

Music Therapy in Bereavement Care

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Introduction & Overview



Dr. Laurel Young

- Certified music therapist (MTA) 24+ years
- Teaching hospitals, community organizations, private practice
 - Professor, researcher

Today's Agenda

- Briefly contextualize/define bereavement
- Overview of music therapy in bereavement care
 - Case example
- Highlights from research project: *Lived experiences of singing in a community hospice bereavement support music therapy group* (Young & Pringle, 2018).

■ Grief

- The normal process of reacting to loss. May be experienced as a mental, physical, social, &/or emotional response (Nseir & Larkey, 2013; Rando 2000)
- Response may be influenced by previous experiences of loss/by circumstances of the loss.
- Research indicates that **anxiety & trauma** are significant factors in treating grief (e.g., Rando, 2014; Shear & Skritskaya, 2012).

■ Bereavement

- The period after a loss during which grief is experienced & mourning occurs.

■ Mourning

- The process by which people adapt to a loss. Influenced by cultural customs, rituals, & society's rules for coping with loss.

■ Although grieving is a normal response to loss, it is **diverse & complex**.

■ **Models** that outline how people grieve help determine the **needs** of bereaved persons & how they might be addressed.

E.g., Rando's 6 Rs of Grief (stage model); Worden's Four Tasks of Mourning; Stroebe & Schut's Dual Process Model of Grief; etc.

Needs of Bereaved Persons

- *Time* to work through a range of emotional responses and move towards acceptance and adjustment.
- Need to *experience* and *express* a wide range of emotions.
- *Education* about physical and emotional symptoms of grief can help to *normalize* the experience.
- *Supportive understanding* and *listening* within a group of peers who are also grieving can be helpful.
- *Physical release* allows for discharge of hyperarousal (physical manifestations of anxiety).
- Learn self-soothing strategies and/or how to connect to an inner sense of calm.

Types of Bereavement Care Services

- Grief Peer Support Groups: i.e., open/drop in, closed/registered, on-going, time-limited
- Professionally Supported Mutual Help Groups (e.g., Tudiver et al., 1993)
- Yoga/Exercise Based Bereavement Support Groups (e.g., Philbin, 2009)
- Expressive Arts/Arts Therapies Grief Support Groups (art therapy, poetry/writing groups, etc.; e.g., see Rogers (Ed.), 2007; Thompson & Neimeyer (Eds), 2014.
- Individual Professional [Bereavement] Counseling/Psychotherapy

Limitations/Challenges of Bereavement Support Services

- Some not comfortable/motivated to seek out assistance; females more likely than males.
- Retention and scheduling challenges. Mood fluctuation affects motivation.
- Some not comfortable talking about feelings (overall and/or in front of others).
- Positive changes occur naturally with passage of time (i.e., not related to treatment). Deeper issues may go unaddressed (i.e., person is feeling better so they do not seek out/discontinue treatment).
- Traditional grief support groups do not typically allow for hyperarousal discharge/physical release of emotion.
- Focus often on verbal (cognitive) processing rather than experiencing feelings.

Music Therapy (1)

- *Music therapy*: A scholarly discipline & professional practice. Credentialed practitioners (MTAs) purposefully use music experiences & the relationships that develop through them to restore, maintain, &/or promote health & well being.
- Many different types of music experiences (interventions) used; fall under 4 main categories: Recreative, Improvisational, Composition/Songwriting & Listening (Bruscia, 2014).
- First official palliative care music therapy program established in September 1977 at the Royal Victoria Hospital in Montréal (Monro, 1978).

Music Therapy (2)

- Music therapists have continued to develop their scope of practice in end-of-life care (Clements-Cortes, 2013; Dileo & Loewy, 2005), publish case examples (Bruscia, 2012), & conduct research (Bradt & Dileo, 2010; O'Callaghan, 2009).
- Music therapists becoming more involved in postloss bereavement work; publications & research emerging; more needed.
- Why might music therapy be considered as a viable alternative or adjunct to more traditional forms of postloss bereavement support [for adults – today's focus]?

Why Music Therapy in Bereavement Care? (1)

- MT has the potential to address some of the identified limitations/ challenges of other bereavement support services:
 - For those not comfortable speaking, MT experiences can facilitate non-verbal expression of a wide range of emotions AND
 - Song lyrics contain symbolism and metaphor that allow for expression of feelings but at a “safe” distance;
 - Active participation in MT experiences (singing/vocalizing, playing instruments) can allow for needed physical release of emotion;
 - Participation in active or receptive MT experiences creates a pathway to access and experience feelings (i.e., goes beyond cognitive processing).
 - Enjoyable aspects of music participation can increase one’s motivation to attend.

Why Music Therapy in Bereavement Care? (2)

- **Other reasons:** Group music therapy experiences inherently promote feelings of community, connection, support, & belonging.
- Active music making can elicit positive changes in mood & help to synthesize physical, sensory, & emotional responses.
- Music is an inherent part of grieving in many cultures. Music therapists can collaborate with bereaved individuals to facilitate meaningful grieving processes through culturally relevant uses of music.

Music therapy is able to address and process complex issues surrounding bereavement and the pain of loss, while also offering opportunities for strengthening intrapersonal coping resources and interpersonal connections along the path of grief (Clements-Cortes & Varvas Klinck, 2016, p. 93).

Sources: Albergato-Muterspaw, 2009; Amir, 1997,1998; Bright, 1995; Creagh, 2005; DiMaio, 2015, 2019; Krout, 2005; Heath & Lings, 2012; Schwantes, Wigram, Lipscomb & Richards, 2011; Sekeles, 2007; Smeijsters & van den Hurk, 1999; Wilkerson & DiMaio, 2013; Young & Pringle, 2018.

Clinical Example

Sharon and Regina's Story

Song for Regina

(audio presented)

Research Example

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

Young & Pringle, 2018.

Background

- **Carpenter Hospice:** Burlington, Ontario. Residential-based care & community-based programs. Family centered model.
- The music therapist/co-investigator (Adrienne Pringle) works within Wellness & Bereavement Supportive Care group programs (residential).
- **2013:** “Singing Well” clinical pilot project launched. Format based on literature (Young 2009) and consultation (Sara Varvas-Klink, MTA)
- **18 sessions** held prior to launch of our study in **2015**.
- **Program evaluation:** Protocol for our study guided by participants’ feedback.

Rationale for Study

- Large body of literature on group singing & health indicates benefits for the general population, many of which align with **identified needs** of bereaved persons.
- Preliminary research indicates that benefits of music therapy in bereavement care (slides 9 & 10) can be realized uniquely through singing/voicework (Amir, 2014; DiMaio, 2017).
- Set benchmark for provincial & national hospice music therapy services. A program informed by “research in context” lends **credibility** to the work.
- Provide participants (who often feel disempowered by grief/loss) with a forum through which their voices could be heard.

Singing serves multiple biopsychosocial, spiritual, & practical functions; a potentially valuable & unique coping strategy for bereaved persons. More research needed to formulate best practice guidelines that can be realized in real world contexts.

Purpose of Study

To better understand how singing/voicework was experienced by adults who participated in a bereavement support group that took place in a community-based hospice setting.

Participants & Design

- **Convenience sample:** 7 Caucasian females; 51 to 80 years old.
- **Interpretative Phenomenological Inquiry**
- The uniqueness of each person's experience is of key importance.
- Analysis of individual cases.
- Themes identified among participants' experiences.

Data Collection

- Six singing groups occurred over three months.
- Clinically informed session protocol.
 - Verbal check in
 - Breathing/Relaxation/Vocal Warm ups
 - Chanting/Vocal Improvisation
 - Sharing individual's song compositions/meaningful songs/recordings
 - Group singing/selection of songs
 - Closing song
- Participants could submit written feedback after each session.
- Semi-structured individual qualitative interviews within 24 hours of final session.
- Researchers made analytic memos throughout data collection & analysis processes.

Data Analysis

- Interviews transcribed. 6/7 participants reviewed.
- Qualitative analysis procedures.
- **Seven narrative summaries.** Represent explicit/implicit aspects of each individual's experience of singing/voicework in this context.
- **Overarching categories/themes.** Represent group's lived experience of singing/voicework in this bereavement support music therapy group context.

Selected Results

“Lana’s” Experience

Able to release feelings in front of others; felt safe, supported, & understood

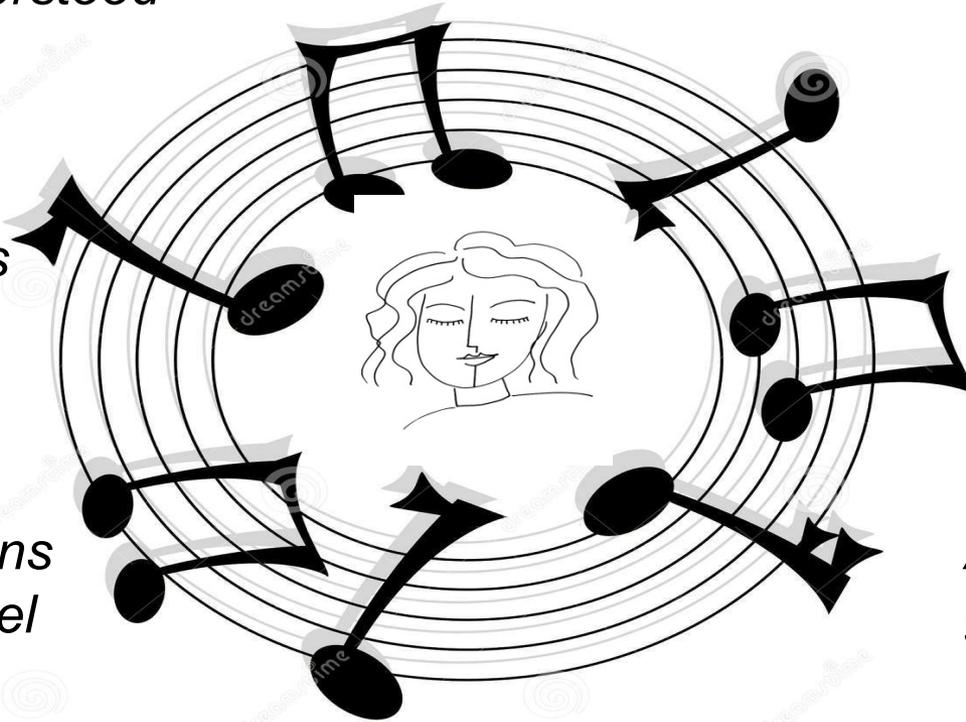
Familiar songs took on personal meaning

Felt exposed during some vocal warm up exercises

Identified with song lyrics written by other group members

Vocal improvisations allowed body to feel light & relaxed

Able to feel free & go with the flow



“[The singing group] has made me more confident in myself. It’s given me the realization, that I can go on...on my own.”



Carpenter Hospice

Group Categories/Themes (highlights)

Category 1: Group singing experiences/the *Singing Well* context:

- Helped foster various feelings of connection.
- Evoked a wide range of feelings; often experienced physically.
- Helped participants express inner feelings in ways that were different & sometimes better than talking.
- Gave participants permission to enjoy themselves & freedom to explore their voices.
- Motivated participants to attend; felt accepting and non-judgemental.
- Evoked feelings of compassion among participants.
- Worked well because of the personal/professional qualities of the music therapist.

Group Categories/Themes (highlights)

Category 2: Vocal warm ups, breathing and relaxation exercises:

- Mixed feedback.

Category 3: Songs (precomposed/original):

- Reflected/validated experiences of grief & loss.
- Evoked memories; release of emotions.
- Meaningful song(s) chosen by one was meaningful experience for all.
- Act of choosing songs important.
- Song writing: a forum through which to express grief/other emotions; overwhelming for some

Group Categories/Themes (highlights)

Category 4: Improvised vocal experiences (chanting, toning, humming, creating melodies, harmonies):

- Felt liberating; experienced physical sensations of floating or flying.
- Sense of togetherness and independence at the same time.

Category 5: Overall experiences of *Singing Well*:

- Sense of commitment to group.
- Motivated participants' to make changes, explore new/revive previous interests in their daily lives.
- Helped participants to move forward in their lives.
- Difficult to express in words.

Selected Implications

- Individuals' grieving processes emerged organically.
- Aligned with Dual Process Model of Grief (Stroebe & Schut, 1999) and six 'R' processes of mourning (Rando, 1993).
- Singing “**as**” therapy. A viable alternative/adjunct to other forms of bereavement support.
- Need for singing & health groups outside of the hospice context.
- Implications for “health musicking” in everyday life (e.g., MacDonald, Kreutz & Mitchell, 2012).
- Limitations of sample indicate need for additional research.
- Examine role of relationship with the music therapist and role of previous music [therapy] experience.

The Last Word & Closing Song

*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
("Yolanda")*

Reference for the Publication

Young, L. & Pringle, A. (2018). Lived experiences of singing in a community hospice bereavement support music therapy group, *Bereavement Care*, 37:2, 55-66, DOI: 10.1080/02682621.2018.1493646

See also reference list in the article.

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Research Participants

Carpenter Hospice/Concordia University

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