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GRIEF CHOIR: A RETROSPECTIVE NARRATIVE STUDY OF LIVED EXPERIENCES.

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ABSTRACT

This retrospective narrative study documents the experiences of three people who were members of a grief choir. A research assistant facilitated a one-time focus group interview. Data from the interview was analyzed using a 17-step structure from Grocke (1999), Forinash and Grocke (2005) and Tuastad & Stige (2015). Ten major categories were derived from the data: 1) the music, 2) performing, 3) sense of purpose, 4) openness and vulnerability, 5) connecting to the music therapists, 6) relationships, 7) fears, 8) insights, 9) long term effects, and 10) recommendations. A discussion section explores the results and future recommendations are offered.

The first meeting of the grief choir was scheduled and people had agreed to attend. I was excited and nervous at the same time. When I became head of the Bereavement Department at my hospice, my first major decision was to create a grief choir. My co-worker and I created folders with 4 or 2 parts choir music we either wrote or arranged. I had no idea if any of this music would be important to the grief choir members, but I hoped the hours and hours of writing and arranging would somehow pay off. I kept reminding myself that the main goal for the first session was to get to know the people who showed up, and to somehow make music together. "They just need compassion," was my mantra.

The day of the first grief choir session arrived. A group of strangers, all grieving the death of someone important to them, sat in a half circle, facing the piano, where I was sitting. The other music therapist was sitting in the half circle ready to support the members. A box of tissues was on the floor in the middle of the half circle so anyone could grab a tissue, if they wanted one.

Years later, I learned that one man was thinking to himself "This is stupid, what are we going to be singing about? I barely can talk about it without crying, how in the devil am I going to sing about it?" A woman thought, "How am I going to be able to keep up? I don't read music." A third woman was thinking "I am here because I miss my son."

I took a breath, silently repeated my mantra, and said "Well, this is new to all of us, and I appreciate your courage in trying something so different."

Thus began the grief choir. It met every Monday from 12-1pm for 3 years. My music therapy co-worker, music therapy interns, and I dragged a keyboard into the grief group room every week to accompany the choir. On average, about 8-10 people attended. We sang for each other, for people at our inpatient hospice center, for community events, for workshops on dying and for memorial services.

I began with a short story of the first grief choir session because this study is a retrospective examination of the experiences of three grief choir members in the grief choir. All three were at the first session, yet all had such different memories of what they were thinking. Each person, quoted above, attended the grief choir for over two years.

Over the years, I got to know these three people well, and reflected a great deal about our grief choir and what it meant to me. Yet I never had the opportunity to discover what it meant to the members, if anything, until I was working towards my PhD. With the help of my advisors, I was able to complete this study, and that is the condensed story of how this project began.

INTRODUCTION

Grief and Music Therapy

The story of American music therapists and grief can be traced back to the 1980's (Loyst, 1989). Responsibilities included a number of the following; performing at memorial services or funerals, making follow-up bereavement phone calls, providing one-to-one home visits, facilitating time-limited groups, facilitating ongoing groups, providing individual grief sessions, designing workshops, co-designing and facilitating grief camps

and facilitating psychoeducational groups (DiMaio, 2015). Recently, several studies have explored the relationship between music, grief and music therapy.

O'Callaghan, McDermott, Hudson, & Zalberg (2013) examined the role of music in the grieving processes of eight bereaved caregivers of people who died from cancer. They included griever from hospice deaths, as well as griever from hospital deaths. Six themes emerged: (a) participants recommended music for other people who are grieving; (b) music therapy during the dying process helped during bereavement and helped promote continuing bonds with the deceased, as some participants' deceased had received music therapy during their dying process; (c) participants experienced positive feelings when musical efforts, such as a concert to benefit a worthy cause, continued the deceased person's legacy; (d) interacting with music or avoiding music reflected the mourners' process of avoiding or confronting grief as needed by the griever; (e) participants discussed how musical connections with the deceased were purposeful or unexpected and supportive and/or confronting; and (f) remembering how music enhanced the lives of those mourned became a supportive cognitive process. The study also found the griever's relationships with music organically reflected the dual process model identified by Stroebe & Schut (1999).

Singing in Music Therapy When Grieving

Iliya (2015), used a mixed method approach to examine the effectiveness, and experiences of music therapy with adults who had complicated grief and mental illness. The treatment music therapy group used imaginal dialogue, where the participant sang improvised imaginal dialogues with the deceased. The following themes emerged from transcripts of the session and music experiences she facilitated: (a) accepting the reality of the loss (Task I of mourning); (b) emotional expression (Task II of mourning); (c) adjusting to a world without the deceased (Task III of mourning); (d) finding an enduring connection with the deceased (Task IV); (e) symptoms of mental illness and substance abuse; and (f) the therapeutic relationship. She discovered symptoms of the participants' mental health manifested in their grief, talking was important, feeling connected to the deceased was dependent on their sobriety, the participants felt that they continued to disappoint their loved one, and the therapeutic relationship was important in helping the participants grieve. Participants also felt interpersonally connected to the music, and never refused to participate in any of the music experiences or the improvised imaginal dialogue. They also identified singing as more helpful and beneficial than talking about their feelings.

Clements-Cortes and Klinck (2016) wrote a book about music therapy during the dying process and music therapy with grieving adults associated with a Canadian hospice program. The first half of the book focused on the dying process, and the various roles of music therapy. The second half of the book focused on bereavement issues within music therapy and is compiled over five chapters. Three chapters described the case studies of Nancy, Evelyn and Ruth, whose husbands died, and their journey attending a music therapy bereavement research grief group. The case studies shared insights centering on projection methods, identifying and expressing grief, finding meaningful reconstructions, and on the techniques of clinical improvisation, song discussions, lyric analysis and music-listening experiences.

The last chapter in the book discussed a music therapy bereavement group model for adults. The theoretical foundations of Creative Music Therapy, Group Analytic Music Therapy and Aesthetic Music Therapy were incorporated into the foundation of this model. The chapter discussed how the therapists incorporated these beliefs into the group model and how these related to bereavement issues. Special attention was given to music therapy strategies such as opening music rituals, clinical improvisation, musical and verbal check-ins, songwriting, lyric analysis, music and imagery, group singing, song-sharing, music-listening/listening journal, intentional playlist and weekly themes (Clements-Cortes & Klinck, 2016).

The chapter concluded with a description of a qualitative research study that described the experiences of adult griever who participated in the music therapy bereavement group model for adults. Three people participated in the research, which were the case studies described earlier. Results gave insights into the effect of music on expressing grief, increasing coping skills, and informing future uses of bereavement music therapy. A holistic view of the phenomena of the group emerged in the data supported by three themes: (a) “honoring the relationship” through musical memories and relationship continuation; (b) “similarly unique journeys” navigating the rollercoaster of grief; and (c) “validation” through projection onto music and honest self-expression (Clements-Cortes & Klinck, 2016).

Most recently, Young & Pringle (2018) studied the experiences of seven griever who participated in six “Singing Well” grief group sessions. Music experiences in the group included verbal check in, breathing and relaxation exercises, vocal warm ups, chanting, vocal improvisation, song writing/song sharing, group singing (participants’ song choices), and a closing song. Three individual narratives were shared. Five categories emerged: Group singing experiences/the Singing Well context, vocal warm ups, breathing and relaxation exercises, songs, improvised vocal experiences and overall experiences of Singing Well.

Grief Choir

The grief choir was a performance-based newly-created music therapy intervention. A previous article described the structure and theoretical emphasis of the choir, as well as, a case study examined the process of one individual (Wilkerson & DiMaio, 2013). People who joined the grief choir were referred to as members instead of clients to recognize the choral connection.

Several theoretical approaches and models regarding grief and the clinical practice of music therapy were incorporated. The grief choir was grounded in humanistic and existential theory, resource-oriented music therapy, community music therapy and used a music centered framework (Aigen, 2005; Rolvsjord, 2004; Stige, 2002). Opportunities were created that allowed each member to explore the meaning of their grief, and music experiences were facilitated that potentially enhanced each person’s ability to grow (Wilkerson & DiMaio, 2013).

In selecting and adapting music and music interventions for the choir, two models of grief processing were considered. The first was Rando’s (1993) “Six ‘R’ Processes of Mourning,” which proposed that grieving individuals must complete specific processes in order to re-orient successfully to the deceased, to the self, and to the external world.

Second, Stroebe and Schut's (1999) Dual Process Model of Grief (DPM), which suggested, grieving is a dynamic and oscillatory process in which a grieving individual at times confronts and at other times adapts the different tasks of grieving, was incorporated.

Individuals who desired to join the grief choir completed a comprehensive grief assessment created by the bereavement department, demonstrated appropriateness for group, and utilized appropriate resources to address external (i.e., non-grief-related) needs. For example, a grief choir member needed a community therapist if they presented suicidal ideation during the assessment process. Upon referral to the grief choir, the individual was contacted by the music therapist, who gathered additional information regarding the person's musical background (e.g., whether or not they read music), began to build rapport with the person and provided information about the nature of the choir, as it was an unfamiliar group setting for many people.

Most sessions began with a "check-in," at which time members shared recent events, thoughts, feelings, and experiences related to their grief processes. Following the check-in, the music therapist led the group in vocal-warm up exercises, which transitioned from speech to musical expression, warmed up the body and the voice, provided practice in taking care of oneself, and explored the many sounds of grief. The group continued with music experiences designed to address the immediate needs of the group.

Recreative music experiences included introducing and rehearsing songs arranged by the music therapists for the choir. Each song chosen reflected one or more of Rando's stages of grief. A song was either requested by a group member, as a way to honor the person who died, or it was specifically chosen by the music therapist to address the therapeutic goals identified within a particular stage of grief.

A second type of music experience used in the choir was group vocal improvisation. Some improvisations were structured or focused around a particular theme, while other experiences were vocal nonreferential improvisations, where the members spontaneously created vocal pieces, both with and without words, using whatever sounds (and words) came to them in the moment.

Songwriting became a part of the group process as members desired to find their own words to describe their grief. While many pre-composed songs represented various aspects of grief to which the members could relate, none completely signified their unique needs and their personal grief processes. Members spontaneously re-wrote lyrics to familiar songs.

Purpose of Study

The purpose of this study was to document the long-term perceptions of members who attended the grief choir for a substantial period of time. The research questions that guided this study were: What was the experience of participating in a grief choir? Was there anything that the participants liked, or did not like, about participating in the choir? How did the experience impact their perception of grief, if at all? Did anything stand out as being significant or meaningful? What is the experience of making music in the grief choir?

METHOD

Narrative Study of Lived Experience

Narrative inquiry is “the study of human lived experience portrayed through engaging, meaningful, and personal stories” (Hadley & Edwards, 2016, p. 2,956). How a person makes meaning out of an experience is an important aspect of this interpretivist framework (Hadley & Edwards, 2016). While some researchers believe in a strict storytelling experience that includes settings, characters and a plot line for narrative inquiry, this study reflects a broader interpretation. Using an interpretivist inductive process, this research explored and reduced the data in order to clarify key concepts and add to the literature and theory of a grief choir (Amir, LaGasse & Crowe, 2016).

Kitzinger and Barbour (1999) define focus groups as “group discussions exploring a specific set of issues that are focused because the process involves some kind of collective activity” (p. 4). The role of the facilitator was to “encourage participants to talk to one another: asking questions, exchanging anecdotes, and commenting on each other’s experiences and points of view” (Kitzinger & Barbour, 1999, p. 4). The key feature of focus groups was the active encouragement of group interaction among participants (Webb & Kevern, 2001).

Webb and Kevern (2001) uncovered how benefits from participant interactions were rarely reported or discussed in the articles. These findings indicated the need for rigorous research methods and reports from the focus group. Similarly, other scholars argued for the use of focus groups. Interactions and conversations between focus group participants could generate important data. Data from focus groups was meaningful, and in a direct manner, allowed participants to be co-researchers (Stevens, 1996; Wimpenny & Gass, 2000).

Setting, Materials and Equipment

Interviews occurred at CarePartners Hospice in the group room. A Zoom H1special edition hand held recorder was used to record all interviews. MAXQDA11, software designed for qualitative and mixed methods research, was used to assist in coding the qualitative transcripts. MAXQDA11 was designed to help organize and analyze text; it is especially known for its ability to work with large-scale interviews.

Participants

Members of the grief choir were invited to attend a group interview. Twenty-two people attended the grief choir. Those who participated in at least eight sessions were invited to

attend the focus group. This requirement does leave a risk for bias as people who had a positive experience would return. Eight people met the criteria. I discovered that two of the eight had died, leaving six possible candidates. Three people consented to attend the group interview. Those three people were a part of the beginning of the grief choir and had stayed in the grief choir for over two years. Two people attended in person, and one participated through the use of a cellphone from her place of residence in Mexico. In this article, I refer to participants as “members.” Labeling them as “members” instead of “participants” reflected the emphasis on the group process that occurred during the grief choir, as well as, the process that occurred during the group interview. At the time of the interview, two of the members had been out of the grief choir for 3 years and one had been out of the grief choir for 4 years.

Interview Process

The research assistant who conducted the interviews was a master’s level licensed social worker. She was also a grief counselor at the hospice where the research was conducted. She had been a grief counselor for over twenty years. She had previous experience as a group facilitator/interviewer for another research project, not associated with this researcher. She was known for her ability to convey compassion while being able to set boundaries when needed. She was skilled at quickly building rapport and helping group members interact with each other, not just her. Her group skills helped this research have integrity. She ensured no one person dominated the conversation, everyone was treated with respect, the interview was completed in the time promised, and she acted in an ethical manner (Marshall & Rossman, 2011).

Ethical Approval

This research was approved through CarePartners Hospice. CarePartners Hospice, where I worked for twelve years, was affiliated with Mission Health Care. Once approval was given from Mission Health Care approval was requested and granted at Queens University of Charlotte, where the researcher worked, at the time of the study. The proposal was then approved from Temple University’s IRB, where the researcher was seeking her PhD in Music Therapy.

Ethical Considerations

Members anonymity was maintained throughout the research process. All handwritten notes, computer files, audio recordings, and researcher journals were kept in a secure location throughout the research study. Identifying information, including members’ recorded voices on the interview recordings, will be destroyed within three years after the completion of the study.

Validation of Qualitative Research

Validation and integrity within qualitative research were important (Aigen, 1996; Aldridge & Aldridge, 1996). I followed the Consolidated criteria for Reporting Qualitative research (COREQ) as a means of keeping integrity with this research, however, it is not without limitations. Therefore, a deeper look at validation and integrity within qualitative research was necessary.

The process immersing myself in the data was deeply personal as I co-lead the grief choir for 3 years. I quickly became aware of my bias when designing the study and relied on my self-awareness and advisors to be reflexive throughout the process. I admit that being a part of the grief choir changed me and I hoped that it had positively changed others as well.

There was a need for transactional validity, which involved members validating themes, interpretations, and/or findings (Cho & Trent, 2006; Marshall & Rossman, 2011). The three members who participated in this research member checked the transcripts, themes, codes and my interpretations. No request for changes occurred from members. Also, a member of the dissertation committee reviewed the data and findings to ensure validity.

Limitations

Like all research, this study had limitations. For example, grief was limited to personal experiences. Professional grief was not included in consideration. Another limitation was the criteria of being in the grief choir for eight or more sessions. This criterion limited participation and excluded the experiences of people who only attended one session or less than eight. The requirement of a minimum of attendance also encourages a bias of a positive experience as members probably would return to the grief choir if they were finding meaning out of the group.

It was possible that because a non-music therapist facilitated the interview, important areas of exploration were missed because the interview did not have a background in music and only had limited knowledge of music therapy. Additionally, having a group interview provided a different experience than if the interviews were individual. Perhaps some members had experiences they were not comfortable sharing with other members.

Procedure

I instructed the research assistant in facilitating the semi-structured interviews. She assisted the members in describing the meaning behind their grief choir experiences. The purpose of the interview was to gather the richest possible description of the experience and meaning of the grief choir.

Focus Group Questions

The following questions were asked of the grief choir members:

- Can anyone describe what it was like attending the grief choir group?

- Was there anything anyone didn't like about the sessions? If so can you describe it?
- Can anyone describe anything specific, which stood out as being significant or meaningful to you?
- Can anyone describe how the group impacted your perception of grief, if at all?
- Can anyone describe the experience of making music in the choir?
- Does anyone want to say anything about impact of the grief choir over the years?

These prompts included: "Is there anything else you would like to add?" or "Can you say more about (insert answer from participant)" or "How do others respond of that description?" Again, the intention was to encourage a group process with the answers.

Data Analysis

The data collection and analysis incorporated elements from the common structure within existential phenomenology (Collingridge & Gantt, 2008) and music therapy phenomenological research by Grocke (1999), and Forinash and Grocke (2005) as well as the narrative inquiry from Tuastad & Stige (2015). The following analysis occurred:

1. Facilitated and audio-recorded interpersonal interview.
2. Transcribed the interview data.
3. Read through the transcript several times to become familiar with the tenor and experience of it.
4. Read the transcript again and highlighted key phrases/statements.
5. Grouped key phrases/statements into units of meaning (meaning units) and gave them a title.
6. Reread and amended the transcript and meaning units to ensure they reflected the essence of the meaning units.
7. Interpreted the meaning contained in each statement.
8. Formed the meaning units into a distilled essence reflecting the group's experience.
9. Sent an email or postal letter and envelope (with stamped return envelope) to each member with a cover letter, transcript, meaning units and distilled essence. Members were encouraged to member check data, giving feedback and clarification to this researcher.
10. On receipt of the verification, made changes identified by the member.
11. Re-read transcripts for the group and completed a horizontal distillation process for each group. This process involved identifying similar meaning units that were common across the group and formed composite categories.
12. Distilled composite themes from composite categories and then into a composite essence for the group.
13. Synthesized composite categories to themes across the interview to create a general description of what it was like to experience the grief choir.
14. Re-read each distilled essence to ensure the essence was captured.

15. Completed a second verification process: sent the transcript, meaning units and distilled essence to another researcher on my dissertation committee, for verification.
16. On receipt of the verification, made changes.
17. In the final process, I re-read all composite essences and then conducted another horizontal distillation process, identifying similar meaning units that were common, resulting in composite themes that described the meaning of the group.

RESULTS

The interview schedule can be found in Appendix A. A sample of the interview transcript and analysis for the grief choir is in Appendix B. All seventeen steps described in the Method section were followed. None of the members requested changes during the member checking step. The second verification process was accomplished with the help of an expert in the field of qualitative research.

The main question guiding this study was “Years after the grief choir ended, what is the meaning and perception of being in a grief choir?” The analysis process led me to derive ten major categories. These categories were 1) the music, 2) performing, 3) sense of purpose, 4) openness and vulnerability, 5) connecting to the music therapists, 6) relationships, 7) fears, 8) insights, 9) long term effects, and 10) recommendations (Figure 1).

While all ten categories interacted with each other throughout the interview, I divided them into three groups. Sense of Purpose, Performing and Music are grouped together because they were mentioned the most throughout the interview. Fears, Openness and Vulnerability, Relationships and Insights are grouped together because the topic of harm and pain emerged. The last three categories are miscellaneous, and therefore grouped together.



Figure 1: Ten categories from the grief choir's experience.

Sense of Purpose, Performing, and The Music

The category *Sense of Purpose* comprised five sub-categories: 1) being a member gave a sense of purpose, 2) place where they could be creative, 3) place where they could also have fun, 4) look forward to coming to sessions and 5) could express the depths of their pain. The category *Performing* comprised two sub-categories: 1) performing for community was 2) meaningful and personal impact. The category *The Music* comprised three sub-categories: 1) vocal coaching by music therapists, 2) reminisced about meaningful songs, and 3) coming back and performing was important to a member. See Figure 2.

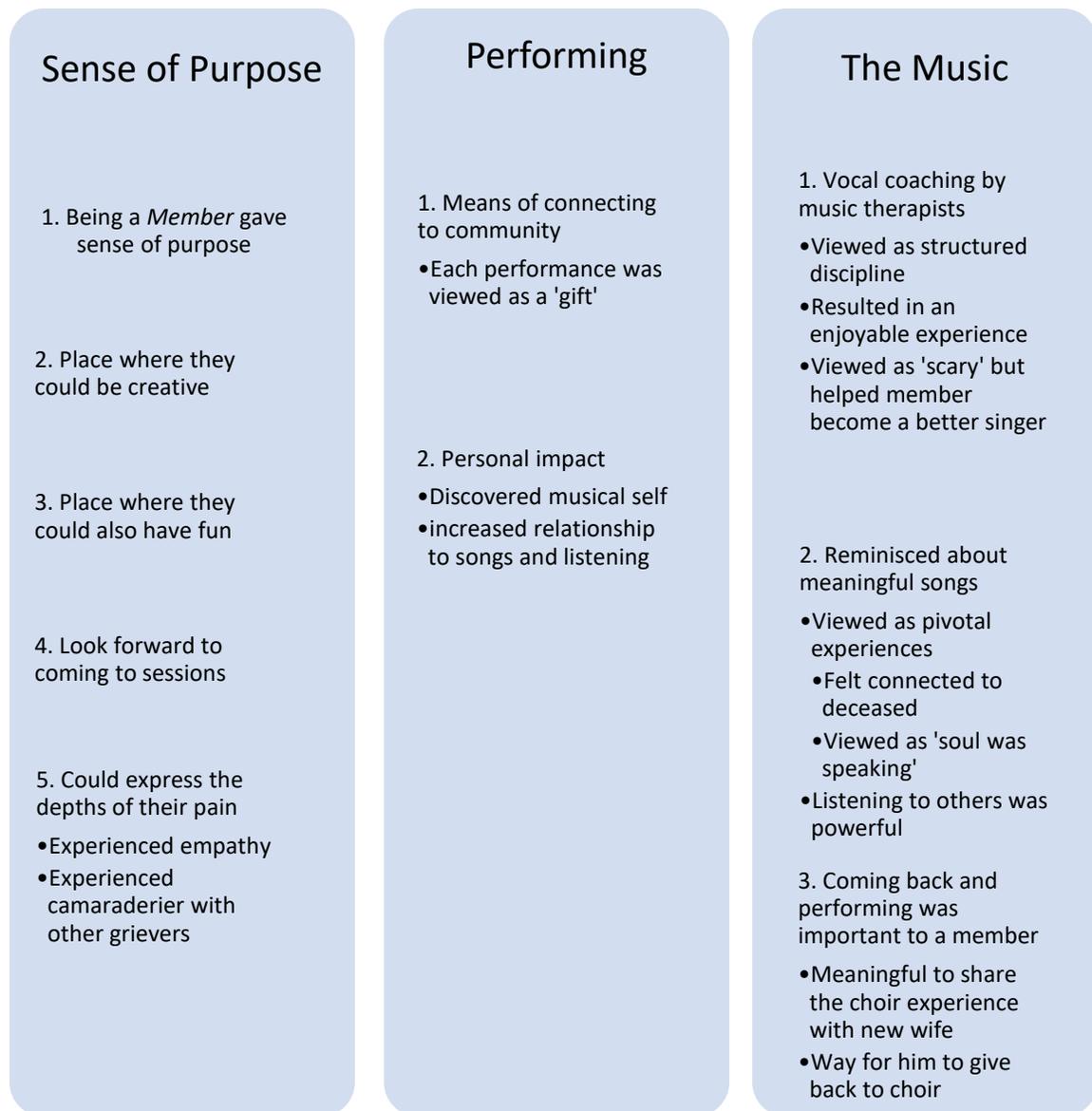


Figure 2: Categories The Music, Community Involvement, Sense of Purpose from the grief choir and their sub-categories.

Sense of Purpose

Members discussed how being a part of the grief choir helped them find a sense of purpose in their lives again. One person stated that she had lost a sense of purpose. In the choir, she found something “interesting,” a place where she could commit to and experience joy.

Members stated that the choir gave them a place where they could be creative and have fun. They enjoyed joining their voices and hearing themselves. A member reported that the grief choir was fun because they were able to be creative. Yet there was an acknowledgement of the strangeness of having fun in a grief group. One member also

stated that this type of a grief group was unique and “was a different aspect of my whole grief process.”

The members discussed the importance of finding a place where they could express the depths of their pain musically, experience empathy within the music, and share the camaraderie that can only be found with other grievers. Members described their grief pain and briefly revisited the journey to coming to the grief choir and how it helped. A member said,

My grief was so profound, I couldn't get past it. My life was black and I was trying to come to grips with all of this through the counseling and everything else and trying to keep a gun out of my mouth. I got back into music with the church choir initially and then back in Barbershop because that had been a happy time in my life... then when I got into the grief choir, the camaraderie that we had when we were singing together, and the pleasantness of Member J and Member I and (the music therapists)...it really helped buoy me up. Really helped lift me.

Performing

Members of the grief choir talked at length about their experience of performing during the interview. It was apparent that the experiences of performing were meaningful to them during the grief choir and then years later when reflecting upon their experiences.

They talked about feeling connected to their community and that performing was a “gift,” they could give back. A member summarized the discussion with this statement: “So that was great and then connections to the community, you know when we performed, I thought that was, you know, just a really valuable experience....”

Another member shared his experience of being asked to sing at a performance with the choir after he had left the group. He stated that he found meaning in bringing his new wife to the performance, of giving back to the choir and finding general value in the experience. He stated he came back to the choir because he “loves to sing” and because he “loved the grief choir.” He also stated he felt coming back to the group was worth his time. Additionally, he mentioned that singing at community memorial services was rewarding because it connected him back to his community and allowed him to continue to share his feelings.

The Music

Another member said, “Music is the sound of the heart.” Immediately, all members resonated with this quote. During the interview, several musical issues of the grief choir experience emerged. These included vocal coaching, their relationship to songs and performing.

The members discussed the time spent in each session where the music therapists coached the members on how to sing and interpret music. A member described it as a

structured discipline that “resulted in an enjoyable experience.” At times the vocal coaching was scary for one member, but resulted in her being able to express herself better as a singer. This member related singing to taking risks and learning about the possibilities within her voice. She also described this process as “good.”

Choir members were encouraged to find and share songs that were meaningful to them and their grief. Members reminisced about specific songs that were special to them during the grief choir experience. Below is an excerpt from the transcript where a member discussed this experience and what it meant to her. She stated:

But what strikes me right now, what just jumped at me was that, (name of music therapists) and probably the other interns, but particularly (name of music therapists), they encouraged us to find songs that meant something to us and bring them to the choir to learn, and so one of the pivotal experiences for me was to sing a particular song that really I connected with my son and to sing it with this group it was very powerful for me. And I do remember, (Member I), you sang this amazing song, remember? You had a solo. What song was that? It was amazing....And you just sang it as if your soul was speaking. I mean...and they brought that out in us.

She referred to her song as a pivotal experience. Additionally, she also talked about the power of listening to another person sing a special song. This member also recognized the internal potential within them but it needed to be brought out by someone else. When she talked about the songs that were chosen for the choir she stated that the “material was perfect.” Members stated that being a part of the choir was also important to them because they discovered their “musical self,” and increased their relationship to songs and listening.

Fears, Openness & Vulnerability, Relationships, and Insights

The category *Fears* comprised two sub-categories: 1) before attending grief choir and 2) during choir (Figure 3). The category *Openness and Vulnerability* comprised three sub-categories: 1) felt like people in the choir were vulnerable with each other, 2) accessed a part of grief not found in traditional grief counseling and 3) overall viewed choir as deeply compassionate experience. The category *Relationships* comprised five sub-categories: 1) discussed other members who were important to them, 2) referred to members as ‘grief family,’ 3) members took time to re-connect, 4) expressed hurt at people who tried out grief choir and didn’t stay and 5) further explored issues around the member who changed the dynamics. The category *Insights* comprised two sub-categories: 1) insights around death and 2) grief’s individual experience. See Figure 3.

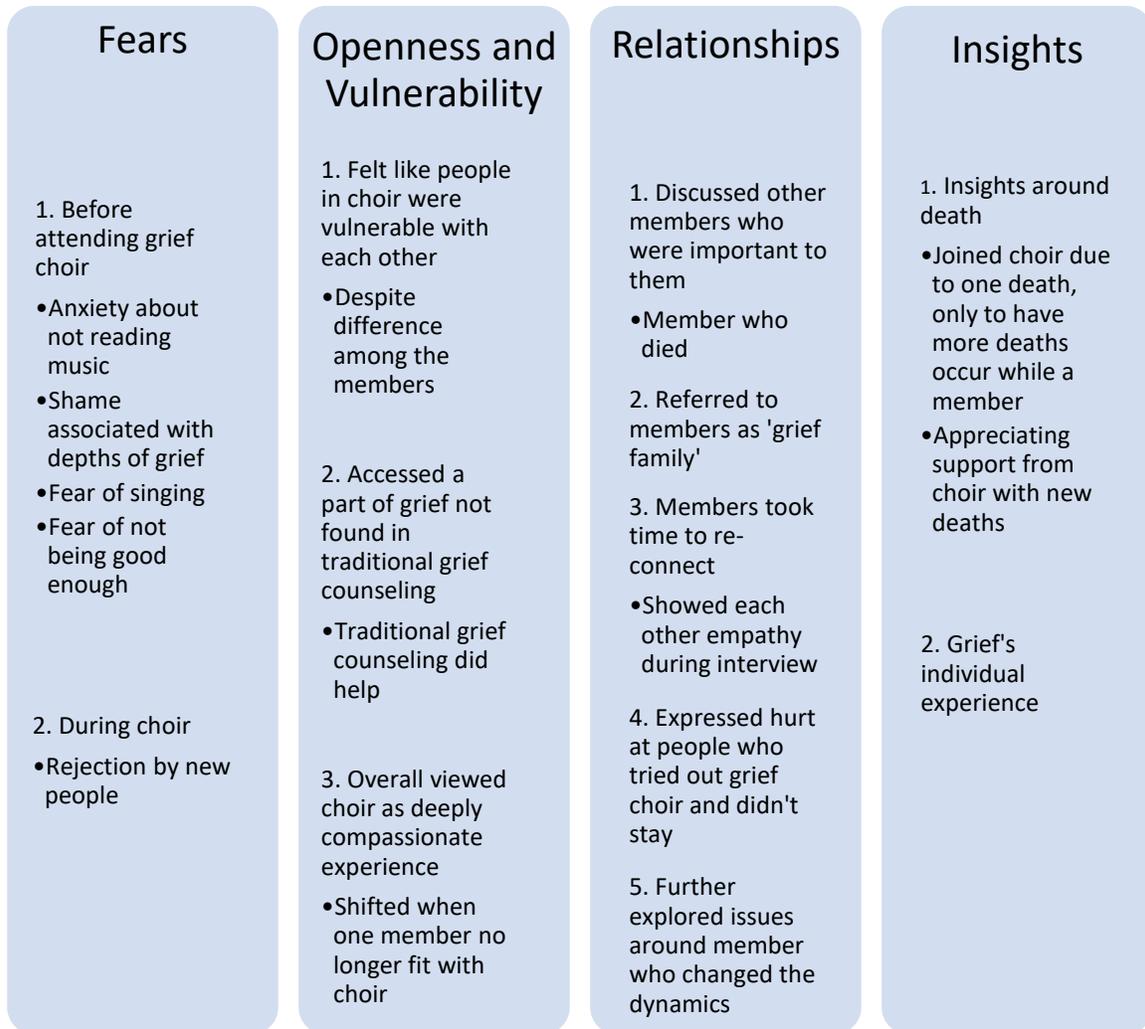


Figure 3: Categories Fears, Openness and Vulnerability, Connecting to the Music Therapists, and Relationships from the grief choir and their sub-categories.

Fears

Each member talked about fears they had experienced before and during the grief choir. One member experienced anxiety because she did not read music. She shared her experience of feeling “shame” associated with the depths of her grief and how she experienced a “fear of singing.” She worried how her voice would sound and she felt like she had little control over her voice.

Another member stated that his fears came from a concern of “not being good enough.” While he acknowledged he was a singer, he still was concerned that his “voice would not meet the expectations of the choir.” He felt that the grief choir was “special and that his voice also needed to be special.” The same member stated that he was fearful before he joined the choir. His thoughts before joining included, “this is stupid, what are we going to be singing about? I barely can talk about it without crying, how in the devil am I going to sing about it?”

Openness and Vulnerability

Members’ discussions of their overall impressions of being in the choir included experiencing many aspects of grieving and healing. One member described herself as being “vulnerable,” and she felt that she and the other members were “open to each other.” Other members agreed with this description. In this same explanation, a member acknowledged that all members were different and had different lifestyles. This member stated, “the commonality of being in acute grief really bonded a very diverse group of people.” The members reported being connected on a “heart level.”

A member stated that the grief choir accessed another part of his grief that was not found in traditional counseling. He reported being in traditional grief counseling, being a part of a standard grief group, and even grief education classes. Another member agreed with this sentiment and expanded upon it when she stated “I also felt that the music that we produced...learned together, produced together, and then were able to offer to others, was quite a gift to the other folks and to us and helped in our own healing process.”

Another member described her overall impression as a “deeply compassionate and caring experience,” that had shifted towards the end of the choir due to one personality in the choir. Beyond that one issue, she experienced “being lifted up, understood, given permission to feel awful, and it was just enjoyable to hear each other’s voices together.” She felt that the grief choir was a “life line.”

Relationships

The members discussed their relationship with other members of the grief choir. They singled out a few people who were special to them. For example, they talked about the grief choir member who died suddenly while she was a member of the choir. They reminisced about other members as well. A member described people who joined the choir, and stayed for a significant period as the “stickers,” and referred to them as his “grief family.”

Participating in the focus group allowed for these three members to reconnect. Throughout the interview they fell into similar patterns of supporting one another, listening, and encouraging each other. During the interview, the members showed each other empathy. They also spent time checking in with the member who now lives out of the country.

The members spent a significant amount of time discussing people who had joined the choir and didn’t “fit it,” or only came once or twice. A member stated, she felt

rejected by the people who only came once or twice. She wondered if she or the choir had done something to make them not want to stay. She also talked about how difficult it was for her to “share parts of herself and her grief,” with people only to have them not stay. A different member stated “they took something away from us when they left.” This part of the conversation intertwined with their thoughts about one particular member who talked more than sang, and how that personality impacted the choir negatively, and possibly led to the decision to end the choir after three years. This one personality was seen as dominating and turned “something positive into something annoying.”

Insights

Two specific themes around death emerged. The first theme, multiple deaths, involved two members’ experience of joining the grief choir for one significant death only to experience more deaths while being a member of the choir. They talked about the ongoing process of grieving and briefly reminisced about those people who died. It was reported that the support of the grief choir helped them to cope with these new deaths.

The second theme, “insights about grief,” emerged. The members reflected how grief was an individual experience and that everyone grieved differently. One member reported that she was a “different person” than she was before the death. She also described grief as a part of her life. When talking about grief, a member stated “It’s not on the surface anymore, but it’s part of my makeup now.” All members discussed the individuality of grief and described their experience of it.

Long-term Effects, Connecting to the Music Therapists, and Recommendations

The category *Long-Term Effects* comprised six sub-categories: 1) missing the choir, 2) positive memories of the choir, 3) relationship to practicing music has changed, 4) is better at expressing self through music, 5) confidence to join another choir and 6) feel better about being open to others. The category *Connecting to the Music Therapists* comprised two sub-categories: 1) positive impression of the two music therapists and 2) singled out one music therapist. The category *Recommendations* consisted of/comprised five sub-categories: 1) every bereavement program should have a grief choir, 2) keep it open ended, 3) coach members in how to welcome new people, 4) create materials for new people, and 6) music therapists meet with new people individually first. See Figure 4.

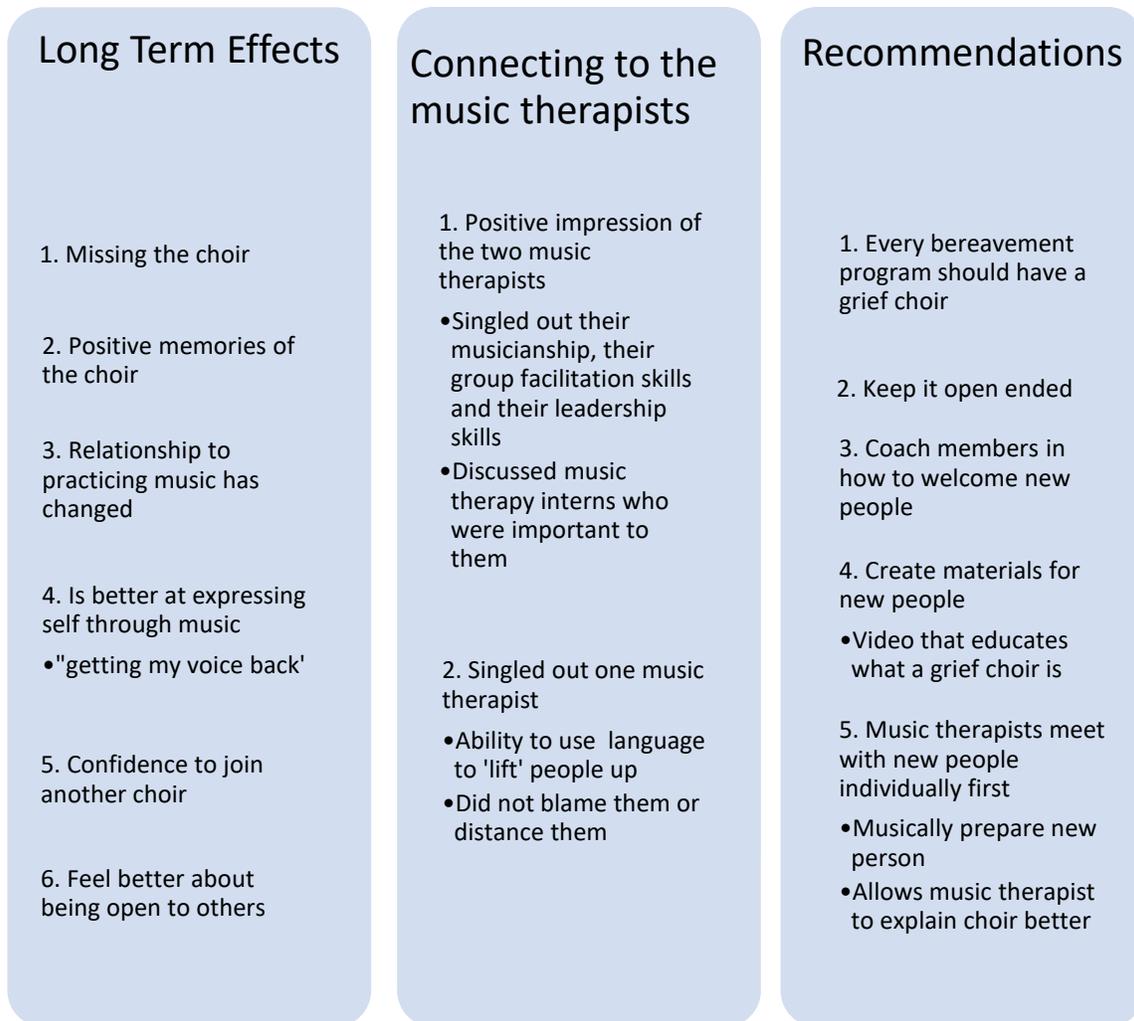


Figure 4: Categories Insights, Long Term Effects and Recommendations from the grief choir and their sub-categories.

Long Term Effects

When asked about long-term effects of the grief choir, the members described missing the choir and having positive memories of the experience. A member talked about how his relationship to practicing and performing music had changed. He reported that now, when he practices or performs, he was expressing himself. He reported “getting my voice back,” as his long-term effect. He stated that the choir

helped me open my voice back and it helped me open my spirit... I felt like it kind of helped me kick start my music...and expressing myself through music. And so I don't just sing with other groups now, but I do a lot of practicing at home. So I'm singing a lot, even when I'm not with the groups.

Another member shared how she was recently approached about singing in a choir, and because of the grief choir, she immediately said yes to this new choir. She spoke about finding “confidence because of the grief choir,” and “feeling better about being open to others.”

Connecting to the Music Therapists

Beyond talking about connections to music, the members spoke about their experiences of connecting specifically to the music therapists. The members discussed their positive impression of the two music therapists who led the choir. One member singled out the music therapists’ musicianship, their group facilitation skills, and their leadership skills as “top-of-the-line primo.” She also talked about two music therapy interns who were special to her. Another member stated the music therapists “were kind of exactly walking where we were, and we wouldn’t ever have to really speak.” She singled out specific qualities she associated with one music therapist. Those elements were an “ability to use language to lift people up and support them and not blame them or distance them or make them feel other than,” of being “totally present and supportive.” She labeled part of these qualities as “compassionate communication.”

Recommendations

Lastly, the members shared recommendations. The first recommendation was that every bereavement department should have a grief choir. The members of the grief choir stated that they liked having the grief choir as open-ended, meaning members leave the grief choir when they are ready, not a time-limited group. One member thought it would be helpful if the music therapists coached the members in how to welcome new people. It was suggested that the music therapists give interested people the materials that are being used, and it was also suggested that a video be made so that interested people could actually see what the choir is like before attending. The members recommended that new people meet individually with one of the music therapists before joining the choir. The members hoped that this one-to-one session could help the griever feel musically prepared and would allow for the music therapists to explain the group better.

DISCUSSION

I explored the long-term perceptions of members who attended the grief choir for a substantial period of time. The initial research questions that guided this study were: What was the experience of participating in a grief choir? Was there anything that the participants liked, or did not like, about participating in the choir? How did the experience impact their perception of grief, if at all? Did anything stand out as being significant or meaningful? What is the experience of making music in the grief choir?

I identify closely with a music-centered approach. As I listened to the interview and read and re-read the transcript, I found myself organizing the answers into what happened within the vocal warm-ups, within the songs, within the improvisations and

within the performances. Then I found myself thinking about what happened outside of the music. The grief insights, the decision-making process, and the friendships were equally as important. Because the answers to these questions were complex and overlapped, the discussion section is divided into two sections: Inside the Music and Outside the Music. However, I caution myself and others when separating music therapy into these two lenses. These areas interact with each and the members did not separate their experiences into these classifications. When looking at the results from the lens of experiences Inside the Music three overarching themes arose: Performing, Musical Fears and Song.

Inside the Music

Performing

Performing for the community was an important part of the grief choir. Members reported that singing for the community helped them to feel connected to that community. They also saw the performances as a gift, as a way to give back to their community. The experience of performing appeared to be a vital aspect and experience for the grief choir. Soshensky (2011) wrote about public performances with adult clients with long-term disabilities. He talked about positive outcomes for this community music therapy practice, but also of the need to have integrity when moving outside traditional therapy settings into wider social contexts. The following categories reflected his understanding of the performing experience: self-efficacy, engagement, self-expression, affiliation, and enjoyment, which he believed are elements of well-being. These categories applied to the grief choir performances and experiences as well.

During the grief choir experience, members reported feeling engaged, focused and benefitting from sharing their grief with the community. They were also able to express their unique ideas and experiences in the performances. There was a sense of affiliation and cooperation with others, as performances were arranged. According to Soshensky (2011), having pleasure and experiencing fulfillment in life is a universal need of all people and when people perform they had an opportunity to experience those feelings. Members of the grief choir found pleasure and meaning in the performances, and spoke of the sense of purpose the grief choir gave them.

An Encore Performance. One member spoke of bringing his new wife to a performance where he was invited back to sing with the choir as especially meaningful. Being invited back was an important experience as was the opportunity for his new wife to hear his music. He felt a connection to his deceased wife and through music wanted to share that part of himself with his current wife. Heiderscheit (2015) shared that her participant was able to eventually share his grief with his wife and used his knowledge of grief in his life's work as well. While different from the member's experience, there were some similarities. The member's experience happened in the music and the performances, whereas Heiderscheit's participant shared after he felt some resolution through BMGIM. In the grief choir example, he joined the choir, got what he needed out of it and eventually left. Then a performance arose and he was invited back. He agreed to

this performance and his new wife was invited to come and be an audience member and he had a different experience performing.

Expressing Self in Performance. Members reported that they eventually felt comfortable expressing themselves musically and even took pride in their accomplishments. Again, similar experiences were found in other major works (Clements-Cortes & Klinck, 2016; McFerran, Roberts, & O'Grady, 2010). For example, when the grief choir was doing a community performance, they expressed a range of emotions in the performances. While other research supports the idea of expressing grief through music, the members experienced unique encounters with grief through performing. They reported that the music therapists helped bring out the best of them musically.

Performing required special skills and considerations. For example, the following questions were considered: how to interact with an audience or how to perform the music in a way that would be meaningful to the people watching and listening. Since the performance was with a choir and not an individual, there had to be an agreement on how each song would be expressed. The music therapists supported the members in making these decisions and then in learning how to realize those decisions in the music. Therefore, it was valuable and validating when the members recognized that the music therapists were able to help them find their best musical selves for the performances. The members felt like their performances were good.

Performing for the community was a vital experience for the members. It was an experience where they both gave and received. The idea of “gifts,” and giving as a griever are unique. When speaking about the community performances only positive memories arose. Fears were not mentioned in this aspect of the choir. Because the grief choir is the only intervention that was performance based, no other literature can be compared.

Musical Fears

Members stated that sometimes it was scary to sing and to be vocally coached. Chong (2010) surveyed university students about their attitude towards the enjoyment of singing. Three categories emerged: enjoyment of singing, enjoyment when singing alone, and no enjoyment of singing. 88.3% of the participants reported enjoying singing, 8.2% enjoyed singing alone, and 3.5% did not enjoy singing at all. This data and the descriptions from the members indicated not everyone would want to join a grief choir. It is also important to help people feel comfortable and safe when singing; this is supported by the member's statement on feeling supported from the vocal coaching of the music therapists. Members talked about liking that they became better singers and that they were better able to express themselves musically. Perhaps, these would be appropriate goals for the grief choir: to increase perceived vocal ability and to understand vocal technique. Since the members talked about taking risks with their voices and appreciating the payoff of those risks, these goals may have merit.

Music therapists have written about the fears of pre-internship music therapy majors (Madsen & Kaiser, 1999) but not of a client's fear of being in music therapy. The fears, the grief choir members spoke of, came from being in the choir, not some outside

source. Another member was fearful because she did not read music. The same member shared her experience of feeling “shame,” associated with her grief and that she had a fear of singing as she worried about her voice.

Some of musical fears arose before some members attended a grief choir session and were put to rest during the first session, like the fear of what the group would be like. However, other fears occurred during the grief choir, like the member who recognized the grief choir was special and discovered the fear of worrying if his voice was special enough to be in the choir. Also, the fear of not having control over one’s voice or the fear of how the other members would react if they understood the depth of a person’s grief arose over the course of the process. But as another member pointed out, those fears were worked through in the choir and did not intrude enough to cause the members to stop coming to the grief choir.

As one of the music therapists who led the grief choir, I had no idea these fears were a part of their experience. I knew the one member could not read music and we often adapted the learning process to be inclusive of her needs, but I did not understand the depths to which that lack of skill impacted her. I imagined asking grievers to sing together might be difficult and scary, but I did not know these fears arose. Similar fears were not mentioned in other comparable research (Clements-Cortes & Klinck, 2016; Hoyle & McKinney, 2015; Iliya, 2015a; Schwantes et al., 2011).

Songs

Two members reminisced about specific songs that were special to them. One member spoke of how the song was a “pivotal experience,” with her grief for her son. She felt connected to her son during that song and it was powerful for her to share that experience with the other members of the choir and community. Similar experiences were found in O’Callaghan’s et al., (2013) categories of the role of music in grief, where they discussed how musical connections with the deceased can be purposeful, supportive and comforting. One member’s special song was *Dimming of the Day*, this member’s meaningful moment was similar to findings from O’Callaghan et al., (2013). She often sang it at performances. She shared the special song with the choir, the music therapists were able to arrange it for her and choir, she often cried when she sang, but in my memory of the experience, her tears changed over time and finally sharing it in performances was significant and pivotal in her grief experience.

A member spoke of hearing a different member sing her special song. Listening to the member sing was a powerful experience for the other members. They described her music as her “soul was speaking.” The other members validated her music and her expressions of grief. Listening to others’ music, and being an audience member was powerful and unique to this research.

The members described the experience of bringing in songs for the choir to sing. They appreciated being encouraged to bring in music. A member either brought in a copy of sheet music and the choir would sing it, or requested that the music therapists arrange a specific song for the choir. Most often, the members valued having specific songs arranged for them and the choir. Rando (1993) discusses the need for grievers to *not* forget the person who died but to continue the relationship with the deceased but in a new

manner. Encouraging members to bring in a song that honors the deceased is one musical means of continuing that relationship.

The members spoke of singing songs they knew well. Revisiting and re-singing these songs was an important part of the process. When listening to the recording of the interview, the conversation around songs sounded like friends reminiscing. O'Callaghan et al., (2013) discussed musical connections with the deceased. In their study, the griever purposefully remembered how music enhanced the lives of the people who died. However, in this current study, members reminisced how songs enhanced their own lives and the lives of other members.

Purchasing software to compose and arrange songs can be expensive. Arranging music took time, skills and thoughtfulness on the part of the music therapists. Many times, when I was arranging, I was frustrated. However, based on the interview, it appears that this aspect of the grief choir was extremely important.

Having the option to bring in music that was arranged for the grief choir was important too. Members liked the encouragement and found special connections through their individual pieces. Being able to arrange music was vital. Participants of the Clements-Cortes & Klinck (2016) study also discussed the use of songs and lyrics. These participants were also encouraged to bring in music to share with the group. The grief choir members also found the experience of bringing in music to share as helpful.

Members stated the songs the music therapists and interns brought in reflected what was needed in the moment. They liked the music they sang. This feedback is invaluable. As one of the music therapists, I did want the music to reflect what was needed. In the grief choir, there were no prior experiences to draw from. Therefore, I am grateful for my knowledge of grief theories, knowledge of music, and education in music therapy, which led to being sensitive to the grief choir's musical needs.

Outside the Music

Community

Members addressed the connections they made to one another. Several friendships developed and the regular members referred to themselves as a "grief family." One of the assets of working with a group model instead of individual grief counseling is that other relationships form (Schopler & Galinsky, 2005). In the grief choir, sometimes members would stay and talk in the parking lot for a while before leaving. They would meet for lunch or do other social activities together. From my years in a bereavement department, I know these social activities also occurred in other verbal grief groups.

Beyond the relationship that formed among them, the members also mentioned the positive relationship that developed with the music therapists and the interns that were part of the group. This connection to the leaders was not surprising, but perhaps was a reminder of how important that relationship with professionals is to the experience of the griever (Clements-Cortes & Klinck, 2016; Schopler & Galinsky, 2005). Participating in any grief group was voluntary. If people did not feel connected to the leader or valued by the leader and the group, then why would that person return?

Perhaps because having a sense of community was important to the members, they did not like when people would come to the choir one or two times and then never return. They felt rejected and hurt. The members also singled out one member, who they perceived as not fitting in and as overbearing. They did not like the impact of this person on the choir. The two dislikes were related to other members and had nothing to do with singing or any specific intervention. The idea of preventing these dislikes is explored when considering recommendations.

Light-hearted banter between members occurred during the interview. However, experiencing humor, fun or playfulness could be a bit of a paradox for grievers, considering grief is generally associated with sadness or crying. Even so, the members described these humorous experiences as important.

While humor is not a usual topic for study in grief, it has occurred. Booth-Butterfield, Wanzer, Weil & Krezmien (2014) examined the use of humor in managing emotions and physical symptoms related to adults who were grieving. They found that humor could assist with coping with grief, as well as, reduce the physical and emotional symptoms. Lund, Utz, Caserta and de Vries (2009) discovered that recently widowed men and women found that experiencing humor and laughter was strongly associated with positive bereavement adjustments. Humor was a part of coping with grief in that study. The grief choir included this coping strategy into the culture of the group, and the members found it to be beneficial and important.

Finally, the members described their group participation as a “deeply compassionate and caring experience.” Clements-Cortes & Klinck (2016) discussed the use of unconditional positive regard in forming relationships with grievers and that it is important to acknowledge how vulnerable grievers are. From the descriptions of the members, it appears that grievers needed to feel cared about and were seeking a compassionate response from their facilitators and one another.

Pain of Grief

Members stated that the grief choir was a place to experience the depth of their pain. Similar to O’Callaghan’s et al., (2013) findings that grievers naturally used music to reflect the Stroebe & Schut (1999) dual process model of adapting to the loss and experiencing the pain of grief, so too did the grief choir. When performing, members of the grief choir found new meaning and they were adapting to the loss. Yet at other times, they were able to experience the pain of grief. Having the opportunity to do both was important. The members also mentioned the importance of being with other grievers and of gaining personal insight to their own grief and the grief of others. These areas are considered the usual goals for any grief group (Humphrey, 2009).

One unique phenomenon that occurred with the grief choir was that some members experienced more deaths while they were part of the choir. Two members experienced new deaths along with the one that brought them to the grief choir. They reported the experience as devastating. They stated having the support of the grief choir was valuable and significant. Similar remarks were made as they talked about the member who died suddenly while being a member of the choir. Just as other significant events occurred over many months, so did the experience of multiple deaths among members. Some of these deaths were sudden and unexpected and so having the grief

choir in place as a support system was helpful. This experience cannot be planned, but happened organically. Nothing similar is described in the music therapy literature.

New Insights

The members spoke of making sense of their grief pain. They spoke specifically about acknowledging the individual journey of grief. They discussed at length the differences in the people that attended the grief choir. They talked about respecting each person's individual style and grief needs. These insights made the choir experience more meaningful because they appreciated connecting to other grievers. Yet, they were also able to make connections outside of the choir as they talked about the universality of grief and that sorrow is a human experience. Each of these insights is also mentioned in grief literature (Rando, 1993; Worden, 2009). Participants of the Clements-Cortes & Klinck (2016) study revealed insights about their own grief process, but did not usually make connections to the other group members. Participants of the Clements-Cortes & Klinck (2016) study were more focused inward, whereas members of the grief choir were focusing outward.

The members of the grief choir had opinions on the subject of grief and spent time discussing the process together. Perhaps because the members of the grief choir had more distance since the death, they had more insights. The distance from the death for the grief choir could also explain why they were able to focus on others' grief instead of focusing primarily on their own grief.

In a general way, it was a goal of most grief groups to impact the members' perception of their grief (Wong, 2008; Worden, 2009). However, from the interviews in this current study, it was possible that those insights that are meaningful and in depth may emerge later. It is unclear when the interviews for the qualitative study that was discussed in Clements-Cortes & Klinck (2016) occurred. The categories that came from that study did not mention changes in perceptions of grief. Iliya (2015a) was able to demonstrate that participants were able to move through Worden's tasks of grief, which would imply that their perception of grief changed also, but again the focus was on themselves and not other members of a group.

Empowerment

When reviewing the results from the interview, the members reported having been part of a process was empowering. While they did not use that word, several of the significant experiences they discussed related to this rationale. As discussed earlier, these experiences included being encouraged to bring in and share music, to sing or not sing, to talk or not talk, and to have recordings to use on their own. Also, the recommendation to keep the ongoing group model reflected an empowering model, wherein grievers may decide when they no longer need the service, instead of its being predetermined for them. Therefore, it is recommended that opportunities for members' empowerment be considered when designing a grief choir.

While the grief choir did have structure, which could be argued limits a member's power, the Clements-Cortes & Klinck (2016) bereavement model was structured as well, yet differently, and had weekly topics. The structure of that model was as follows:

opening music and ritual, check-in, introduction of topic/theme and dialogue, music therapy experiences and explorations, break, music therapy experiences and explorations and closing music (p. 153). The members also viewed the process and structure as enjoyable, creative, fun, and as a means of expressing their grief. In the Clements-Cortes & Klinck's (2016) model, and this current study's model, there was a structure, but there was also flexibility within the structure.

Implications

The results from this narrative study indicate that a grief choir was a meaningful experience for these members and that being in a grief choir can have a lasting positive effect. While these results are not generalizable, the findings may be transferable. Other music therapists who start their own grief choir could learn from these experiences and adapt their own grief choir.

The grief choir is a unique means of working with adults who are bereaved. Using a choir framework as an intervention is not a new intervention within music therapy, but it is not one of the more common music therapy experiences and thus needs to be explored more thoroughly. When creating a grief choir, recommendation from the members of this study might be helpful.

When I start my next grief choir I will incorporate what I learned from this research. Yet I find myself having more questions: how do people continue to cope with grief after a group or intervention ends? Do they incorporate their experiences from the grief choir into their life or not? How can a grief choir be facilitated with one person? Can the experiences of a grief choir be measured quantitatively?

There is a need to understand the feasibility of a grief choir. What challenges do music therapists encounter when starting one? Are there specific skills that need to be developed? What difficulties arise when recruiting? What attrition rates can one expect? How much work occurs outside of the sessions for music therapists? Is the grief choir a realistic intervention for most music therapists? More research on the experiences of music therapy performances on members as well as audiences is needed.

Conclusion

This research came from my own personal reflection on being a part of the grief choir. Years later, I still find great meaning in those rehearsals, pivotal experiences, songs, and performances. To hear the retrospective meaning of the grief choir from its members has impacted my own perceptions and intentions when I start another grief choir. I hope this study is helpful to other music therapists doing similar work, reflecting on past work or to those interested in starting their own grief choir.

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Appendix A

INTERVIEW SCHEDULE

Before interview:

- Set up group room, i.e. chairs in a circle, tissues close by, sign on the door not to disturb.
- Greet members, introduce self, escort to group room and thank them for participating.
- Make sure members are comfortable.
- Explain purpose of interview, give time to ask questions about research and collect consent forms.

Interview:

The following questions were asked to the grief choir members:

- Can anyone describe what it was like attending the grief choir group?
- Was there anything anyone didn't like about the sessions? If so can you describe it?
- Can anyone describe anything specific, which stood out as being significant or meaningful to you?
- Can anyone describe how the group impacted your perception of grief, if at all?
- Can anyone describe the experience of making music in the choir?
- Does anyone want to say anything about impact of the grief choir over the years?

Closing question:

- Is there anything else you would want the researcher to know that hasn't been asked already?

After interview:

- Summarize some of the points made
- Check in and make sure members are ok
- Thank them for participating

Appendix B

SAMPLE TRANSCRIPT AND ANALYSIS

Question: Can anyone describe anything specific, which stood out as being significant or meaningful to you?

Emerging Categories:

General impressions

Member that didn't fit in

Grief family

Having fun

Grieving more deaths

Anxiety about reading music

| | |
|---|--|
| <p>P: Well, it was just a very...ah...deeply compassionate and caring environment, particularly in the beginning. Towards the end, I found some aspects of it difficult due to a particular personality there. But in the beginning, for...for, you know, most of the time, it was just a feeling of...hm...being lifted up, understood, given permission to feel awful, and it was just enjoyable to hear each others' voices together...hm...making music. And it was kind of like a life-line because...(sigh, tearfulness)...because it was the only thing I really had to really look forward to that supported me, other than the therapy sessions.</p> <p>E: Okay. P, as you were speaking both B. and A. were nodding their heads. I think validating some of what you said, so I'll ask them to comment on that.</p> <p>P: Okay.</p> <p>A: Do you want to share?</p> <p>B: Go ahead, A.</p> <p>A: Well, I would...I think P just stated it all beautifully. I would say that we were</p> | <p><u>General impressions</u></p> <ul style="list-style-type: none">• Made positive comments first - non musical aspects <p><u>Member who didn't fit in</u></p> <p><u>General impressions</u></p> <ul style="list-style-type: none">• "permission", other positive qualities, musical and non-musical• Memory of that time brought up emotions again. <p><u>General impressions</u></p> <ul style="list-style-type: none">• state in which the grievors arrived |
|---|--|

very vulnerable and our hearts were very open to each other. So as different as we may have been in our lives or our lifestyles, that the commonality of being in acute grief really bonded a very diverse group of people and it was...hmm... fascinating for me to meet people who were, you know, coming from all different places and different situations and connect on a heart level with them. And then I also felt that the music that we produced...learned together, produced together, and then were able to offer to others, was quite a gift to the other folks and to us and helped in our own healing process.

E: Okay, right, yes.

B: I...I enjoyed it, if you can enjoy a grief choir. I enjoyed it because it was a different aspect of my whole grief process. I had been in grief counseling for over two years with Marie. I had been in grief support groups, classes for two years, and... and this was a whole new aspect of grief relief, if you would.

E: Grief relief

A: Mm-hmm (agreement sound)

B: I enjoyed it from that. It was helping me pull out of the depths of my grief. And I had, well, I was in worse shape over the loss of my wife 'cause we had been married 50 years. But then I also lost a nephew to suicide, I lost a brother-in-law to death, I lost a sister to death and then another brother-in-law to death. I've lost my brother and his wife. I'm the last one in my family now.

E: So that really reflects what Anne was saying which is what brought you in. Can you hear me, Paula?

Grief family

- acknowledged unique needs of each griever
- belonging

Having fun

- is enjoyment a universal need?
this person appreciated the creative approach

Grieving more deaths

- It is unknown when death will occur
- Chronic grief

P: Yes.

T: Okay, that what brought you in was the initial grief, the wife and the son, and that there were loses that you sustained along the way and the grief choir, although it was there to serve you...

B: Like every six months, we would lose another member of the family.

E: Okay. And that's something that you all brought into grief group, so when you would have a new death, you would then have this...uh...community.

B: Yes. We had terrific support.

E: Okay, so not just the initial lost, but any deaths or loses that were subsequent.

A: Right.

T: Okay. Anything to add to that, Paula?

P: No.

E: Okay. Do you all remember having any hopes or expectations about what grief choir would be like before it started, when you realized you would be joining the group?

A: I'd say no.

P: Well, I just remember...I really had no idea, but I just remember having anxiety that other people could read music, since I couldn't and, you know, that I wouldn't be able to keep up with what was required of me to be good a participant in the choir.

Anxiety about reading music

- desire to be success in group
- comparing self to others