independently, live in the hospice’s catchment area, and not have any chronic breathing, vocal, or cognitive disorders.

Data collection procedures

Participants attended an information session and completed a demographic form. Six 1.5-hour *Singing Well* groups occurred over a 3-month period. Sessions were conceptualised within a flexible structure, adapted according to participants’ needs as they emerged. This included a verbal check in, breathing and relaxation exercises, vocal warm ups, chanting, vocal improvisation, song writing/song sharing, group singing (participants’ song choices),² and a closing song. Participants had the option of submitting written feedback after each session. Adrienne maintained a reflexive journal.

Within 24 hours of the final session, Laurel conducted individual semi-structured qualitative interviews (approximately 30 minutes). The flow of the interview was adjusted to follow each person’s experience of singing in the group as she relayed it. Laurel wrote analytic memos during and after each interview and throughout the analysis process.

² Songbooks (lyrics only) were compiled during the *Singing Well* pilot sessions based on Adrienne’s knowledge of a wide range of repertoire as well as on participants’ requests. When a participant requested a song not contained in the book, Adrienne or the music therapy intern (Avalon) would support the group in improvising an acceptable rendition or the participant would lead the singing (if comfortable to do so) or the group would sing along with an online recording. If none of these options were possible, Adrienne and/or Avalon would learn the requested song and offer it as an option in a subsequent session.

¹ Also referred to as music-centered music therapy (Aigen, 2005).

Data analysis and validation procedures

Interviews were audio recorded and subsequently transcribed by two research assistants. Six participants reviewed their verbatim transcript. No changes were requested. One participant chose not to review her transcript. Laurel listened back to each interview while reading the transcripts. She read each transcript and corresponding post session feedback forms several times to get a sense of each individual's experiences. She noted her thoughts and responses. Laurel extracted all phrases/sentences pertaining to the phenomenon being studied and organised them into themes for each individual. She then created seven third person narrative summaries to represent implicit and explicit aspects of each individual's experiences of singing in the group. Adrienne reviewed each narrative summary. Adjustments were made based on her reflexive journal and experience of facilitating the group. Laurel conducted a cross case analysis where she organised individual participants' themes (supported by quotes) within overarching group theme categories. Adrienne reviewed the group categories and themes. Adjustments were made based on her reflexive journal and experience of facilitating the group.

Given that participants either continued on in the *Singing Well* group (i.e., after the research) or had moved on from the group/hospice, the researchers did not employ participant checking. Furthermore, 'for [IPA] designs with multiple participants, the combined effects of amalgamation of accounts, interpretation by the researcher and the passage of time, can make member-checking counter-productive' (Larkin & Thomson, 2012, p.112).

Results

Demographic information

Participants were seven Caucasian females, 51 to 80 years old. All experienced the death of a loved one within the past three years. Five lost a husband, one lost a sister, and one lost both parents within a month of each other. None of these deaths were sudden or unexpected. Participants indicated various reasons for enrolling in the *Singing Well* research: love of music/singing (5), social aspect/be with others who are grieving (2), interested in contributing to research (2), work through issues related specifically to loss (3), desire to feel better (3), and desire to mourn through an experiential medium (1). Four had previous non-professional singing experience (e.g., amateur choirs, singing at home/church). Five had attended *Singing Well* pilot sessions. Although detailed information was not gathered with regard to individual participants' spiritual practices/religious beliefs, conversations with the music therapist and the research interviews indicated that all largely subscribed to western cultural values and norms.

Individual narrative summaries

Due to space limitations, not all of the individual narratives that were compiled are contained in this article. The researchers chose three (from seven) that collectively seemed to elucidate both complementary and contrasting components of individuals' experiences. To ensure all 'voices' are represented, sample quotes from all participants are included to support the group themes that emerged. Many of the group themes are also inherently represented in these individual narratives. Pseudonyms were used to ensure anonymity.

Alison: *'I felt everyone's voices... carrying me. You know, like they were the wind and pulling me along and I was just gliding as a bird.'*

Alison's sister died three years ago as a result of breast cancer. For several years she had been her sister's caregiver; they were very close. She was having trouble eating and sleeping and receiving support for depression. Years ago, she played guitar and piano and sang. After her sister died, she had several individual music therapy sessions with Adrienne. This motivated her to join the *Singing Well* group and return to music in her life at large.

Alison had fun during the warm ups as long as they did not take too long. The improvised humming surprised her, as she was able to relax and let her voice and mind go. She felt free, like a bird flying or gliding. She heard each individual voice but also felt a closeness, a coming together of voices. The voices were like a wind that carried her. She saw images of a beautiful white sandy beach alongside a green landscape and big mountain, a place where she and deceased family members had frequented.

Alison's favorite part was choosing songs and singing them. Things didn't have to be perfect, like a choir. They could just get on with the singing, which she loved. She tried her best to sing unfamiliar songs chosen by others, as this was a way she could provide support. She also enjoyed reflecting upon meaningful song lyrics, although it was frustrating when the discussion went off on a tangent and took up valuable singing time.

When a song became too emotional, Alison would sing what she could or stop and listen, allowing herself to feel the group's support. Sometimes a song caught her off guard and she cried. It helped that the group kept singing and did not stop to ask if she was okay. She needed to hear the song; she just could not sing it. A few times, when someone chose a particularly emotional song, she asked them to choose another. The group obliged, as they were sensitive to each other's needs. The *Singing Well* group was a comfortable place where Alison could feel sad but it also re-awakened her joy for music. She was listening to classical music, which she had never done before. To her, this music sounded like a story without words.

Sally: ‘Music for me is food for my soul... it fills my heart with compassion for myself and my friends in grief.’

Sally’s husband died at home, one-year ago, after a brief battle with cancer. She used to play guitar and sing at home but less often since her husband’s death. She enrolled in *Singing Well* because she loves music and singing and felt she had knowledge to contribute. The sessions inspired her to join a seniors’ choir where she had opportunities to learn music and perform. This choir was different from the *Singing Well* group where she felt able to grieve. She was glad to be involved in the research, knowing there would be an outcome from which others could learn.

Sometimes, Sally did not feel like attending the group but she had, knowing she would feel better afterward. While she understood the practical necessity of vocal warm ups, she did not particularly enjoy them. The progressive muscle relaxation exercise however, helped her feel less self-conscious; she could not grieve or express herself until she felt relaxed. She especially enjoyed group humming and toning. These were serene and surreal experiences where she felt connected with others but also felt like she was floating in outer space; as if each person were working through her own loss, together yet individually. This was different than singing songs. Words written by someone else made her feel weepy and when that happened, she felt self-conscious. When songs ended however, she felt grounded, relieved, and even pretty good.

With Adrienne’s help Sally composed a song, *I’m All Alone and You Don’t Know*. She shared this song in the group and also with family members. She continued to work on it independently. This song became an important part of Sally’s grieving process that continued beyond the group.

Nan: ‘I got so much out of today. More than I ever expected.’

Ten months ago, Nan lost her husband of 58 years to cancer. During his two weeks in hospice, he had some music therapy sessions with Adrienne. Nan and her husband had a beautiful shared experience where they held hands and cried as Adrienne sang favorite meaningful songs. Although Nan felt that she had ‘no voice and can’t sing,’ she enrolled in *Singing Well* because of the strong connection she and her husband made with Adrienne; she wanted to listen to Adrienne’s beautiful voice and help with the research. She was unsure what to expect.

Nan did not actively participate in the first session; she mostly listened. She felt uncomfortable, emotionally overwhelmed, and did not see the point. Various issues prevented her from attending the next four sessions. As she had made a commitment, she attended the last session, but had decided that she would not attend any future *Singing Well* groups, especially since she could not sing.

In this session, Nan participated in the warm ups and even hummed. She had not realised how the exercises help the vocal chords. The group sang one of her husband’s favorite songs, which deeply moved her. She closed her eyes, saw her husband, and thought about their good and beautiful life. She allowed herself to feel what it was like to be on her own. When the song ended, she shared her feelings for the first time since her husband’s death. Another group member had written song lyrics about her husband, which Adrienne had set to music. Nan related to parts of that song and imagined what it was like for that individual the first time she heard her words sung by Adrienne. The closing song, though unfamiliar, was moving and beautiful.

Nan left the session feeling very surprised and uplifted. She realised the group did have something unique to offer her, which she would not have understood had she not attended this session. She decided to attend future *Singing Well* groups and perhaps hum a bit on her own. She felt motivated to try other new activities.

Group categories and themes

Themes were organised within five categories (see [Tables 1–5](#)). Categories were not predetermined although some refer to singing experiences that were part of the weekly session protocol. Themes represent commonalities across participants’ accounts, but also accommodate individual variations (Reid, Flowers & Larkin, 2005). Quotes are verbatim although when necessary, words were added [square brackets] or removed (signified by ...). This clarified participants’ intended meaning, embedded in the conversational interview format. Although there were multiple supporting quotes for each theme, only select examples are included.

As the researchers reviewed the data, they periodically found it difficult to determine if participants’ experiences and responses were due to the singing experiences in and of themselves or due to the environment created by the singing experiences and/or how they were facilitated. Therefore Category 1: *Group singing experiences/the Singing Well context* considers all these possibilities (see [Table 1](#)).

Category 2: *Vocal warm ups, breathing and relaxation exercises*, reflects contrasting reactions that participants had to these singing experiences (see [Table 2](#)).

Category 3: *Songs*, includes participants’ experiences of singing and/or listening to others sing familiar and unfamiliar songs, including original songs composed by participants.

Conversely, Category 4: *Improvised vocal experiences* includes those where the group spontaneously created vocalised music or sounds within varying parameters of predetermined structure.

Category 5: Overall experiences of *Singing Well*, contains broader perspectives on how this group impacted participants.

Table 1. Group categories and themes

Category 1: Group singing experiences/the <i>Singing Well</i> context		
Themes	Descriptions	Sample quotes
Fostered feelings of connection, awareness, and support.	During the sessions or during singing experiences, participants felt connected to/aware of: themselves, their emotions, their own/others' voices, their breath, their bodies, other group members, the music, their deceased loved ones, memories, the here and now, the future. They felt supported by each other and/or by the music.	Alison: Sometimes we [voices] would all come together and [I] just felt a closeness. It was really neat. I feel very supported by the music. Yolanda: [The group] makes me feel connected to people and I carry that forward in my life. This is the space where I let myself feel [my husband's] presence. Ida: I was more aware of the physical effect that sound and music has on me and breathing. With a little help from my friends I will sing myself well. Rose: In this singing group [I experienced] acceptance of myself ... by me.
Evoked a range of emotions, expressed and experienced in various ways.	During and/or after expressing emotions, participants felt uplifted, drained, peaceful, calm, sense of freedom/release, compassion, detached.	Yolanda: The music brought out the sadness. Not just me, but in all the group. I felt compassion for everyone. Lana: I get uplifted by the music and I feel I can let a lot of my feelings go into the music. It's actual freedom [to sing] because I hadn't sang at home for so long. Sally: To go through a healing process of grieving, sometimes I felt very drained coming out [of a session]. Ida: I also had times when I would zone out, take a mental break, then come back to the group. Rose: Felt so free to weep as others were too. A feeling of calm when leaving.
Allowed participants to enjoy themselves and feel good.	Participants felt able/gave themselves permission to experience pleasure within the <i>Singing Well</i> context and/or during the singing experiences.	Yolanda: Many had sad weeks. January [is] a dark cold time but today we had several good laughs and good singing time. Lana: I have to admit, every time I've left one of these sessions, I've felt good.
Provided a comfortable, non-judgmental, accepting, supportive, and safe space.	Participants could freely express and/or experience their feelings; explore their voices/sing without feeling judged; accepting and sensitive to each other's needs.	Yolanda: [I] feel safety and comfort in the group. Lana: I just felt that whatever I did, they would understand ... I didn't feel there would be any criticism. I couldn't stop crying and there was no shame in that. I was first embarrassed and then I just realized that nobody was going to look down on me for crying, for sharing my sorrow. Ida: I can let my guard down here. There is no judgment here. [Singing] feels freeing; it feels good ... you know nobody's critiquing your voice or anything. Rose: I didn't expect my voice to be accepted.
Allowed participants to express themselves in a way that was different than talking.	Sometimes words could not adequately express feelings or words alone were insufficient.	Yolanda: I've been to bereavement groups where I didn't care for the way it was run, so I really froze up inside. That wasn't a music thing it was a talking thing. Lana: When we were singing I felt like we were releasing something but I can't tell you what. Rose: [Singing is different than talking] because I am using me not just my head.
Worked well because of personal and professional qualities of the music therapist.	Participants felt the music therapist (and intern) had unique qualities, skills, and abilities including: flexibility, empathy, musical/creative talent, sensitivity, compassion. They were approachable, dependable, supportive, leaders.	Yolanda: I think the key is an empathetic leader. Our two leaders are compassionate and inspiring. The creativity of the group was brought out by the group leaders; writing songs and lyrics and melodies, sensitive to our input, meeting us where we are at. Lana: Adrienne is fantastic ... to me she's exceptional ... nothing is too much for her to do for you ... Not that I would think of asking, but I feel I could. Sally: Adrienne is a very good mediator. I find she keeps us well held and informed.

Table 2:		
Category 2: Vocal warm ups, breathing and relaxation exercises		
Themes	Descriptions	Sample quotes
Some (five) did not like aspects of these exercises.	Felt exposed, self-conscious, confused, bored; wanted to get to the singing.	Alison: A couple of times [in a row] we did the humming and the standing together ... and I thought 'let's go onto something else.' Lana: The exercises. I absolutely hate them. The lion face, I hated that. Thank goodness we had our eyes closed. [I felt] silly. Sally: It wasn't my favorite part; it was sort of like you need to do it to get to the next point, the singing.
Some (five) appreciated aspects of these exercises.	Helped to physically and/or psychologically prepare them to sing.	Sally: So it's like you relax your body before you actually start ... singing. I find this helpful. The warm up [relaxation] session with Avalon is very necessary, just to get me focused. Ida: [I enjoyed] all the breathing exercises, the warm ups. Rose: I actually felt comfortable, especially after doing the arpeggios or whatever and experimenting with the breathing and the arpeggios. I enjoyed that [exercise] with the different syllables she would use. That was fun.

Table 3:		
Category 3: Songs (precomposed/original)		
Themes	Descriptions	Sample quotes
Reflected, validated, re-conceptualised participants' feelings of grief and loss.	Through lyrics and/or music.	Lana: All of a sudden [certain songs] that I had known became more meaningful ... and that really broke me up. There were songs I couldn't sing because of the words. Nan: A lot of songs you can relate to. Rose: I'm into songs that reflect my experience right now ... It gave me different ways of thinking about grieving and hope.
Evoked meaningful memories, emotional release; a means of escape.	Through lyrics and/or music. Participants sometimes caught off guard by their responses.	Alison: I just love songs that tell stories because I'm just carried away in that story. Yolanda: Lots of sad feelings sometimes when you sing a song that really gets you in the gut. Can't even continue singing for a while. Lana: Songs that I had known all of a sudden became more meaningful when someone you love has died and I was reading into them and that really broke me up.
Choosing songs was important.	Participants enjoyed choosing songs. Found meaning in familiar and unfamiliar songs. Supported others by supporting their song choices.	Yolanda: Someone's husband's favorite song was my least favorite song ... she wanted to sing it so that's fine. Ida: I liked when we did the Titanic theme song. [I liked] the flow of it and [I liked it] because I knew it.
Songwriting	For some, songwriting provided a forum through which they could express grief and share with others. For others, it was emotionally overwhelming. However, they found meaning in others' compositions.	Alison: I wrote a song during this group ... talking about missing my sister called <i>Flying</i> ... It was in my head; I just had to get it out. Lana: They asked us to write a letter to and put it to music. I wrote it at home and couldn't bring it in ... If I heard that set to music, I don't know if I could take it. Yet I really appreciated the fact that others shared theirs. There were parts of their songs that pertained to me. It made me feel good that somebody else could put it into words.

Table 4:		
Category 4: Improvised vocal experiences (chanting, toning, humming, creating melodies, harmonies)		
Themes	Descriptions	Sample quotes
For most, improvised vocal experiences felt supportive, evocative, and/or liberating.	A sense of freedom/release; evoked emotions, imagery, physical sensations of floating/flying.	Yolanda: Usually you sing words and it interferes with your thinking but if there's no words, than it's a whole other experience. I felt a sort of comfort, sometimes sadness, but sometimes you get [an] image in your mind ... like a bird or nature or flying. When we are doing the single note humming, the effect ends up being spiritual, brave, and gorgeous unplanned harmony. Lana: [During chanting/vocal improvisation] I just felt terrific ... no heaviness in my body. I felt very relaxed. Rose: I didn't have the visions that some other people had during the improvisations. I was just thinking of the notes on the staff and where I wanted to go next and hoping I'd hit it in tune.
Provided a musical framework where participants could feel togetherness and be independent at the same time.		Lana: The improvisation, like we would just start humming and you could go your own way, or you could go higher or lower, or you could harmonize or not harmonize. I like that. It's like doing your own thing in an acceptable way. Ida: [I enjoyed] the impromptu ... you hum and make a vocal sound in the group and that's very interesting. Sometimes it feels more comfortable than others. [Sometimes] it feels connected. It feels like it flows. [There are other times] when you get lost in the voices. Rose: When you're in improvisation, at first I tried to blend ... Today I thought I'm going to try and be with the sharks ... That seems fun to experiment with, being a discordant part of the harmony.

Table 5:		
Category 5: Overall experiences of <i>Singing Well</i>		
Themes	Descriptions	Sample quotes
Sense of commitment to the group.	Stemmed from participants' love of music/singing; relationship with the music therapist/previous experience of music therapy; desire to contribute through research	Yolanda: I love Adrienne very much. That was a big part of it. Lana: You felt that they were singing because they wanted to be here and I thought yeah I wanna be here. Nan: If I commit myself, I commit myself. I said I would be in the research. I feel bad I missed all those times.
Motivated participants to make changes, explore new/revive previous interests in their daily lives.	Participants became more musically active and/or initiated other activities/practices outside of <i>the Singing Well</i> context.	Yolanda: At home I remember to breathe deeply more than I used to. Lana: I refused [concert invitations] because I didn't want people to know I was enjoying something ... my husband is gone and I shouldn't enjoy things. But now I'm okay. I want to do this and I'm allowing myself to go. Rose: It's [my voice] another part of me that I appreciate more. I think maybe I could try a choral group. I'm more open to [other kinds of music]. I'll go on the internet and hear somebody sing it. I It's [the group] has given me different options, different interests that I maybe will get into.
Helped participants to move forward in their lives.	The experience of being in the <i>Singing Well</i> group enabled participants to actively (re) engage in various aspects of their lives and/or adapt to current realities.	Yolanda: [The group] gave me a feeling that I belong in this world and I have a place in this world in terms of music. It makes me feel connected to people and I carry that forward in my life. Lana: I am more confident now. It's [the group] given me the realization that I can go on, on my own. Rose: I go away energized, with energy to do what I need to do, to do packing at home.
The experience of the group and/or its impact was difficult for participants to describe.	Participants struggled to find words that they felt would adequately describe their experience of the <i>Singing Well</i> group and/or the effect it had on their lives.	Yolanda: If I hadn't been in it, I wouldn't have understood it either. Ida: It just makes me feel better. It's hard to describe. Rose: [I] couldn't put it into words in that moment. I couldn't get hold of my inner experience. I couldn't put words to it yet until it I guess evolved or until I processed it. To put to words I need to get my mind in there.

Discussion

The results suggest that individuals' grieving processes emerged organically within the *Singing Well* context. Participants could conceptualise their own unique processes, go at their own pace, but still feel like part of the group. This was particularly evident in participants' descriptions of their vocal improvisation experiences (see Category 4), which complemented and expanded upon the benefits of vocal improvisation proposed within the Grief Choir initiative, such as promoting feelings of connection to self and others (DiMaio, 2017; Wilkerson & DiMaio 2013). Furthermore, in the *Singing Well* group, participants could simultaneously engage with multiple aspects of their own grieving processes or shift moment to moment as needed. For example, during and/or after singing songs, participants experienced cathartic emotional release, felt connected to their deceased loved ones, felt nurtured by the beauty of the music, and/or felt supported by others' voices/presence (see Category 1, Themes 1,2, & 4 and Category 3, Themes 1 & 2). Similar to Amir's (2014, 1998, 1997) observations, the act of choosing songs was also important (see Category 3, Theme 3). Individuals experienced feelings of comfort and security when singing their favorite songs and demonstrated interpersonal and intermusical support by singing others' song choices to the best of their ability—even when they disliked or were unfamiliar with the selection.

Cumulatively, these results align well with the Dual Process Model of Grief where the focus of coping vacillates between loss and restoration orientations, which may be operationalised in unique ways for each person, group, or culture (Stroebe & Schut, 1999). For example, there were times when the singing experiences, the context, and/or particular songs evoked strong emotions and participants

were focusing on and/or processing some aspect of their loss experience (see Category 1, Theme 2 and Category 3, Theme 2). Alternatively, there were times when participants used the musical or lyrical components of songs or the improvised vocal experiences as a means of escape or liberation (see Category 3, Theme 2 and Category 4, Theme 1), in other words, to avoid or seek relief from stressors associated with their grief. Oscillation between loss and restoration orientations appeared to occur in every session and this also seemed to happen for most (if not all) individuals present in each session. Furthermore, the same singing experience could evoke various responses for each individual at the same time and seemingly allow each person to take as much or as little as they needed from each experience as it unfolded. Finally, the overall experience of being in the *Singing Well* group helped some participants to develop a new or renewed sense of self which helped them to move forward with their lives in a world where their loved one is no longer present (see Category 5, Themes 2 & 3).

Unlike other singing/music therapy bereavement group models (e.g., DiMaio, 2017; Clements-Cortes & Varvas Varvas Klink, 2016; Wilkerson & DiMaio, 2013), the *Singing Well* session structure did not incorporate pre-determined topics to deliberately help participants engage in specific tasks or processes of mourning. However, it appears that the *Singing Well* context allowed aspects of these processes to emerge organically for individual participants. See Table 6 for examples of how components of these participants' *Singing Well* experiences can be situated within Rando's (1993) six 'R' processes of mourning.

As previously noted, the *Singing Well* group is conceptualised within a 'music as therapy' approach wherein singing experiences are considered as the main

Table 6:

The Six 'R' processes of mourning (Rando, 1993)	Relevant examples from the <i>Singing Well</i> group experience
Recognize the loss.	Participants chose songs and/or wrote songs that acknowledged their loss. Category 3, Themes 1,3, & 4.
React to the separation.	Singing songs, writing songs, and/or the <i>Singing Well</i> context allowed participants to express and/or deeply feel their reactions to loss. Category 1, Themes 2 & 5; Category 3, Themes 2 & 4
Recollect and re-experience the deceased and the relationship.	Singing songs related to the deceased, writing songs, and/or the <i>Singing Well</i> context provided participants with opportunities to reminisce about their loved ones and/or feel a strong sense of connection with them. Category 1, Theme 1; Category 3, Themes 2 & 4.
Relinquish the old attachments to the deceased and the old assumptive world.	Improvised vocal experiences allowed participants to experience feelings of release, freedom, liberation. Often, they were not reflecting upon their loved one or their losses during these experiences. Category 4, Theme 1.
Readjust to move adaptively into the new world without forgetting the old.	Participants allowed themselves to enjoy the group and have a good time. Category 1, Theme 3. Outside of the group, they began to explore new or revive previous interests, often related to music. Category 5, Themes 2 & 3.
Reinvest.	Participants expressed interest in pursuing musical opportunities and other activities outside of a bereavement context. Category 5, Themes 2 & 3.

medium and agent for therapeutic change. Although this approach does not preclude verbal processing when needed (as proposed by DiMaio, 2017; Clements-Cortes & Varvas Klink, 2016; Amir 2014, 1998, 1997), the present study's results and previous literature also indicate that participants often enroll in this type of group because they want to sing; they seem to have an intuitive awareness of the potential for 'healing' through singing (Young, 2009). Therefore, the music therapist must recognise when it is therapeutically indicated to re-direct the group back to singing experiences, and to consider which experiences may be indicated or contraindicated at a particular time and/or for a particular group. For example, the amount or type of focus placed on warm ups or songwriting (see challenges highlighted in Categories 2 and 3) might vary. This 'singing as therapy' approach also provides bereaved persons with a viable alternative or adjunct to more traditional forms of bereavement support; especially for those who are uncomfortable with or less responsive to verbal therapies. Interestingly, during the research interviews, most participants had new insights about their *Singing Well* experiences, which suggests that an optional post program individual debriefing could be offered, for those who might benefit from further reflection.

Within the *Singing Well* framework the music therapist must assume an empathic stance, being sensitive to needs as they emerge, and assist or give room for individuals to engage in a range of relevant singing experiences. Participants indicated that the group worked well because of the personal and professional qualities of the music therapist (see Category 1, Theme 6) and expressed that their sense of commitment to the group was enhanced by their relationship with the music therapist (see Category 5, Theme 1). These findings are similar to qualitative results contained in DiMaio's (2017) Grief Choir study where participants also indicated that they appreciated the music therapists' professional skills and felt a sense of camaraderie with them. Music therapists are trained to assess individuals' personal and cultural relationships with music and subsequently conceptualise music experiences that will safely and ethically help them to optimise various aspects of health and well-being within the context of a therapeutic relationship (Bruscia, 2014). The *Singing Well* group framework emerged within a discipline specific context and as such, is inherently designed to be facilitated by a certified music therapist. Future research could examine how a similar initiative might be realised within an interprofessional framework where a music therapist and another bereavement care professional act as co-facilitators. As previously suggested by DiMaio (2015), such interprofessional collaborations could help to expand and/or enhance current bereavement care services thus addressing a wider range of needs. Future inquiries could also investigate how other bereavement care professionals

(e.g., a grief counsellor who is also a musician) may best incorporate music and wellness goals within their own professional scope of practice.

Previous literature indicates that some persons intuitively turn toward music to help them during times of grief (DiMaio & Economos, 2017; O'Callaghan, McDermott, Hudson, & Zalcborg, 2013). Two participants (Sally and Lana) felt unable to play music or sing at home after their loved one's death. Groups like *Singing Well* can provide a safe and supportive space wherein individuals can use music to facilitate their grieving processes until they feel ready and able to do so on their own. Furthermore, the *Singing Well* group inspired participants to rekindle previous music interests or initiate new musical activity in their everyday lives, even Nan and Ida who had limited previous involvement in singing/music making activities (see Category 5, Theme 2). This outcome is important as a growing body of research indicates that incorporating music practices into everyday life can have a wide range of positive impacts on health and well being (e.g., MacDonald, Kreutz & Mitchell, 2012). It also suggests a need for more community 'health musicking' initiatives (Stige, 2012) where people have supportive opportunities to participate in active music making/singing experiences without needing previous musical training or background.

It is important to note that most participants had either sung or played music previously and/or had experienced music therapy sessions with their deceased loved ones and that these experiences, at least in part, motivated them to enroll in *Singing Well*. The only exception was Ida who joined the group upon another's recommendation. As previously indicated, the initial impetus to form the group came from family members who had experienced or observed music therapy sessions with their loved ones prior to their death; perhaps having gained insight into how music or singing might be helpful for them or they may have felt a desire to maintain the sense of connection they had experienced with their loved one (and perhaps the music therapist) within the music therapy context. This raises an important question on how to extend this type of group to those who could benefit but who are unlikely to consider it as an option. In this case, it helped to have a music therapist integrated as part of the hospice team, providing range of clinical and educational services. Future research could examine singing experiences of persons with limited previous music involvement to better understand how music therapy and 'health musicking' programs (within preloss and postloss bereavement contexts) can be made more accessible and comprehensible to those who might benefit.

Although these results contain elements of transferability, limitations included a lack of male participants and cultural homogeneity of the sample. Additional research would help to address these gaps. Although preliminary research

has been conducted on singing and bereavement for adults who have various special or complex needs, (Illiya, 2015; Tyas, 2010), further inquiry is needed in these areas as well as on how singing may be used to support bereaved adults whose loved ones have died under sudden, violent, or tragic circumstances.

Concluding remarks

The results indicate that all seven participants felt that they benefited from their participation in the *Singing Well* group, albeit in both comparable and distinct ways. The qualitative IPA methodology employed for this study allowed the researchers to create empathetic interpretive accounts of individual's lived experiences of singing within this context and concisely explicate how these experiences, when viewed collectively, compared and contrasted with other models of practice and established postloss bereavement theoretical frameworks. Although the narrative summaries and group themes are representations of this group's unique experiences, these results may help others to infer how the *Singing Well* group approach could be adapted to suit the needs of other bereaved individuals in context.

The *Singing Well* program has continued, with adjustments being made as needed, in light of the results and implications outlined above. For example, less time may be spent on certain vocal warm ups, the amount of time spent singing is maximised but adjusted to meet participants' needs within each session, songwriting is only used when it is clinically indicated for a particular group or individual, and participants are provided with optional opportunities for post session debriefing with the music therapist. It is the authors' hope that this study will enhance understanding, especially with regard to the unique value and complexity of singing as a form of bereavement support, and inspire others to create similar best practice programs and conduct further research. The final word belongs to Yolanda: *'In this group, we are soothing our hurt, opening ourselves up to new experiences and to the affection of others. We are singing ourselves well'*. ■

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