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The Effects of Participation in a Grief Choir on Perceived Grief, Coping, Energy, Social Support, and Health Among Bereaved Adults: A Mixed Methods Randomized Control Study

Abstract

The purpose of this study was to test the effects of participation in a grief choir vs. verbal grief group on bereaved persons' perceived grief, coping, energy, social support and health and to examine the experiences of those participating in both groups. In this mixed-methods study, the results from qualitative phenomenological focus groups were used to explain and interpret the findings of the Randomized Control Trial (RCT). Findings demonstrated that the grief choir may have been as effective as the verbal grief group when impacting the participants' experience of grief.

Music and Health Institute Terms

Mental Health; Music Therapy; Recreative Music Methods; Singing a Song; Wellness and Well-Being

Disciplines

Mental and Social Health | Music Therapy

**The Effects of Participation in a Grief Choir on Perceived Grief, Coping, Energy, Social Support, and Health Among Bereaved Adults:
A Mixed Methods Randomized Control Study**

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There is a Brokenness
by Rashani Réa

There is a brokenness out of which comes the unbroken.
A shattered-ness out of which blooms the unshatterable.
There is a sorrow beyond all grief
Which leads to joy.
And a fragility out of which depth emerges strength.
There is a hollow space
Too vast for words
Through which we pass with each loss,
Out of whose darkness
We are sanctified into being.
There is a cry deeper than all sound
Whose serrated edges cut the heart
As we break open to the place
Which is unbreakable and whole,
While learning to sing

Abstract

Music is a part of grief. The purpose of this study was to test the effects of participation in a grief choir vs. verbal grief group on bereaved persons' perceived grief, coping, energy, social support and health and to examine the experiences of those participating in both groups. In this mixed-methods study, the results from qualitative phenomenological focus groups were used to explain and interpret the findings of the Randomized Control Trial (RCT). Within the RCT, five people completed the grief choir and four completed the verbal grief group ($N=9$). A repeated-measures ANOVA was employed to detect any statistical significance among the adult grievers.

For the qualitative portion of this study, five members of the grief choir and three of the four members from the verbal grief group participated in separate focus group interviews. A seventeen-step analysis of the interview data was employed to discover meaningful descriptions and experiences while maintaining validity and integrity of the process. Results are summarized and discussion explores the meaning behind the results.

Method

For sixteen weeks, a master's level music therapist and I co-facilitated a grief choir while a master's level licensed professional counselor facilitated a traditional verbal grief group. People who volunteered to participate in this study were randomly assigned to either the grief choir or the verbal grief group. The grief choir began with a verbal check-in time followed by vocal warmups, moments of education about singing, stretches and vocal improvisations. My co-music therapist and I brought in pre-arranged music that was used with a previous grief choir (Wilkerson & DiMaio, 2013), and we encouraged participants to bring in songs that honored the person they were grieving. We arranged songs for the choir to build upon the strengths of its members and gave willing individuals solo parts. We also created piano accompaniments that supported how the members were singing the song in the moment. When given the opportunity to perform at the end of the sixteen weeks, the members of this study declined, yet at a later time, reported regretting this decision.

After the sixteen weeks, both the grief choir and the verbal group participated in focus groups. Group members were asked to describe their experiences and their perceptions about what helped them, to offer insights about what could be done differently and for the grief choir, to describe their experience in making music. Then, data from the focus group were used to interpret data from the Randomized Control Trial (RCT).

This study was approved by Mission Health Care Services, CarePartners Hospice, Queens University of Charlotte and Temple University.

For the RCT, a Numerical Rating Scale (NRS) was created so that participants could report their feelings of coping, energy, grief and health. Participants also completed the Hogan Grief Reaction Checklist (HGRC), the Short Form Health Survey-36 (SF-36), and the Multidimensional Scale of Perceived Social Support (MSPSS) before week one, during weeks four, eight, and twelve, and after week sixteen.

The alpha level for this study was set at $\alpha < .05$. The primary data analysis approach for this study was a series of two-way repeated-measures ANOVA tests. The independent variables were type of care (grief choir versus standard care) and the outcome variables were grief, coping, energy, social support and health measured at the five data points described above. I followed the CONSORT 2010 guidelines when creating and facilitating the RCT phase of this research.

For the 2-hour phenomenological focus group interviews, a 17-step analysis was followed using processes from other researchers (Collingridge & Gantt, 2008; Forinash & Grocke, 2005; Grocke, 1999). The focus groups were led by a master's level social worker who specialized in grief counseling. I followed the Consolidated Criteria for Reporting Qualitative research (COREQ) as a means of maintaining integrity during the qualitative phase of this research.

Results

A significant within-subjects effect was found in both groups for the Numeric Rating Scale (NRS) start-of-session grief, NRS end-of-session grief, Hogan Grief Reaction Checklist (HGRC), and NRS end-of-session coping measures. These results indicate that both groups showed significant improvement over time in these areas. A between-subjects effect was found for the NRS end-of-session grief and for the Multidimensional Scale of Perceived Social Support (MSPSS) with the verbal grief group scoring significantly better over time than the grief choir. Finally, one interaction effect was found for the NRS end-of-session health scores at week sixteen, with a significant gain for the verbal grief group.

The following themes emerged from the analysis of the grief choir interview: *The Grief Choir Did Help; Songs are Important in Grief; Making Musical Connections Can Help; Interactions with Grievers are Valued; The Music Therapists Influenced the Experience; and Gained Insights about Grief.* The following themes emerged from the verbal grief group: *Standard Care Did Help; Timing and Composition of Group Mattered; Standard Care is a Complex Experience; and The Experience of Being in Research.*

Details, charts and full reporting can be found within my dissertation published at ProQuest Dissertations and Theses Global (Patrick, 2017).

Discussion

Overall, the sample size of this study was too low to derive any true conclusions about the participants' perception of grief. Most significant findings for the treatment grief choir related to grief were within-subjects effects. These findings demonstrated that the grief choir may have been as effective as the verbal grief group when impacting the participants' experience of grief.

The start-of-session and end-of-session NRS scores of perceived grief and the Hogan Grief Inventory Checklist (HGRC) used during the RCT indicated that both the grief choir and the verbal grief group perceived a decrease in the amount of grief experienced. This result is supported in the data from the qualitative phase. Results of the grief choir and the verbal grief choir interviews indicated that their respective group helped them with their grief. Therefore, results from the RCT and the qualitative study are consistent.

The results from the RCT and the phenomenological study indicate that a grief choir may be an effective and meaningful experience for adult grievers when considering how participants perceived themselves coping. The significant findings for the grief choir were primarily within-subjects effects, and interview insights validated that the grief choir was helpful in facilitating participants' coping. These findings demonstrated that the grief choir may have been as effective as the verbal grief group when influencing the participants' perception of coping with grief. Several aspects of the grief choir may have impacted the participants' perception of coping including, the decision-making process associated with when to actively participate versus when to listen, participating in music sharing and music making despite any musical mistakes that might occur, actively sharing music with the members of the grief choir, actively

listening to others' music inside the session as well as outside the session, expressing emotion when singing, giving and receiving empathy, being with other grievers, being encouraged to be loud, feeling cared about in the music, using metaphors to describe experiences, and using humor when appropriate.

A grief choir may appeal to people who have a relationship to music, who use music to cope with issues in the past, or who want to build a relationship with music. It is also possible that a grief choir will not be beneficial to all. Because of the clinical and musical skills required to run a choir of this type, facilitators need to be board-certified music therapists.

This research was a place to begin. Replication of this study and additional research on the grief choir need to occur.

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