

Music Therapy as Postvention for Survivors of Suicide: A Group Case Study

by

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ABSTRACT

The bereaved and those who have experienced trauma have received support through music therapy. However, there has been no research on the effectiveness of music therapy as a therapeutic intervention for those who have experienced the loss of a loved one by suicide. While every loss presents its own challenges, those who experience a suicide loss may need extra support to process the traumatic nature of the death. This study aims to explore the current research on grief and trauma to determine what information can be applied to the care of those who have experienced a suicide loss. The present study is a group case study of survivors of suicide who have experienced a loss within the last 3 years. Participants received weekly music therapy sessions for four weeks. All participants completed the Inventory of Traumatic Grief, prior to and at the conclusion of the music therapy sessions, and the pre and post test scores were compared. Additionally qualitative data was collected throughout the sessions, indicating any common themes that emerged throughout the sessions and the participants' reactions to the interventions, as well as in a short questionnaire following the four sessions.

DEDICATION

This work is dedicated to Jennifer and Keith Edmonds, mother and father, lovers of music, and a source of constant support; to Acacia, Marcus, Anjelica, Austin, Ayden, Denise, Minuet, and Addison, siblings, nephew, and nieces who keep me grounded and make me laugh; to Jacqui, Sarah, Brenda, and Robert, for the loyal friendship and keeping me inspired; to Kaylee and Willow for being the best study buddies; and to Matthew, for our little infinity. Last but certainly not least, this thesis is dedicated to the survivors who took part in this study, who are bravely continuing their stories.

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Chapter 1

INTRODUCTION

Grief is one the universal experiences of human life; to live is to grieve. Defined as “a deep sadness caused especially by someone’s death” (Grief, n.d.), grief may come in many forms, following the end of a relationship, the loss of a job, or the death of a loved one (Irhmark, 2012). A multidimensional experience, grief affects not only one’s emotions, but has physical, cognitive, and behavioral effects as the bereaved learn to cope in a world without their loved one (Wells, 2013). Often thought of in stages, thanks to the influential work of Elisabeth Kübler-Ross in her 1969 book *On Death and Dying*, grief can take months, even years to fully recover from. The stages laid out by Kübler-Ross are denial, anger, bargaining, depression, and acceptance (Kübler-Ross, 1969). Although initially described as stages, grief does not unfold in a linear fashion, and it is possible to be experiencing multiple stages at once or to not experience some at all (Holland, 2010). Since Kübler-Ross’s book many other theorists have developed similar models of grief with subtle variations, the most prominent being Maciejewski who proposed the following stages: disbelief, yearning, anger, depression, and acceptance (Holland, 2010; Wells, 2013). While experiencing the emotional effects after a loss, people who are grieving must also learn to cope with many other changes. Physically, the most common sensations described by the bereaved are hollowness in the stomach, tightness of the chest and throat, and oversensitivity to noise. People who are grieving may also experience cognitive effects such as confusion, preoccupation with thoughts of their loved one, and hallucinations. In terms of behavior, many people experiencing grief express crying

often, a disturbance in sleep schedule and appetite, and social withdrawal (Ihrmark, 2012). Despite all of these commonalities, grief is still an individual experience that manifests in unique ways following a loss.

The feelings of grief are even more compounded when a person experiences the death of a loved one by suicide. Approximately 800,000 people die by suicide every year worldwide (Fleishmann, 2014; World Health Organization 2015), with 42,773 of those deaths taking place in the United States (American Foundation for Suicide Prevention, 2016). Suicide is the tenth leading cause of death in the United States, with an annual rate of 12.93 per 100,000 individuals (American Foundation for Suicide Prevention, 2016). Men account for 7 out of 10 suicides, with middle age white men having the highest rate of suicide (American Foundation for Suicide Prevention, 2016). While men die by suicide 3.5x more often than women, women attempt suicide three times as often as men (American Foundation for Suicide Prevention, 2016). It is estimated that for every completed suicide, there are 25 attempts made (American Foundation for Suicide Prevention, 2016), however this information may be incomplete. Many people who attempt suicide go unreported or untreated, and for those who do receive treatment there is not a uniform reporting system to document suicide attempts (American Foundation for Suicide Prevention, 2016; World Health Organization, 2015).

For every person who dies by suicide there are 6-10 survivors of suicide left behind (Andriessen, 2009; Begley, 2007; Clark, 2001). Not to be confused with those who have survived a suicide attempt, a survivor of suicide is someone who has experienced the loss of someone close to them to suicide (Andriessen, 2007). This title

can be designated to not only the family and friends of the deceased, but also coworkers, acquaintances, and any potential health professionals that were treating the individual (Andriessen, 2009). It is important to note that there has not been any specific research to determine what exactly constitutes a survivor. However, it is generally understood that it is not enough to simply know someone who has died by suicide; ones' life needs to be impacted in a negative way following the loss (Jordan, 2004).

While there is still a debate over who exactly can claim the title of survivor, there has been much research on the nature of grief experienced by survivors of suicide compared to other types of loss. Initially thought to be a worse type of grief (Kalischuk, 2003), the current research shows that survivors experience many of the universally common grief symptoms. Differences occur in the way that survivors often experience more intensity of guilt and shame than other losses (Andriessen, 2007), with these feelings often decreasing after about two years (Andriessen, 2009). Survivors that had a close emotional relationship to the individual often express feeling guilty that they did not predict the event and were unable to stop it, despite their closeness with their loved one (Clark, 1995). To further complicate these feelings of grief, survivors also have to cope with the stigma surrounding suicide (Barlow, 2003; Lester 2011). There are many very harmful myths that people are exposed to after experiencing a suicide loss that are a product of the stigma surrounding suicide and mental illness (Caruso). Some of these myths include that people who die by suicide were weak minded, that suicide is a selfish decision, or even that those who die by suicide are going to hell (Caruso; Tennessee Suicide Prevention Network, 2016). Those who are forthcoming with the information

about their loss often experience insensitivity from others, do not feel comfortable discussing their loss, and find that people won't mention their loved one in conversation, expecting survivors to just "get over it" in a few months (Begley, 2007). Because of this, many survivors, especially those with young children in the family, decide to keep the nature of the death a secret from their community, which is not conducive to the grieving process (Barlow, 2003).

Professionals who specialize in suicidology, the study of suicide and suicide prevention (Suicidology, 2015), know that any loss, let alone a suicide loss, is not something survivors just "get over." This has led to an approach titled postvention. Coined by Shneidman in 1968, postvention is "the helpful activities which occur... after a stressful or dangerous situation" (Andriessen, 2009). This describes the activities in place to support survivors after their loss, such as survivors of suicide support groups, therapy, and memorial walks for survivors to remember their loved ones (Andriessen, 2009). Postvention is necessary because in addition to the intense feelings of guilt and shame, survivors are at a heightened risk for post-traumatic stress disorder, complex grief, and suicidal behavior (Cerel, 2008; Mitchell, 2004; Sethi, 2003). While not all survivors of suicide develop post-traumatic stress disorder or complex grief, many survivors, especially those who discovered the body, experience flashbacks to the event, distressing dreams about the death, and a sense of hypervigilance in the hopes to prevent danger or further losses (Alliance of Hope for Suicide Loss Survivors, 2015). It is only if these sensations last for an extended period of time that people may receive the diagnosis of post-traumatic stress disorder or complex grief. However, many survivors are unlikely

to seek out professional counseling or therapy, which puts them at further risk. One reason for this is that people may not have faith in treatment if their loved one was receiving help around the time of their death (Peterson, 2015; Ward-Ciesielski, 2014). Many survivors also find that they are not able to find professionals who are trained to deal with the topic of suicide or have experiences with professionals that are conversely very patronizing when discussing grief (Clark, 1995; Dyregrov, 2009; Grad, 2004). Survivors of suicide support groups have shown positive effects for those who participate (Clark 1995; Clark, 2001; Oulanova, 2014). However, there is still a need to explore what other types of treatment may be beneficial to the survivors. In the field of music therapy, there has been research completed about the benefits of music therapy interventions for the bereaved and those who have experienced trauma, so a question remains: how can music therapy support those who have experienced suicide loss?

Music therapists work in many different settings and have experiences with many different populations. Music therapists see clients in settings, including psychiatric treatment facilities, outpatient centers, hospitals, community mental health centers, and private practice (American Music Therapy Association, 2006). People with various psychosocial, communicative, and cognitive disorders have found effective treatment through music therapy (American Music Therapy Association, 2006). Through the use of a variety of musical interventions, using both live and recorded music, music therapists facilitate many positive changes in their clients. Some of these changes include developing coping and relaxation skills, having an increased sense of control over their life, developing independence and decision making skills, and making positive changes

in mood and behavior (American Music Therapy Association, 2006). With music therapists reporting positive experiences working with the bereaved and people who have experienced trauma, music therapy could prove very beneficial to survivors of suicide.

Chapter 2

LITERATURE REVIEW

Current Support for Survivors of Suicide

While the risks of posttraumatic stress disorder and complicated grief associated with survivors of suicide is widely understood among mental health professionals, not many studies have been conducted to assess what survivors feel they need following their loss. McMenemy et al decided to fill this need with a pilot study to assess what survivors think would be the best way to help them (2008). The researchers created the Survivor Needs Assessment Survey to gather data about different areas of life following a suicide loss. Participants in this study reported high levels of impairment in their daily activities, difficulties socializing, and symptoms of depression, anxiety, and traumatic stress. The data also showed that many survivors experienced barriers to seeking support due to the intensity of their feelings of grief and depression and a lack of information on where to find help. Another interesting finding of this study was that survivor to survivor contact was rated as extremely useful. Survivor to survivor contact, whether one on one or in a support group, was listed as the most beneficial support for the survivors, followed by reading books about grief and suicide, and receiving individual counseling. The importance of peer support among survivors was also highlighted in a literature review of current interventions for suicide survivors conducted by Jordan and McMenemy (2004). Of the studies included in the review, each one where a support group was utilized showed survivors reported a decrease in grief and depressive symptoms. In addition to support groups, a writing intervention where survivors wrote about their loved one

resulted in decreased feelings of guilt and shame, and participants expressed feeling that they had a better understanding of their loss and were more capable of talking about the death to others.

Postvention efforts seem most effective for survivors when they occur close to the initial loss. Cerel and Campbell (2008) conducted a research study to examine the effects of an active postvention model, entitled LOSS (Local Outreach to Survivors of Suicide). This program is made up of crisis center staff, trained volunteer survivors, and traditional first responders who respond to the scene of a suicide. This enables survivors to have access to support, such as referrals to support groups or counselors, as close to the time of death or notification as possible. Additionally, it may be of comfort to the newly bereaved to have another survivor at the scene. Cerel and Campbell (2008) found that survivors who had received postvention from the LOSS program sought out treatment sooner than survivors who experienced a suicide during the same year but had not received active postvention.

Recently Wittouck et al looked at developing a therapeutic method using the cognitive behavioral approach for survivors of suicide (2014). It was helpful to use a method that mixes education about the nature of suicide and grief, with providing a safe place for survivors to express the many emotions they may be experiencing. Currently many survivors are finding that safe space in peer or professionally led support groups (Clark, 2001). There is a very strong community amongst suicide survivors. In every state the American Foundation of Suicide Prevention (AFSP) hosts groups for survivors to come together and share their experiences (Finding Support, 2016). Survivors express

finding comfort and understanding in these support groups (Begley, 2007; Clark, 1995; McKay, 2013), which give them a space to be honest about their feelings free from the burden of stigma surrounding suicide. Those who need extra support or are unable to attend support group meetings in person are also participating in online support groups for those bereaved in general, as well as specifically for survivors of suicide (Feigelman, 2008).

Music Therapy for the Grieving

Music therapists have reported positive results when working with the bereaved. Hilliard (2001) completed a study for bereaved children to receive music therapy. The experimental group received weekly music therapy sessions, with the music therapist using song writing, improvisation, and lyric analysis interventions. The participants in this group saw an increase in positive behaviors at school and at home, as well as reported less symptoms of depression. The control group, which received no contact from the music therapist, reported a few of the participants actually experienced higher levels of depression and worse behavior at the conclusion of the study, while the majority maintained the levels recorded during the pretest. In a follow up study, Hilliard compared the effects of Orff-based music therapy and social work groups for bereaved children, with a control group that received no contact from either professional. Parents of children in both groups reported a decrease in the severity of grief symptoms when compared to the control group (2007). When comparing the music therapy and social work groups, it was found that the participants in the music therapy group reported more relief in grief symptoms than the social work group. However, both groups reported a decrease in

behavioral problems as compared to the control group. Roberts and McFerran (2013) also found success conducting music therapy sessions with bereaved adolescents. Using a variety of songwriting techniques participants were able to express their feelings of grief, ranging from pain to anger to understanding, as well as share memories about their lost loved one.

In addition to songwriting, Smeijster and Van den Hurk (1999) completed a case study utilizing the psychodynamic approach with a bereaved widow. The participant received 21 music therapy sessions. While at first she was very timid about participating, as the sessions went on she began to get more comfortable interacting with the music therapist, and built up enough confidence to explore different piano improvisations. By the last session, the participant stated that she felt more relaxed and less depressed, and that she had a good foundation to start building herself back up following her loss.

Another study completed with bereaved adults utilized music therapy in a group setting (Krout, 2005). The music therapist led a group organized by a local hospice center for individuals bereaved within the last year, with the main focus on education as well as community support. The music therapist chose to compose original songs rather than use popular songs so that the participants did not have any previous associations with them. The songs featured many metaphors about the grieving process, and were intended to give a voice to the participants and facilitate discussions on grief and their deceased loved ones. Although informal, the participants gave positive feedback about the music therapy experience.

Music Therapy for those who have experienced Trauma

Some of the earliest work done by music therapists has been with those who have experienced trauma. Before the field of music therapy was established, Paula Lind Ayers found her way into the hospitals to sing with patients who were injured during World War I (Reschke-Hernandez, 2014). Although posttraumatic stress disorder (PTSD) likely existed before World War I, it had never been seen on such a large scale, so it had not yet been given a name. In the aftermath of the war, physicians around the world noticed many similar symptoms that did not have a physical root, including amnesia, attention deficits, headaches, and tremors with most of these symptoms not subsiding with routine hospital care. The term ‘shell shock’ originated to describe these cases and was considered the signature injury of World War I. During her hospital visits in Germany and France, Ayer sang familiar folk songs to American soldiers experiencing shell shock. She found that this seemed to soothe the patients, and repeated the process with many different soldiers, starting with slower, familiar tunes, eventually including more lively music. Many patients who were almost completely unresponsive at the beginning of the session would be singing along by the end. These results astonished the medical community who did not realize the depths of the emotional injuries these soldiers were sustaining. Although there have not been any links between Paula’s work and the birth of music therapy, it is likely that she is one of the first people recorded using music to alleviate the symptoms of PTSD, or ‘shell shock’ as it was called at the time.

Since Ayer’s work, music therapists have continued to document positive results working with those who have experienced trauma. In a case study completed by Hatcher

(2007), the client featured is an adult with complex post-traumatic stress disorder and a history of drug addiction. Complex post-traumatic stress disorder is when the traumatic event happens repeatedly over a long span of time. The client in this case study experienced many years of sexual abuse as a child, which led to drug use and criminal activities as an adult. The music therapy sessions began when the client had been out of jail for about three months. The client expressed many emotional issues surrounding his past trauma and also his anxiety about reintegration into society. Through songwriting, the client and the music therapist were able to cover many topics, such as surviving trauma and living with its effects. They also covered reintegration and reconnection with society, and gave the client a safe space to explore his own role and behaviors. Amir (2004) found success using music therapy with a client who had experienced sexual trauma. Using an improvisational approach, the therapist began encouraging the client to improvise together on the piano. Once the client got comfortable with improvising, she was able to access memories of the sexual abuse done to her by her father. Through the use of an improvisational intervention to tell her life story, she was able to integrate those memories into her life rather than repress them. This enabled the client to move forward and heal the side effects of the trauma that still affected her many years after the event.

Victims of trauma have also received group music therapy. In a study by Teague, Hahna, and McKinney (2006), a group of women who had experienced intimate partner violence received weekly music therapy sessions. The therapists chose a group structure after reviewing literature stating the effectiveness of the group setting for women who have been abused. At the conclusion of the study, it was found that the participants

experienced decreased levels of depression and anxiety. Finally, Montello (1999) has used the psychoanalytic music therapy approach with people who experienced trauma as children. This approach breaks treatment into three stages. Stage one is creating a safe space for the client, stage two is remembrance and mourning the traumatic event(s), and stage three is reconnecting the client with life and integrating the trauma into their life story. These stages occur at different times for different clients, and can be encouraged through guided imagery, improvisation, and songwriting.

Music Therapy for those with Depression

For many years scientists, psychologists, and experts in other helping industries have looked for ways to alleviate the pain of depression. Recently, music therapy has been added to the list of possible treatments for people with depression. In 2010 in Mexico, a study was completed on 79 patients who had depression, to test the effectiveness of music therapy compared with psychotherapy. All of the participants were patients of an outpatient facility and had been diagnosed with low to medium levels of depression. None of the participants in the study were in any type of drug therapy at the time of the study, and had not been diagnosed with any other types of neurological disturbances that could interfere with treatment. The participants were then split into two groups, 41 of the participants were to receive music therapy and the other 38 participants received psychotherapy. Before treatment began all of the participants were given the Zung Self-Rated Depression Scale, and were then evaluated weekly with the Beck Depression Inventory. At the conclusion of the study a member of the research team also distributed the Hamilton Depression Scale. The Hamilton Scale is different from the

Zung Scale and Beck Inventory in that the Hamilton Scale is used to qualitatively evaluate depression, whereas the other two survey utilize a Likert scale. Participants in both groups received eight weeks of treatment. The clients in the music therapy group received group music therapy, where they were exposed to classical and baroque music. Clients were also given music to listen to for 50 minutes a day, in addition to the weekly group session. At the end of the study all of the scales were evaluated to see the clients' progress over the eight weeks. In the music therapy group, which had 41 participants, 29 of them showed improved symptoms, 4 of the client's showed lack of improvement, and 8 clients abandoned the study before it was completed. In the group that received psychotherapy, 12 of the 38 participants showed improvement based on the scales administered, 16 clients showed no improvement, and 10 clients abandoned the study. These results show that music therapy can have a statistically significant effect for people with depression (Castillo-Perez et al, 2010).

In 2011, a study was completed at a small teaching hospital in Minnesota that tested the effectiveness of music therapy on the depression levels of patients detoxing. This study was completed over the course of eight months, with 140 participants that were randomly assigned to the control or experimental group. Clients in the control group received a session of group talk therapy, and clients in the experimental group attended a group music therapy session. Due to the nature of the detoxification unit, clients were usually only in the unit for 3 to 5 days, so the researchers measured the effect that one session had. The 69 participants that were in the experimental group completed a song writing activity during their music therapy session. After initial greetings with the clients,

the music therapist led a group blues songwriting session based on the 12-bar blues. The therapist steered the song writing towards the topic of how the participants came into the detoxification unit, their past behaviors cognitions, and emotions that they felt needed to be changed, and how they could make those changes, all while being mindful of possible triggers for the participants. The lyrics that the group wrote together were written on a white board by the therapist. At the end of the session the clients were told that they could have a copy of the lyrics if they want to keep them. Of the 14 sessions, clients asked for a copy of the lyrics written in six of them. Before the clients left the session they were also asked to complete the voluntary posttest. Participants in the control group went to a group talk therapy session. The discussion topic was the same as the songwriting topic, which focused on how the participants came into the detoxification unit, their past behaviors cognitions, and emotions that they felt needed to be changed, and how they could make those changes, all while being mindful of possible triggers. Once the session concluded, the participants were also given the voluntary posttest.

One month following the session clients were also contacted by the therapist via phone to do a post discharge follow up. The researcher was able to get in contact with 56 of the participants who answered the questions to the follow up survey. To measure the participants' levels of depression the Beck Depression Inventory Second Edition was used. Because the study was a single session design, there was no pretest administered, so the researchers compared the scores of the posttest and the information they received in the follow up interview. Although the results were not statistically significant, the experimental group reported lower levels of depression based on the scores of the Beck

Depression Inventory. During the follow up interview, the researcher gathered a great deal of qualitative data. Clients in the experimental group expressed more enjoyment and appreciation towards the music therapy sessions and also expressed a desire to continue utilizing music therapy as treatment. It should also be noted that of the participants that completed the follow up interview via telephone, the number of people who reported they maintained sobriety was not statistically different between the experimental and control group (Silverman, 2011).

The psychodynamic approach has also been utilized by music therapists to treat depression. The clients in this study were once again divided into a control and an experimental group. Members of the control group received standard care, which consisted of medication and group psychotherapy. The experimental group consisted of psychodynamic improvisational music therapy for the participants. Over the course of the next three months the 85 clients received weekly sessions of either psychotherapy or music therapy. The music therapy sessions focused on improvisation with percussion instruments. The therapist recorded the clients' improvisations and then the clients would process and discuss what they had just created. Throughout the study the participants' depression was measured by the Montgomery and Åsberg Depression Rating Scale (MADRS). It was given as a pretest before treatment began, as a posttest immediately at the end of treatment, and a month after the study as a follow up. Participants in both groups showed a decrease of depressive symptoms, but the participants of the experimental group reported lower levels of depression overall (Erkkilä, 2008).

Rationale for Study

There are many different reasons for this study. The first reason is to address the needs specific to the survivor of suicide population. A suicide loss presents unique challenges, and while many survivors benefit from support groups, offering music therapy in a group setting could also be beneficial. The group setting is important for survivors to connect with each other based on their common experiences, and music therapy groups can allow survivors the chance to express their emotions through music, as well as facilitate learning to develop skills needed to cope with their loss, while supported by a board certified music therapist (MT-BC). The second reason is to address the gap in music therapy research with survivors of suicide. The current published research from music therapists working with the grieving and those who have experienced trauma lends hope to music therapy being a positive therapeutic intervention for survivors of suicide. Music therapists' experiences working with different psychiatric populations have grown as the field has developed, and working with survivors of suicide seems a necessary next step. The third is to see whether short term music therapy can be a cost effective addition to postvention efforts. Any therapies that support survivors through the grieving process, as well as offer coping tools, are valuable to survivors, as well as the organizations supporting them, such as the American Foundation for Suicide Prevention. Since research has shown that survivors of suicide may be wary of more "traditional" therapy methods, music therapy may be a positive way to engage with survivors and give them the additional help they need. Additionally, the initial concept

for this study was from a very personal standpoint, as the researcher is a survivor of suicide and has a unique perspective of the needs of this community.

Looking at the current music therapy research on bereavement and those who have experienced trauma, it is interesting that there has not yet been any research published specifically for the survivor of suicide population. The purpose of this study is to examine the efficacy of using short-term group music therapy sessions to support participants through the grieving process, with the collection of qualitative and quantitative data. This study aims to begin the relationship between the music therapy and survivors of suicide communities, to assist survivors through their grieving process using music.

Research Questions

1. Does short term music therapy reduce survivors of suicide scores on the Inventory of Traumatic Grief?
2. Which music therapy interventions seem most effective for survivors of suicide?
3. What common themes emerge in music therapy sessions for this population?
4. Can a diverse group of people, where the only commonality may be that they are survivors of suicide, form a supportive environment within a musical context?

Chapter 3

METHODS

Design

All methods were approved by the university's Institutional Review Board. A mixed- method was chosen for this study in order to adequately answer all of the research questions (Campbell, 1963). The qualitative portion of the study consisted of a group case study. This enabled the researcher to explore the music therapy techniques used, the group dynamics that were developed, and common themes that emerged throughout the sessions. The qualitative data was collected through audio recordings, detailed notes of each session, and a follow up survey at the conclusion of the sessions. Additionally, quantitative data was collected through the Inventory of Traumatic Grief (ITG) which all participants completed as a pre and posttest. The Inventory for Traumatic Grief, was selected based on relevance, the goals for the group, and brevity it took to complete the scale. The scale was created by Prigerson, Kasl, and Jacobs (2001) is discussed in further detail in the quantitative results section. The scale could be completed in about 15- 20 minutes.

Subjects

Participants were recruited through various methods. The first was in partnership with a local agency that hosts Survivors of Suicide support groups throughout the greater Phoenix area. Information about the study was sent out in the monthly newsletter that attendees of the support groups elect to receive. Survivors were provided contact information of the researcher to contact directly to participate in the study. This method

yielded 5 responses. A second method utilized was through the student counseling center. Fliers were posted in the lobby of the counseling center, as well as given to individual counselors so that they could refer any of their clients who met the criteria. This method yielded no responses. Additionally, information about the study was given to other local music therapists for referral to the study, which also yielded no responses. In total 5 potential subjects contacted the researcher. After expressing interest in the study, potential participants were sent a survey to screen for the inclusion criteria and their availability to participate in the music therapy sessions. Inclusion criteria limited participants to adults who had lost a loved one to suicide since 2013. Five people filled out the survey and were then sent the consent form. Four of the five potential subjects elected to sign the consent form and then were sent the Inventory of Traumatic Grief to complete before the first group session.

The four participants, all women, ranged in age from 31 to 70 years old. Two participants experienced the loss of a son, one participant lost her mother, and one lost her father. Two participants identified as Hispanic, and two identified as Caucasian. All of the participants reported attending the survivors of suicide support group meetings, ranging in frequency from only near anniversaries and important dates to twice or more a month. None of the participants had received music therapy prior to the study. Once the group sessions began three of the four participants that had filled out the consent form and the pre-test attended the sessions.

Setting

The music therapy sessions took place in a university building located approximately one mile off campus. The university's music therapy clinic is housed in this building, as well as a non-profit music therapy agency. The chosen room was on the third floor of the building. In the room was a grand piano, a guitar, a table, and chairs. There was also easy access to additional instruments in a storage room down the hall. The room was set up with chairs in a circle for all of the participants and the music therapist, with a box of tissues placed between the chairs for the participants to use. Instruments that were to be used during the session were set next to the circle and placed in the center during the activities for which they were used.

Equipment

A variety of equipment was used during the sessions, in addition to the items already in the room. For playing recorded music, Spotify Premium was used on an iPad connected to a Bluetooth speaker. The songs used were *Fire and Rain* by James Taylor, *Days of Plenty* from *Little Women the Musical*, *Last Hope* by Paramore, and *Times Like These* by the Foo Fighters. Each participant was given a sheet of paper with the lyrics of each song printed on them. The music therapist used the guitar to play live music, and had a variety of percussion instruments for the participants to play, including djembes, frame drums, shakers, xylophones, cabasas, vibraslaps, and woodblocks. A variety of music and scripts were used for meditation activities. In the first session *Meditation for the 7 Chakras* was the music played, while Joan Halifax's meditation for grief was played, in the second session a meditation from MeditationOasis.com was used, the third

session a meditation written by Sura was used, and in the fourth session Meditation for a Happy New You was read by the MT-BC as *Meditation for 7 Chakras* was once again played. A variety of art materials were used, including paper, magazine clippings, glue sticks, scissors, and colored pencils.

Procedure

The initial step in the procedure was setting up Google Forms for the selection form, the consent form, the Inventory of Traumatic Grief, and the follow up survey. Once participants expressed interest in the study through an email to the therapist, they were sent a link to the selection form to be sure they matched the inclusion criteria. After they filled out the selection form, participants that met the inclusion criteria were sent the consent form. After the consent process, participants were given a number that would be their study ID and emailed a link to the Inventory of Traumatic Grief and asked to complete it before the first session.

Each session required anywhere from 30 minutes to one hour to plan. Planning included designing an improvisation activity or prompt, picking songs for lyric analysis, learning to play songs that would be played live, printing lyric sheets, selecting a script for meditation and music to accompany it, and collecting art supplies and instruments that would be used. An additional half hour was used before each session to set up the room as desired.

The protocol of sessions varied each week, with four to five interventions used in each session. Rhythmic improvisation was chosen to non-verbally express emotions. During the rhythmic improvisations the participants were given a prompt or theme to

reflect on while playing. This allowed participants to explore their emotions from a different perspective. All rhythmic improvisation activities were verbally processed following the music making.

Lyric analysis was used to facilitate discussions. Songs were chosen for the different themes they represented such as loss, remembrance of the dead, hope, and moving forward. Through listening to the various songs, discussions were tailored to specific topics and participants were able to pull from the lyrics of the songs to express how they were feeling to the rest of the group.

Songwriting was another intervention used throughout the music therapy process. Participants wrote song parodies, where they wrote new lyrics to a song that was already published. The new lyrics could then be applied to a song that they already may be familiar with. The participants also wrote one original song, where the lyrics and accompaniment were written completely from scratch as a group. The songwriting activities were used as a way for the participants to creatively express their thoughts and emotions.

Meditation was used to provide the participants with relaxation and give the participants space to explore their conscious and unconscious thoughts. Participants listened to scripted meditations with different themes that were paired with the theme of the songs chosen for lyric analysis. Art to music and creative writing were also utilized to encourage creative expression of emotions. The art activities included drawing a mandala and creating a vision board. A mandala is “a graphic and often symbolic pattern usually in the form of a circle divided into four separate sections or bearing a multiple projection

of an image” (Mandala, n.d.). Vision boards are “a tool used to help clarify, concentrate and maintain focus on a specific life goal” (Make a Vision Board, 2016). Participants were provided with poster boards and magazines to find phrases and images to represent what they want out of the future. A description of each individual session can be found in Appendix C.

At the conclusion of the four-week block of sessions, the participants were once again emailed a link to a GoogleForm to fill out the Inventory of Traumatic Grief. In addition to the inventory, they were emailed a short survey of open ended questions to give feedback specifically about their music therapy experience.

Methodology Notes

There were several methodological challenges faced in this study. The first issue was absences in the group. With such a small group, the absence of one participant was really felt and affected group dynamics. Additionally, there was the fourth participant who had completed all of the documents prior to the sessions starting, but did not attend any of the sessions. After the first session the music therapist reached out to this participant, who reported feeling nervous about confronting her grief, but stated that she would be at the second session, which she also did not attend.

Another issue was with collecting the data. It was decided to use electronic means to answer the questionnaires and fill out the surveys for the sake of convenience, as well as to give participants ample time to reflect on their answers. However, this posed problems because the MT-BC could not be sure that the documents were completed in a private location, despite prompts to do so in the instructions.

Chapter 4

DATA ANALYSIS

Qualitative analysis

Each session lasted 1.5 hours and consisted of four to five interventions, which varied between sessions. The sessions were audio recorded and the MT-BC took detailed notes throughout the sessions. Session summaries were written within 24 hours of the session to encourage accurate documentation.

Session One

Prior to the session the chairs were arranged in a circle and the percussion instruments, iPad, laptop, and lyric sheets were arranged on a piano bench next to the circle. There were also two boxes of tissues placed on the floor in between the chairs. The participants all got to the room individually and took a seat in the circle. The participants chatted with the music therapist as they waited for all the group members to come. Ten minutes after the session start time three of the four participants, Kathy, Sophia, and Andie, were present so the music therapist decided to start the session. A note was placed on the door letting the final group member, Mariana, know she could come in the room if she came late, but she never arrived.

Introduction

To begin the session, the music therapist asked each participant to introduce themselves, share who they lost, and when the loss occurred.

Kathy lost her son to suicide one year and five months prior to the start of the sessions. She is a 70-year-old Caucasian woman and has one remaining son. She has

intermittently attended Survivors of Suicide (SOS) Support Groups and found those to be helpful. Kathy has never received music therapy, but shared that she greatly enjoys listening to music as a coping tool and wants to experience the additional therapeutic benefits.

Sophia, a 56-year-old Mexican-American woman, lost her father to suicide three months prior to the start of the sessions. She attended her first SOS Support Group the night before the music therapy group.

Andie lost her son to suicide 9 months prior to the start of the session, and expressed a lot of anxiety about the anniversary of his death in June. She is a 49-year-old Hispanic woman, and has two survivor daughters as well as a grandson whom her son fathered. Andie regularly attends a SOS Support Group, which meets twice a month.

Improvisation

The music therapist then introduced an improvisation activity by presenting a variety of percussion instruments. The instruments presented were 2 frame drums, 3 egg shakers, a vibraslap, a cabasa, and jingle bells. The music therapist then facilitated a group discussion about the various stages of grief and asked the participants in which stage they felt they were in currently. After this discussion, the music therapists asked the group to assign the different stages of grief to the instruments that were available. The improvisation then began with the music therapist playing a steady beat on the djembe at a moderate pace. The participants each choose an instrument they wanted to start with and played freely for several minutes periodically changing instruments as the

improvisation went on. After several minutes the music therapist counted down to bring the improvisation to a close and then the experience was verbally processed.

During the discussion on the stages of grief, Kathy shared that in general she is trying to focus on bringing joy back into her life. She recently had to go through some of her sons' belongings to clear out space in her home and that brought up a lot of grief feelings she had not experienced in some time. She chose the jingle bells for her first instrument, stating that they represented joy to her. She played the jingle bells for about a minute. The next instrument she chose was the ratchet. She alternated between playing it about once every few seconds to playing it continuously. After the improvisation she stated that the sound it made reminded her of the ticking of the clock and how there are some days that seem to drag on, where others pass by very quickly.

Sophia shared that she is still feeling shock, as well as sadness. Her father lived in another state, and her family just recently got back the autopsy results and police report, containing the final notes he had written. She stated that because of this new information, she feels like she just found out about her father's death all over again. Sophia chose a paddle drum to represent her sadness. She played with loud, slow strikes, and after the improvisation was over she shared that they represented the sluggishness of depression. The second instrument she chose during the improvisation was the cabasa, which she played at a steady pace throughout the improvisation. She stated that the cabasa represented the anger, and the grating and irritating feelings she's been experiencing.

Andie shared that she also was trying to focus on new beginnings in her life. She recently became a grandmother and is trying to enjoy her new grandson. She is working

on clearing out her son's room to convert it into a nursery for his son, which is very difficult for her. She chose an egg shaker to represent new life and beginnings. She then switched to the vibraslap to represent shock, which she played for about thirty seconds. Afterwards she changed to the jingle bells, which represented the search for joy for her as well.

Lyric Analysis- Fire and Rain

All of the clients listened to the song *Fire and Rain* by James Taylor while following along to the lyrics printed on a piece of paper.

Kathy became tearful during the song. After it was over she stated that she had heard the song many times before, but had never realized that it was about loss and/or death. One line that she said stuck out to her was "I always thought that I'd see you again" because she never thought she would have to live without her son. She also related to the line "Well, there's hour of time on the telephone line to talk about things to come" because she and her son used to talk on the phone almost every day.

Sophia also became tearful during the song. She also related to the "I always thought that I'd see you again" line. Sophia stated that it's difficult for her because she doesn't remember the last time she saw her father. He lived in a different state and would often be the one to pick her up from the airport when she visited, so she thinks that would have been the last time they saw each other, but she is not sure, so that causes her some distress.

Andie became very emotional while listening to the song, crying very heavily. She agreed with the other participants, that the line that stuck out to her was “I always thought that I’d see you again” because she never thought she would have to live without her son.

Songwriting- Fire and Rain

After the lyric analysis discussion, the clients then worked on rewriting the verses of the song to talk to their loved one. While the participants worked on their writings, the music therapist played *Your Hand in Mine* by Explosions in the Sky in the background. After all of the participants finished writing, the MT-BC played the song on guitar and the participants took turns reading a verse from their version and then they all sang the chorus together.

Kathy cried while writing her song. The verse she shared during the sing along talked about her guilt and how she wished she could have helped her son and stopped it from happening. She also sang along with the music therapist during the chorus each time.

Sophia cried a little bit while writing her song. The verse she shared expressed disbelief about her father’s death, and guilt about not knowing how unhappy he was. She sang along during the last chorus of the song.

Andie was also very emotional while writing the song. She expressed feeling guilt that she couldn’t prevent her son’s death, and during the discussion she expressed that she hadn’t realized how deep her guilt really went. She did not sing along to the chorus at any point.

Meditation

The clients then listened to a meditation by Joan Halifax while also listening to a recording of singing bowls titled *Meditation for the 7 Chakras*.

Kathy shared that she meditated a lot in her personal life. After the meditation she stated that the line in the meditation that she really resonated with was about being able to forgive yourself for not being able to meet your loved ones needs. She stated that it was especially hard as a mother because she wanted to be able to fix everything.

Sophia had never meditated before. After the meditation she shared that she was also having trouble forgiving herself. Prior to her father's death he had recently split up with his wife and was living alone for the first time in many years. He had expressed feeling upset, but the family did not take his complaints seriously, and this is something Sophia feels guilt over.

Andie had also never meditated before. After the meditation she expressed that she had a hard time letting go and meditating. She experienced a lot of racing thoughts throughout the prompt and stated she had a hard time concentrating. She also stated that she was still very resistant to forgiving herself and she feels like her "tough love killed him," because she had recently kicked her son out of the house. She also realized as the meditation was talking about different types of losses that she has a history of men leaving her throughout her life, which caused her to feel upset because she feels like her son dying by suicide is another example of a man leaving her.

Closing

As a closing to the group the music therapist asked the participants to share a positive memory about their loved one.

Kathy shared that she loved her sons' connection to animals. He had farm land when he was alive and after he died Kathy and her oldest son gave his two goats to the Phoenix Zoo, and her and her son were planning to go visit them within the next week.

Sophia shared that her father used to tell corny jokes and leave hidden notes around the house for her and her mother. She shared a specific story of how she found a rock that he had written on and hid while he was visiting and that made her smile when she found it.

Andie shared that she loved her sons' sense of humor and the specific way he laughed and would say "mom" when he was joking with her.

After the session the therapist sent an email to Adriana, who had signed the consent forms and filled out the surveys, but did not attend the session. Adriana stated that she felt some anxiety around coming to the session because she gets very emotional when talking about her mother's death. She asked for some more information regarding the types of activities that take place at the sessions. After a descriptive email from the music therapist, she stated that she would attend the next session.

Session Two

The room was set up the same way as the first session, with the chairs in a circle and boxes of tissues placed on the floor in between the chairs. Five drums were lined up against the wall to be used during the drum circle. The piano bench was used as a table

for the lyric sheets for the lyric analysis activity, pencils, and the Bluetooth speaker and iPad to play music.

Introduction

The session once again started a little after 7pm. Sophia arrived first and Andie was running late, and the MT-BC was unsure whether or not Adriana would be attending and wanted to give her time to find the room. Kathy had texted the MT-BC earlier in the day to let her know that she would be absent because it was her other son's birthday. After waiting 2-3 more minutes after Andie arrived, the music therapy session began around 7:15.

The session began with a verbal check in. Sophia stated that she is still dealing with random crying spurts as she goes about her daily life. She also shared that she has a friend whose mother is dying, which is bringing up some uncomfortable feelings for her. She expressed feeling jealous that her friend has the opportunity to prepare for the loss of her parent and gets to say goodbye, whereas her loss was so sudden.

Andie expressed having a distinct lack of patience in her daily life. She recently got into an argument with a coworker, and was absent from work for 2 days because of it. She expressed anxiety at the thought of having to go back the next day. She also shared that she continues to enjoy spending time with her two-month old grandson, and shared some pictures of him with the rest of the group.

Lyric Analysis- Days of Plenty

The music therapist played a recording of the song *Days of Plenty* from the Little Women the Musical Soundtrack. Both participants received a copy of the lyrics printed out to follow along with as the song played.

Sophia became tearful during the song, but did not have anything to say about the song when initially asked. Andie shared that she really connected with the fourth verse of the song, which Sophia then agreed with. The lyrics of the fourth verse of the song were:

So believe that she matters!
And believe that she always will!
She will always be with you!
She'll be part of the days you've yet to feel!
She will live in your bounty!
She will live as you carry on your life!

The MT-BC then brought up how the song could be about remembering your loved one as you go through your life. Andie agreed and stated that she felt a lot of anxiety leading up to important days, such as her sons' birthday or the anniversary of his death, which was a few months away.

Sophia had not experienced any of these big events yet, since her loss was so fresh. She did share that she worries that she isolates too much, but has been making efforts to remedy that by attending the SOS support group meetings and being a part of this music therapy group.

Rhythmic Improvisation

During the rhythmic improvisation activity, the participants were instructed to think of any thoughts, feelings, or emotions that they would like to let go of. The MT-BC then picked a rhythm for the group to play together on drums. After the rhythm was

established, the participants could take turns playing supported solos to express the emotion that they wanted to let go of.

Andie was the first one to deviate from the group rhythm. She played rapid staccato strikes at a moderate volume. After a few minutes, she then rejoined with the group rhythm. She played 3 different solos throughout the activity, and when the MT-BC began to countdown to signify the end of the improvisation, Andie began to play very loudly and then stopped with the group.

Sophia was more timid in her playing. She played a few 10-15 second solos before joining back up with the group rhythm. However, when the MT-BC began to countdown to signify the end of the improvisation, Sophia also began to play loud and rapidly before ending with the group.

After the improvisation ended, the experience was verbally processed. Andie stated that the feeling she was focusing on releasing was the pain she felt from the loss of her son. Sophia shared that she was trying to focus on letting go of her thoughts about what happened in her father's final moments. She stated that she spends a lot of time wondering and imagining what happened, but also recognized that she will never be able to really know the truth so it is not a helpful thing to dwell on.

Reframing Chant

The discussion on what emotions the participants wanted to let go of led well into a discussion of the technique called reframing. This technique from cognitive behavioral therapy is used to change negative reoccurring thoughts into positive ones. The MT-BC introduced the concept of reframing and then gave three questions to ask oneself when

trying to reframe a thought: “Is it real? Is it compassionate? Is it constructive?” After the introduction of those questions the group then made a chant to help remember the steps. The group played the same rhythm that was used in the drum circle, and then engaged in a call and response, where the MT-BC said one of the questions for reframing and the participants repeated it. Both participants were engaged in this activity and the chant was repeated three times.

Sophia recognized that she could use this whenever she is having intense feelings of grief, or ‘grief spirals’, to help her remember that wondering about her father’s last moments is not constructive or being compassionate to herself.

After the chant Andie was repeating the questions to herself so that she would remember them, and stated that she could use those to try and reframe her feelings of guilt.

Meditation

The MT-BC played a recording of a guided meditation for grief. Each participant appeared engaged throughout the meditation, though Andie was fidgety while listening to the meditation. The guided meditation lasted about 12 minutes. After it was finished, music continued to play and the MT-BC encouraged the participants to write down any thoughts or feelings they had experienced throughout the meditation or anything that was coming up for them.

Sophia wrote about three quarters of a page, on the back of the lyric sheet from the earlier activity. During the meditation, the guide prompted the group to think of a “companion” they had to walk with them through their grief, which could be a real or

imagined person. Sophia shared she had a hard time envisioning someone. She stated that person would usually be her mother, but it is difficult because her mother is far away and is also grieving.

Andie wrote a list of things after the meditation ended. She shared that she was feeling very stuck with her life currently. She's not happy with her job, and missed her son, and wished that she could have more time with her grandson. She also shared that she did not realize how stuck she was feeling before this group. She expressed feeling like she can't do a lot of things she wants to do because of a lack of energy or concentration. However, she was also able to recognize that those are thoughts she can work on reframing.

Closing

As a closing, both participants stated one thought, feeling, or emotion they would work on reframing throughout the next week. Sophia stated she would focus on reframing whenever she had thoughts about her father's final moments. Andie stated she would work on reframing her thoughts that she was stuck and incapable of changing her situation.

The group ended about 10 minutes earlier, since there were only two participants. While Sophia and Andie both participated in all of the activities, neither was particularly talkative, however they did express a lot through the improvisation and writing activities.

Session Three

The room was set up the same as previous sessions. The instruments available in the room were a guitar, two tambourines, a drum, a triangle, and a metallophone.

Additionally, there was a portable white board, with markers and erasers. Before the session began Sophia sent an email to the MT-BC to let her know that she would be absent from the session.

Introduction

Kathy was the first to get to the session. The MT-BC asked her how her son's birthday was, since that was the reason she missed the previous session. Kathy said that she had a really good time celebrating with her son, even though they both felt the weight over her other son that was missing. She also shared that he does not want to celebrate Easter with the rest of the family, since it will be so difficult with his brother missing. Kathy also asked what she missed last week so the MT-BC gave her an overview of the concept of reframing. Kathy stated how it could help her with her feelings of guilt.

Andie arrived to the session about 15 minutes late, after texting the MT-BC to let her know she was on her way. She stated that she was feeling good in general, but dealing with stress from remodeling her kitchen with her husband. She also stated that she has some frustration communicating with her grandson's family because she would like more time with him.

Songwriting

The group worked together to write a blues song. To begin, the MT-BC played a sample of the chord progression that would be used for the song. Then a white board was presented to write down the lyrics of the song. Andie volunteered to be the scribe for the group. The participants were then asked about the different emotions they had been feeling prominently over the last week.

Andie shared that she was feeling distant, frustrated, and hopeful. When asked to elaborate on her feelings, she stated that the distance she felt was in relation to her son's spirit, but also to her grief. She shared that her grief feels "far away", meaning it is still there, but not as in focus as it has been previously. Her frustrations came from being very irritable. She stated that she always feels on the edge of anger and has little patience. However, despite these two emotions, Andie also feels hopeful. She stated that she is trying to focus on loving her son, as well as her other two children and grandchildren.

Kathy shared that she has been feeling very melancholy. It has been hard for her family to be together because it just brings further attention to the absence of her son. She also stated that she feels like she lacks support in her everyday life, and that people have stopped asking her how she is doing with her grief or mentioning her son.

Together the clients and MT-BC worked together to work these feelings into the following lyric:

My words have no meaning
But the feelings are always there
My grief has travelled afar with you

I long for days of old where he used to be
Our family doesn't seem the same without him
With his song and laughter

Emotions tossed to and fro
I question what to do with this person I've become

But in spite of it all we go forward
Carrying their spirit by our side

After the lyrics were finished, the MT-BC then invited the participants to pick a percussion instrument to play during the song. The instruments available were a drum, a

triangle, a metallophone, and a tambourine. Andie chose the drum and the triangle, and Kathy chose the metallophone and tambourine. The song began with the MT-BC playing the chord progression she had played for the group at the beginning of the activity. The MT-BC then began singing the lyrics the group wrote, and both participants joined in with their chosen instruments.

After the song was finished, Andie shared that she thought it was very beautiful and Kathy agreed. Kathy also shared that she felt a lot of gratitude towards her remaining family and the time she did have with her son. Andie shared that while she is grateful for her other two children she is still struggling with feelings of anger towards her son, since he left his son without a father. She knew that not having a father around was a big stressor in his life, so she has trouble understanding how he could continue this cycle.

Lyric Analysis- Last Hope

The next activity was lyric analysis to the song *Last Hope* by Paramore. Both participants were given a copy of the lyrics to the song. During the session, the MT-BC's Bluetooth speaker ran out of battery, so the song was played directly from her iPad.

After the song played, Kathy shared that she had never heard it before. She shared that one part that really resonated with her was the second verse:

Every night I try my best to dream
Tomorrow makes it better
Then I wake up to the cold reality
And not a thing has changed

She shared that in general, she tries to be a very positive person, but it has been hard for her to remain positive when she wakes up every morning and is once again

reminded about the loss of her son. Kathy then shared that the line in the refrain “Gotta let it happen” helped remind her to let her feelings happen naturally. She also talked about the chorus which says:

It’s just a spark
But it’s enough to keep me going
And when it’s dark out, no one’s around
It keeps glowing

Kathy stated that her ‘spark’ is her faith that she will see her son again.

Andie shared that she resonated with the line “gotta let go of control.” She said that it is hard for her to imagine letting go of the pain from losing her son, because she fears that means she is forgetting him. This song also prompted memories of her final moments with her son. Her son had a history of drug abuse, and she and her son had gone through a counseling program together. During one of their sessions, Andie shared that her son had a fear of her thinking she was a bad son, and she tried to emphasize that he loved him no matter what. However, Andie still has a fear that he didn’t know how much she loved him. During his last moments at the hospital, Andie told her son that if he wanted to go he could and that she wouldn’t be angry with him and he passed shortly after that. Now whenever she does have those feelings of anger or being upset, she worries that his spirit will be able to sense it. Andie shared that her ‘spark’ is keeping her son’s memory alive and being there for the rest of her family.

Meditation and Art

The final two activities were combined for the sake of time. Both of the previous activities had prompted very in depth conversations, so the MT-BC did not want to cut them off prematurely. It was originally planned for the participants to listen to the

meditation, and then do an art activity with instrumental music playing in the background, but instead the participants did the art activity while listening to the meditation. The meditation was “A Meditation to Calm Your Heart” by Sura, found on Huffington Post’s website. The meditation featured a woman reading a script with calming instrumental music in the background. While listening to the meditation the participants worked on drawing their own mandalas. The MT-BC gave the participants a white sheet of paper with a blank circle printed on it and a box of crayons. The participants were instructed to draw a mandala while thinking of their ‘spark’. Both participants were very focused throughout the meditation.

After the meditation was complete they each shared their mandalas for the closing. Kathy had drawn a flower, with the center of the flower in the center of the mandala. She shared that nature was something that gave her hope and helped connect her to her spirituality. In her garden, Kathy has a rose bush that was given to her by her son, and it is just starting to bloom. This connection to her son helps give her peace.

Andie drew a yellow spark, surrounded by hearts, and two smiley faces. Along the edge of the circle she also drew burritos, which was her son’s favorite food. She stated that the possibility of being able to see her son again was a big spark of hope for her. She also stated that the hearts represented love, which she believes is a very powerful force.

Session Four

The room was set up the same way as previous sessions, with all of the chairs put in a circle. There was also a group of percussion instruments to be used during the

improvisation activity, as well as a stack of magazines, poster boards, glue sticks, and scissors to make vision boards. All three participants were in attendance for the session.

Introduction

During the introduction, Kathy shared that she had enjoyed a good Easter weekend with her family. However, she also stated that it is hard to celebrate holidays with her family, because it highlights the void of her son. Kathy stated that she does find solace in her religious beliefs and the belief that her son is at peace and that they will be reunited in Heaven.

Sophia had been having a rough week. She expressed that her energy levels have been very low. She was able to make it through the work day, but as soon as she gets home she becomes overwhelmed with exhaustion.

Andie had also been having a rough week. She expressed a lack of motivation in her daily activities. One of her son's friends shared on Facebook that she was feeling depressed, so Andie was very worried about her and got in touch with her mother. Andie was glad that she was able to help her son's friend get help, but also sad that his friend was struggling. Andie also expressed that driving to the location of the sessions was difficult for her because her son used to walk around in the area, so it brought up memories of him.

Improvisation

The group revisited the improvisation activity that they completed the first week of sessions where they choose instruments to represent their current stage of grief. The MT-BC presented the group with a paddle drum, jingle bells, egg shakers, a vibraslap, a

ratchet, a cabasa, a triangle, and woodblocks. The MT-BC played a repeating rhythm on the drums, while the participants could choose instruments to play to represent their recent emotions. The activity went on for about five minutes before the MT-BC counted off to end the activity.

Throughout the improvisation Kathy played the drum, the woodblocks, the jingle bells, and the vibraslap. After the improvisation ended, Kathy asked what the purpose of the activity was. The MT-BC replied that it can be helpful to think about emotions in a more abstract way and that playing music can be a positive way to release emotions. Kathy expressed understanding and agreed that it was a good release for her.

Sophia played the cabasa, the ratchet, the paddle drum, and the egg shakers. After the improvisation was over, she expressed she often got caught trying to be in time with the beat the MT-BC was playing. However, she also enjoyed the improvisation because she it gave her a chance to not think and just play.

Andie chose the paddle drum, the vibraslap, and the triangle during the improvisation. During the verbal processing afterwards she stated that the improvisation helped her identify that she was feeling angry, because she kept picking instruments that she got to hit. She stated that her anger was pointed towards the universe and the fact that some people who have suicidal thoughts or attempt suicide are able to be saved, but her son wasn't. She has been experiencing conflicting emotions, because she's glad that she is able to share her experience to help other people, but she resents having that experience in the first place.

Lyric Analysis- Times Like These

The next activity was lyric analysis to the song, *Times Like These*, by the Foo Fighters. Each participant received a copy of the lyrics and the song was played on a Bluetooth speaker via Spotify Premium.

Kathy expressed that she had never heard the song before. In general, she felt like the song's message was to not give up after hard times. She also felt like the lyrics highlighted how grief is a solitary experience, and that it's something that must be worked through on an individual level. She also stated that the line, "I'm a new day rising", was very inspiring.

Sophia shared that she felt like the song talked about how there is darkness in life, but that the light comes back again. She also shared she felt like the song was about new beginnings and learning to live after experiencing hard times.

Andie became very emotional during the song. She shared that she connected with the phrase, "I am a street light shining, I'm a white light blinding bright, burning on and off." She shared since her son's death she's felt like she has become a beacon for people who are struggling with suicide, whether in their own life or with a family member. She shared that it can be both a blessing and a curse. Andie also stated that she felt the song was about conflicting emotions. She also resonated with the line "I am a little divided. Do I stay or run away and leave it all behind?" She shared that she has seriously been contemplating picking up and moving away for a few years, but doesn't want to be away from her remaining children.

Meditation

The MT-BC read a meditation about new beginnings, adapted from Meditation for a Happy New Year while playing a recording titled *Meditation for the 7 Chakras*, a recording of singing bowls. All of the participants engaged in the short meditation.

Vision Boards

After the meditation, all of the participants engaged in making vision boards about what they want out of the next year while *Meditation for the 7 Chakras* continued to play in the background. The MT-BC provided the participants with poster boards, magazines, glue sticks, and scissors. The participants could look through the magazines for phrases and images that they would want to include on their vision board.

Kathy shared that the counselor she saw immediately after her son's death had wanted her to make a vision board as an assignment, but she never got around to it. Kathy's vision board included quotes like "Keep walking towards hope," "Change your perspective," and "I am true, I am alive." She also included pictures of nature, an airplane, and a couple. She shared that she and her husband would be going on a trip to China and she was excited for more travel in her life, and also that she wants to focus on rekindling her relationship with him. She shared that she planned to send a picture of her vision board to her old counselor.

Sophia expressed enjoying the activity. Her vision board included quotes like "The future is bright," "It's going to be okay," "A most precious gift," and "Protect the people you love." She also included images of nature, hearts, children, and shoes. Additionally, she included pictures of cell phones, because they reminded her of her

father and how he had a hard time working cell phones, which was a funny memory for her. She shared that in general she wanted to focus on the simple joys in life, like her love of shoes and having a comfortable bed to come home to.

Andie expressed some frustration with not knowing what to put on her vision board, but was able to make one she was happy with. She included quotes like, “The sky is the limit,” “Life goes on, just go with the flow,” and “Celebrate here.” She also included images of the sun, the moon, nature, and gardening, which she had previously shared was a favorite pastime of hers. Andie also included a flamingo because she thought it was funny, and realized that it reminded her of a chicken that her son used to doodle on his school notebooks.

All of the participants got caught up working on their visions boards, so the session went over by about twenty minutes. At the end of the session each participant thanked the music therapist, and the participants asked each other what support groups they normally attended in the hopes of reconnecting in the future.

Posttreatment

Following the final session, the participants were sent a follow up survey about their music therapy experience. The survey consisted of the following four questions, as well as a space to write any additional comments:

1. How did the setting and music activities meet your needs? Were there any activities that stood out to you as particularly helpful?
2. Each therapist uses a unique style when working with clients; do you have any feedback or recommendations for the music therapist?

3. As a first music therapy experience, do you feel like this is something you'd like to continue?
4. Would you recommend music therapy to other survivors of suicide? Or people in general, who may be in need of support?

All three participants completed the follow up survey within five days of the final session. For the first questions Kathy stated that her favorite activities were writing the song parody of *Fire and Rain* and creating a vision board. Andie listed a much broader list of activities that she found helpful. In her own words, "Music activities created a way for me to process and define my feelings. Handling the instruments was awkward at first but helpful in releasing the emotion I felt. Creating a song of beauty from raw, painful emotions was particularly helpful. Listening and reading lyrics that hit core emotion and grief were also effective in defining - by putting words to - my pain." Sophia stated that she enjoyed the lyric analysis activities and that it was helpful for her to relate to the songs provided.

For the second question, Kathy suggested journaling to beautiful piece of music, which took place in the session from which she was absent. She also suggested having a more concrete list of activities that the participants could do at home to use music as a coping tool. Andie stated that she felt that the MT-BC created a "safe, peaceful setting which allowed me to express freely" and did not have any recommendations for the MT-BC. Sophia suggested a more in depth overview of what music therapy is and what to expect during the first session. She also stated that she enjoyed the relaxed atmosphere and the feedback from the MT-BC during discussions.

All of the participants were unsure whether they would continue with music therapy in the future; however, they each stated that they would recommend music therapy to other survivors of suicide. Andie also stated that she would recommend music therapy to any people who relate to music or have difficulty to process in “conventional” ways. Sophia shared that she felt the music activities helped her to uncover feelings that may not have otherwise surfaced. She also shared that she felt music therapy would be beneficial to her son with special needs, and thanked the MT-BC for working with the group. Additionally, Kathy shared, “There is a great need for creative ways to deal with suicide grief...feelings which are more complicated than most people realize. I see enormous potential for Alexis to fill this void and look forward to seeing how this study may spark a movement!” Andie also emailed the MT-BC following the last session and said, “Thank you so much for letting me be your guinea pig. I enjoyed every minute, even though it was a little hard at times.”

Quantitative analysis

All of the participants also completed the Inventory of Traumatic Grief (Prigerson, 2001), as a pre and post test for this study. This inventory was chosen based on the high rate of traumatic grief among survivors of suicide, as well as for the length, reliability, and validity of the inventory. The ITG asks respondents to reflect on their feelings over the past month and answer 30 multiple choice questions with 5-point Likert scale responses, as well as two fill in the blanks, a yes or no question, and one short answer question.

The inventory is scored according to five criteria laid out by the study creators. The first criteria, or rather prerequisite for taking the ITG, is experiencing the death of a significant other. The next criteria is separation distress, which is identified by answering at least three of five specific questions as “Often” or “Always.” The third criteria is traumatic distress, measured by answers of “Often” or “Always” for six of twelve specific questions. The fourth criteria is to have the feelings identified last longer than two months, and the final criteria is experiencing severe or extreme impairment in social, occupational, or other areas of functioning. The participants score of all thirty multiple choice questions, using a Likert scale of 1-5, where 1 = Never and 5 = Always.

The reliability and validity of this inventory was tested by Boelen et al (2003). Using Cronbach’s α , the researchers found an internal consistency of $\alpha = .94$, which shows a high reliability of the ITG. They also found that the Cronbach’s α score did not increase with the omission of a single item in the inventory. Additionally, Boelen et al found the ITG to be a statistically valid inventory in terms of construct, concurrent, and discriminative validity. To test construct validity, scores on the ITG were compared with Beck’s Depression Inventory (BDI) and the Texas Revised Inventory of Grief (TRIG). The TRIG was designed to measure the more benign symptoms of grief, so the researchers predicted there would be a higher correlation between scores on the ITG and the BDI than the TRIG and the BDI, which proved true in their results. In that same vein, the concurrent validity was tested by again comparing scores on the ITG with the BDI, as well as the Symptom Checklist (SCL- 90). The ITG was found to be significantly associated with the psychopathology measures found in the BDI and SCL- 90. Finally,

the ITG was found to have discriminative validity. The researchers expected to be able to tell which participants had experienced the death of a loved one through unnatural causes, such as suicide, accident, or homicide, and which had lost a significant other to natural causes, such as disease or old age. As expected, the participants who had lost their loved one to unnatural causes had significantly higher scores than those who had experience loss to natural causes, which also supports the idea that unnatural losses can lead to maladaptive grief reactions.

Pretest

The week prior to the sessions beginning all of the participants completed the Inventory of Traumatic Grief. Andie was the only participant that met all five criteria for traumatic grief. She answered all five items for separation distress as “Always,” met ten of the twelve items for traumatic distress, had been experiencing these feelings for the entirety of the nine months since her son had died, and reported an extreme impairment in functioning. The average score of her test was 3.56. Kathy met three of the five criteria for traumatic grief, including experiencing the death of a significant other, having her feelings last longer than 2 months, and reporting extreme impairment. Her average of all the questions was 2.30. Sophia met two of the five criteria, experiencing the death of a significant other and having her feelings last longer than two months. However, she did not mark any of the items for separation or traumatic distress higher than “Sometimes,” and only reported mild functional impairment. Her average score of the inventory was 2.00.

Posttest

Following the final session, the participants once again took the inventory of traumatic grief. During the posttest, Andie met three of the five criteria; experiencing the death of a loved one and having the feelings for longer than two months. She also met the criteria for separation distress, answering three of the five items as “Often” or “Always,” which was the minimum requirement for that area. For traumatic distress, Andie met five of the twelve items, which was just under the requirement of six for that criteria. Her average score of the posttest was 3.23. Kathy met two of the five criteria for traumatic grief, including the death of a significant other and experiencing these feelings for longer than two months. She met one of the five items for separation distress, and did not meet any of the criteria for traumatic distress. Her average score of all the questions was 2.03. Sophia’s results of the posttest stayed constant with her pretest. The only criteria she met was experiencing the death of a significant other and having her feelings last longer than two months. Her average score remained 2.00. The scores and averages of the participants pre and post test scores are summarized in table 1.

Table 1

Pre and Post test scores of the Inventory of Traumatic Grief

Participant	Pretest Score	Pretest Average	Posttest Score	Posttest Average
Kathy	69	2.30	61	2.03
Sophia	60	2.00	60	2.00
Andie	107	3.57	97	3.23

Chapter 5

DISCUSSION

The findings of this study indicate that music therapy could be an effective support tool for survivors of suicide. The participants gave positive feedback throughout the sessions, as well as in the follow up surveys. While this study was not able to find statistically significant results with the Inventory of Traumatic Grief due to the small sample size, two of the participants reported a decrease in maladaptive grief symptoms between the pre and posttest.

The results of the Inventory of Traumatic Grief, while not significant, were consistent with the original hypothesis that short term music therapy would decrease scores on the ITG. The most notable change in scores was with Andie, who was the only participant that met all five criteria for traumatic grief on the pretest. At the time of the posttest she rated a majority of the items as “Sometimes,” and the amount of items she met for traumatic distress was cut in half from pre to post test. While she did still have a high score on the ITG, her score had lowered 10 points between pre and posttest and she no longer met the criteria for traumatic grief according to the ITG. Kathy also experienced a decrease in scores between the pre and posttest, although she did not meet the criteria for traumatic grief at the time of the pretest. In her posttest results there were only two items she marked as “Often,” and the rest were all marked as “Sometimes,” “Rarely,” or “Never.” Sophia’s test scores remained constant between the pre and posttest. While some of her individual answers shifted higher or lower between the pre and posttest, she scored 60 on both tests. This could also be counted as a success, because

her results did not get worse in the month she attended the music therapy sessions. Sophia was also the participant who had experienced her loss closest to the time of the start of the group, her father passing about three months prior. Perhaps this early intervention could prevent Sophia's grief from escalating to traumatic, but it's impossible to say without further contact.

Throughout the study all of the interventions seemed to engage the participants in different ways. However, it appeared to the therapist that the most effective interventions were those that offered the participants a way to be engaged creatively. Each session included an improvisational intervention that allowed the participants to explore different topics, such as the stages of grief, through playing different instruments. On two separate occasions, participant Andie stated that an improvisation activity helped her uncover emotions that she did not realize she was having. The improvisation activities seem to work as an icebreaker for the participants and helped to move the participants into a space where they felt more comfortable sharing with each other. All of the sessions but the second began with some type of improvisational activity after the verbal check in. In those three sessions, the participants seemed more engaged in the session as a whole, as well as more willing to share and participate in activities that were more discussion based. While it's not possible to say for sure if the change in the order of interventions during the second session caused the shift in tone, the following two sessions, which did begin with an improvisation activities, seemed to flow much more smoothly and organically. Creative activities such as songwriting, writing to music, and making a vision board had very positive results with all three participants. Through these types of

activities, the participants were able to explore and process their emotions and experiences surrounding the death of their loved one by suicide. Participant Kathy shared in the follow up survey that her favorite interventions were writing a song parody to *Fire and Rain* in the first session, and making a vision board in the final session. At the end of the final session, all of the participants shared that they really enjoyed making the vision boards and that they thought it was a good way to end the sessions altogether. The original song writing activity also received positive feedback from the clients. Sophia was absent from the session that this activity took place in, and the following week Kathy and Andie told her about how much they had enjoyed that activity. They asked the music therapist if she would be able to record the song and send it to the group so that they could have it to listen to.

This group continued to support the research on the nature of grief. While the group was brought together due a similar experience, all of the participants experienced grief very differently, however there were still some common themes that emerged throughout the sessions. One topic that came up on multiple occasions was guilt over their loved one's suicide. While all three participants expressed feeling guilty at some point throughout the sessions, this seemed to be an especially prevalent feeling for Kathy and Andie, who had both experienced the loss of a child. These emotions were processed through various improvisation activities, as well as with the reframing chant, to give the participants a way to challenge those feelings of guilt. Another common theme that emerged was the shift in family dynamic following their loss. Easter occurred while the sessions were going on, and at the following session all of the participants shared that it

had been a difficult day due to the absence of their loved one. While all of the participants had different family situations, during the verbal check in they each expressed difficulty not being able to talk to or be with their loved one during the holiday. This feeling also emerged in the song parodies the participants wrote and during lyric analysis discussions. Interestingly enough, another common theme that emerged was hope. All of the participants expressed a desire to be able to look towards a future where they felt joy and their life was no longer consumed with grief. While no one went into specific details, each participant expressed finding a sense of comfort in their belief system and the hope that they would be able to see their loved one again in the afterlife. Additionally, Andie and Kathy both expressed finding comfort and hope in nature. The topic of hope became the theme of the refrain in the original song Andie and Kathy wrote, and all three participants included images and quotes they considered hopeful in their vision boards.

Throughout each session the participants formed a very supportive environment with each other. There were many words of encouragement given between participants when others were experiencing a heavy emotional release during the sessions, as well as the participants sharing tips about things that worked for them as a coping tool. The participants seemed to be invested in hearing about each other's personal lives. During the verbal check in the participants would often share if they had any events, whether positive or negative, coming up in the next week and during the following sessions they would be asked by another participant how the event went. One example of this is in the first session when Kathy shared that she would be going to visit her son's goats, which

had been donated a local petting zoo. The next time she was at a group, Andie and Sophia followed up and asked her how the visit had gone. Due to the shared experience of a suicide loss, the group seemed to have a common understanding of how difficult days like that can be, even though it may not seem like a big event to an outsider of the survivor community. After the final session all of the participants exchanged hugs with each other and the therapist, and made plans to try and attend the same support groups in the future.

While there were many successes throughout the course of this group, there were also some challenges faced. One of the main challenges was the wide variance in time since each of the participants' loss. Sophia had only experienced the loss of her father three months prior to the start of the sessions, whereas Kathy had already passed the first anniversary of her son's death, and Andie was only a few months away from the first anniversary. While grief follows a different road map for each person, there are certain pit stops, such as anniversaries, which cannot be avoided, even though they may be handled differently by different individuals. Andie expressed a lot of anxiety about the upcoming anniversary of her son's death, which Kathy could relate to, but Sophia, who expressed still feeling shock over her father's death, had not even begun to think about the anniversary yet. However, the time discrepancy between members of the group also allowed for those who had been survivors longer to give words of encouragement and understanding, as well as tips for handling the tough grief days.

It was also difficult to predict how each participant would be doing emotionally each week and what interventions they would connect with. This was especially apparent

in the final sessions. All of the participants had experienced a rough week since the last session and expressed many negative emotions during the verbal check in. This somewhat surprised the MT-BC, who had rather naively envisioned the final group having a distinct difference between their emotions in the first and last groups, only to find many of the same emotions expressed. While the group was able to process these emotions and end on a high note, it was a good reminder to the MT-BC on the somewhat unpredictable nature of grief.

Another challenge was the fact that two of the participants had lost children while the other had lost a parent. While they all did their best to empathize with each other, Andie and Kathy shared an understanding that comes along with losing a child, which was further strengthened during the session that was just the two of them. While no suicide loss is the same, those commonalities in the person that was lost can help foster understanding. If the group had more participants, it would not have been as much of a challenge, but since there were only three participants, the MT-BC took special care to make sure that Sophia was included in all of the discussions and activities.

A final challenge was that the music therapist had attended the same support group as one of the participants. While they had not had any contact outside the support group prior to the study beginning, those experiences did give the music therapist more insight into that participant's experience compared to the others. Additionally, that participant had been able to hear about the therapist's grief journey in the immediate aftermath of her loss, so it could have compromised the therapist's credibility in that participant's eyes.

Limitations of the Study

There were many limitations that became apparent throughout this study. A main limitation was time constraints. Due to deadlines it was only possible to do four sessions with the participants, when initially the researcher had wanted to have at least eight sessions. While group cohesion did not seem to suffer due to the shortness of the group, it did make it difficult when participants were absent from the sessions. Of the four weeks, there were only two sessions that had all three participants, and only one participant made it to all four sessions.

Another limitation of the study was sample size. Due to the limited number of participants there was a small experimental group and it was not possible to have a control group. This made it impossible to achieve statistically significant results, whether positive or negative.

A final limitation was the use of the pre and posttest model. The results of the posttest must be taken with caution due to potential reporting bias. Throughout the sessions the MT-BC and the participants developed a bond based on their shared experience of suicide loss. While efforts were made to maintain an appropriate therapist-client relationship, a closeness came from the clients sharing intimate details about their grief experience that they may have been unable to share elsewhere. This may have caused the participants to answer items on the ITG as less severe than they really were to achieve a lower score, therefore showing better results for the researcher. While this is done with good intentions on the part of the participants, it could cause results to not be as accurate.

Suggestions for Further Research

Limitations of the study aside, this study does lay groundwork for future research. There are many potential directions the research could go, the first being able to conduct a true pretest/posttest control group experiment. It would then be interesting to compare the effectiveness of music therapy with the support groups for survivors of suicide, as well as with other types of therapy. Within music therapy, it would also be interesting to test the effectiveness of different theoretical approaches, such as psychodynamic or guided imagery and music, to see if a specific approach is more effective than others. Additionally, it could be beneficial to compare music therapy groups for other types of bereavement to survivors of suicide to determine if there is a statistical difference between those populations.

The length of the study could be another area of research. While participants in this four-week group reported positive changes, could a single session be impactful? What about an 8-12-week group? Additionally, it could be helpful to look at the long term impact of music therapy following the end of a survivor of suicide group. While there would be many variables to control for, it could still be beneficial to see if the changes that occur over the course of a music therapy group continue after the sessions have concluded.

Another area that requires further research is with survivors of suicide that are male. In this study all the people that expressed interest and were eventual participants identified as females. However, men are just as likely to be affected by suicide loss. There are many cultural and societal expectations that give insight as to why male

survivors would be reluctant to seek treatment, so research on how music therapy could bridge the gap is very important, especially when you consider the fact that men die by suicide at a higher rate and suicide survivors are at a higher risk of suicide.

While this study was open to adult survivors of suicide who had experienced their loss within the last three years, it would also be interesting to control for certain variables in the group. It could be more beneficial to have a music therapy group specifically for people who lost their parents, another for people who lost their children, and another for widows and widowers, and so on. Alternatively, it could be beneficial to group participants by the date of their loss and have people who experienced a loss within the last year in one group, and people who experienced loss between one and two years in another group, and so forth.

After more extensive research has been conducted with adult survivors of suicide, it could then be beneficial to complete research with children and teens who are survivors of suicide loss. Children and adolescents typically have positive responses to music therapy, so it could be a very beneficial support in this situation since there are so many complex emotions that accompany being a survivor of suicide, which can then be compounded by age.

As the initial study on the subject of music therapy for survivors of suicide this study has carved a path for many future research studies. To an outsider, support for survivors of suicide may seem like only treating a symptom of a much deeper issue. However, until searching for treatment and cures for mental illnesses is treated with the same reverence as treating other illnesses, such as heart disease or cancer, people will

continue to die by suicide and new members of the survivor community will be initiated. Suicide is a multifaceted issue that has many potential areas of interventions, from awareness and education of mental illness, to prevention of suicide in high risk populations, to trauma care in the event of a suicide attempt, and postvention in the aftermath of a death by suicide. Music therapy currently has a presence in awareness, prevention and trauma care. Now it is time to deepen the field's understanding of the effects of suicide and how to include music therapy in postvention efforts.

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APPENDIX A
CONSENT FORM

Consent Form

Title of research study: Music Therapy for Survivors of Suicide

Investigators: Alexis Edmonds, Robin Rio

Why am I being invited to take part in a research study?

We invite you to take part in a research study because you designated that you experienced a suicide loss within the last three years and are interested in music therapy as a tool for the healing process.

Why is this research being done?

Within the field of music therapy, there has been research on the benefits of music therapy for those who are grieving, as well as those who have experienced trauma. However, there has not been any research specifically on the survivor of suicide population. It is the belief of the researchers that music therapy could be a positive tool for survivors of suicide to work through their feelings of grief.

How long will the research last?

We expect that individuals will spend 4-6 weeks participating in the proposed activities.

How many people will be studied?

We expect 10-20 people will participate in this research study.

What happens if I say yes, I want to be in this research?

If you agree to participate in this research study you will be randomly assigned to one of two groups. The first group, the experimental group, will receive weekly music therapy sessions for 4-6 weeks, while the second group, the control group, will not receive any treatment. The music therapy sessions will be 1.5 hours in length and consist of a mixture of lyric analysis, songwriting techniques, improvisation, and relaxation activities. All music therapy sessions will be audio recorded so that the researcher can take accurate notes. These recordings will be stored on a password protected computer and deleted at the conclusion of the study.

Prior to and after the six weeks of sessions, all participants will fill out the Inventory of Traumatic Grief, a survey about their grief symptoms, and the results will be compared between the two groups, as well as between the pre and post test scores.

All participants in the control group will be offered their own music therapy group after the study is concluded. This group will be completely voluntary to the participants

originally in the control group, and consist of the same activities that the experimental group participated in, though no data will be collected.

You are free to decide whether you wish to participate in this study. Additionally, I would like to audio record the sessions, please let me know if you do not want to be recorded, you can change your mind after the sessions start just let the researchers know.

What happens if I say yes, but I change my mind later?

You can leave the research at any time it will not be held against you.

Is there any way being in this study could be bad for me?

This study will be comprised of group therapy sessions for survivors of suicide. Due to the nature of the topic, sessions may include triggering content.

Also due to the group nature of the sessions confidentiality cannot be guaranteed outside of the sessions since there will be multiple participants, however all reasonable actions will be taken to maintain confidentiality.

Will being in this study help me in any way?

We cannot promise any benefits to you or others from your taking part in this research. However, possible benefits include a safe space to discuss feelings of grief following the death of a loved one by suicide, decrease in depressive symptoms, increase in self-expression, and an increase in relaxation.

What happens to the information collected for the research?

Your participation will be kept confidential by the researchers. All session notes, audio recordings, and survey results will be kept on a password protected computer. Participant data will be tracked using a master list with participants' first names only. The master list will be kept in a secure file, separate from the rest of the study data upon data analysis at which point it will be destroyed. The results of this study may be used in reports, presentations, or publications, but a pseudonym will be used in place of your real name.

Who can I talk to?

If you have questions, concerns, or complaints, talk to Professor Robin Rio, robin.rio@asu.edu

This research has been reviewed and approved by the Social Behavioral IRB. You may talk to them at (480) 965-6788 or by email at research.integrity@asu.edu if:

- Your questions, concerns, or complaints are not being answered by the research team.
- You cannot reach the research team.
- You want to talk to someone besides the research team.
- You have questions about your rights as a research participant.
- You want to get information or provide input about this research.

Signature

Your signature documents your permission to take part in this research.

Signature of participant

Date

Printed name of participant

Signature of person obtaining consent

Date

Printed name of person obtaining consent

APPENDIX B
SURVEY INSTRUMENTS

Inventory of Traumatic Grief
ITG

Items

Please mark the box next to the answer that best describes how you have been feeling over the past month. The blanks refer to the deceased person over whom you are grieving.

Almost never = less than once a month
Rarely = once a month or more, less than once a week
Sometimes = once a week or more, less than once a day
Often = once every day
Always = several times every day

1. The death of _____ feels overwhelming or devastating.

Almost never
Rarely
Sometimes
Often
Always

2. I think about _____ so much that it can be hard for me to do the things I normally do.

Almost never
Rarely
Sometimes
Often
Always

3. Memories of _____ upset me.

Almost never
Rarely
Sometimes
Often
Always

4. I feel that I have trouble accepting the death.

Almost never
Rarely
Sometimes
Often
Always

5. I feel myself longing and yearning for _____.
- Almost never
 - Rarely
 - Sometimes
 - Often
 - Always
6. I feel drawn to places and things associated with _____.
- Almost never
 - Rarely
 - Sometimes
 - Often
 - Always
7. I can't help feeling angry about _____'s death.
- Almost never
 - Rarely
 - Sometimes
 - Often
 - Always
8. I feel disbelief over _____'s death.
- Almost never
 - Rarely
 - Sometimes
 - Often
 - Always
9. I feel stunned, dazed, or shocked over _____'s death.
- Almost never
 - Rarely
 - Sometimes
 - Often
 - Always
10. Ever since _____ died it is hard for me to trust people.
- No difficulty trusting others
 - A slight sense of difficulty
 - Some sense
 - A marked sense
 - An overwhelming sense

11. Ever since _____ died I feel like I have lost the ability to care about other people or I feel distant from people I care about.
- No difficulty feeling close or connected to others
 - A slight sense of detachment
 - Some sense
 - A marked sense
 - An overwhelming sense
12. I have pain in the same area of my body, some of the same symptoms, or have assumed some of the behavior or characteristics of _____.
- Almost never
 - Rarely
 - Sometimes
 - Often
 - Always
13. I go out of my way to avoid reminders that _____ is gone.
- Almost never
 - Rarely
 - Sometimes
 - Often
 - Always
14. I feel that life is empty or meaningless without _____.
- No sense of emptiness or meaninglessness
 - A slight sense of emptiness or meaninglessness
 - Some sense
 - A marked sense
 - An overwhelming sense
15. I hear the voice of _____ speak to me.
- Almost never
 - Rarely
 - Sometimes
 - Often
 - Always
16. I see _____ stand before me.
- Almost never
 - Rarely
 - Sometimes
 - Often
 - Always

17. I feel like I have become numb since the death of _____.
- No sense of numbness
 - A slight sense of numbness
 - Some sense
 - A marked sense
 - An overwhelming sense
18. I feel that it is unfair that I should live when _____ died.
- No sense of guilt over surviving the deceased
 - A slight sense of guilt
 - Some sense
 - A marked sense
 - An overwhelming sense
19. I am bitter over _____'s death.
- No sense of bitterness
 - A slight sense of bitterness
 - Some sense
 - A marked sense
 - An overwhelming sense
20. I feel envious of others who have not lost someone close.
- Almost never
 - Rarely
 - Sometimes
 - Often
 - Always
21. I feel like the future holds no meaning or purpose without _____.
- No sense that the future holds no purpose
 - A slight sense that the future holds no purpose
 - Some sense
 - A marked sense
 - An overwhelming sense
22. I feel lonely ever since _____ died.
- Almost never
 - Rarely
 - Sometimes
 - Often
 - Always

23. I feel unable to imagine life being fulfilling without _____.
- Almost never
 - Rarely
 - Sometimes
 - Often
 - Always
24. I feel that a part of myself died along with the deceased.
- Almost never
 - Rarely
 - Sometimes
 - Often
 - Always
25. I feel that death has changed my view of the world.
- No sense of a changed world view
 - A slight sense of changed world view
 - Some sense
 - A marked sense
 - An overwhelming sense
26. I have lost my sense of security or safety since the death of _____.
- No change in feelings of security
 - A slight sense of insecurity
 - Some sense
 - A marked sense
 - An overwhelming sense
27. I have lost my sense of control since the death of _____.
- No changings in feelings of being in control
 - A slight sense of being out of control
 - Some sense of being out of control
 - A marked sense
 - An overwhelming sense
28. I believe that my grief has resulted in significant impairment in my social, occupational or other areas of functioning.
- No functional impairment
 - Mild functional impairment
 - Moderate
 - Severe
 - Extreme

29. I have felt on edge, jumpy, or easily startled since the death.

No change in feelings of being on edge

A slight sense of feeling on edge

Some sense

A marked sense

An overwhelming sense

30. Since the death, my sleep has been

Basically okay

Slightly disturbed

Moderately disturbed

Very disturbed

Extremely disturbed

31. How many months after your loss did these feelings begin?

____ months

32. How many months have you been experiencing these feelings?

____ months (0 = never)

33. Have there been times when you did not have pangs of grief and then these feelings began to bother you again?

Yes

No

34. Can you describe how your feelings of grief have changed over time?

35. If interviewer-administered, does rater consider this respondent to have syndromal level Traumatic Grief?

Yes

No

36. Does respondent meet the following criteria for Traumatic Grief?

Criterion A1

- The death of a significant other is a prerequisite for completion of the ITG.

Criterion A2

Separation Distress: at least 3 of the 5 following symptoms must be greater than or equal to 4 (“often,” “very,” or “marked”).

- Q2, Q3, Q5, Q6, Q22

Criterion B

Traumatic Distress: at least 6 of the 12 following symptoms must be greater than or equal to 4.

- Q4, Q7, Q8, Q9, Q11, Q13, Q14, Q17, Q19, Q21, Q23, Q26

Criterion C

- Q32 is greater than 2 months.

Criterion D

- Q28 is greater than or equal to 4 (“severe”).

SOS Music Therapy Group Follow Up Survey

1. How did the setting and music activities meet your needs? Were there any activities that stood out to you as particularly helpful?
2. Each therapist uses a unique style when working with clients; do you have any feedback or recommendations for the music therapist?
3. As a first music therapy experience, do you feel like this is something you'd like to continue?
4. Would you recommend music therapy to other survivors of suicide? Or people in general, who may be in need of support?
5. Additional comments:

APPENDIX C
SESSION PLANS

*Please note that these were outlines of the group for the MT-BC and the order of activities may have changed during the session or may have taken longer or shorter than the predicted amount of time.

SOS Music Therapy Group, Session 1, March 10th, 2016

Goals:

- Lesson symptoms of depression/traumatic grief
- Integrate their loved ones suicide into their life story & reenter society

Session Objectives:

- All participants will share during the check in time
- All participants will play at least one instrument during the improvisation activity
- All participants will write at least one verse during the songwriting activity
- All participants will participate in the meditation activity

Interventions:

Introduction & Check- In (7:00-7:20)

- The MT-BC will lead an introduction to the group, laying down ground rules such as: what happens in group stays in group, listen when others are sharing, be respectful of others religious/spiritual beliefs, please at least try to participate in each activity
- Then clients will be asked to share their name, who they lost, and when.
- Client will also be asked about their expectations for the group

Improvisation- Stages of Grief (7:20- 7:40)

- The clients will be presented with five groups of instruments and as a group will assign one of the stages of grief (denial, anger, bargaining, depression, and acceptance)
- While the therapist plays a steady beat on the drum, the clients will be able to switch between the instruments freely to demonstrate their grief experience
- Once the improvisation comes to an end the group will verbally process the improvisation and where they feel they are in their grief journey

Lyric Analysis- Fire and Rain (7:40- 7:55)

- The MT-BC will play the song "Fire and Rain" for the group
- After listening to the song, the client's will be asked their initial reactions to their song and have a discussion about the song

Songwriting- Fire and Rain (7:55-8:15)

- After the lyric analysis discussion, the participants will then have time to rewrite the verses of the song and talk about their own experience
- After they have completed at least one verse, the participants will have the opportunity to share with the group

Meditation (8:15- 8:30)

- Participants will be asked to get comfortable either lying down or sitting
- The MT-BC will then turn on “Meditation for the 7 Chakras” and Joan Halifax’s grief meditation (end at 9:18)
- At the conclusion of the meditation, the group will process how it made them feel and anything that came up during the meditation.

Closing

- Each participant will share a positive memory with their loved one

SOS Music Therapy Group, Session 2, March 17th, 2016

Goals:

- Lesson symptoms of depression/traumatic grief
- Integrate their loved ones suicide into their life story & reenter society

Session Objectives:

- All participants will share during the check in time
- All participants will share at least one statement during the lyric analysis activity
- All participants will participate in the meditation activity
- All participants will play for at least a 15 second solo during the drum circle

Interventions:

Introduction & Check- In (7:00- 7:15)

- The MT-BC will lead a verbal check in with all of the participants
- After the verbal check in the MT-BC will lead the group in a deep breathing exercise while playing a steel tongue drum

Lyric Analysis- Days of Plenty (7:15- 7:30)

- Each participant will be given a copy of the lyrics for “Days of Plenty”
- The MT-BC will play the song “Days of Plenty” for the group
- After listening to the song, the client’s will be asked their initial reactions to their song and have a discussion about the song and how to honor lost loved ones

Meditation (7:30- 7:50)

- Participants will be asked to get comfortable either lying down or sitting
- The MT-BC will then turn on <http://www.meditationoasis.com/podcast #26>
- At the conclusion the group will discuss any thought and/or feelings that came up during the meditation

Rhythmic Improvisation (7:50- 8:10)

- Each participant will be given a djembe and an introduction on how to properly hold and play the instrument.
- As a group everyone will play a steady beat
- Then in succession each participant will have a turn to state one emotion or false thought they would like to get rid of (ex: It’s my fault my son died) and then play that emotion
- After each participant has a turn then there will be a group discussion on how to reframe negative/untrue thoughts

Reframing Chant (8:10-8:20)

- The MT-BC will present the topic of reframing to the group
- The group will then make a chant with the following questions, “Is it real? Is it compassionate? Is it constructive?”

Closing (8:20- 8:30)

- Each participant while share one thought they plan to use the reframing technique on within the next week

SOS Music Therapy Group, Session 3, March 24th, 2016

Goals:

- Lesson symptoms of depression/traumatic grief
- Integrate their loved ones suicide into their life story & reenter society

Session Objectives:

- All participants will share during the check in time
- All participants will write at least one line during the songwriting activity
- All participants will participate in the meditation activity

Interventions:

Introduction & Check- In (7:00- 7:15)

- The MT-BC will lead a verbal check in with all of the participants
- All the participants will have a chance to share how they have been since the last meeting and if they've had any progress with reframing their thoughts

Songwriting- The Blues (7:15- 7:45)

- The MT-BC will lead a discussion about the ways that grief and loss have affected each participants life
- The group will then work together to write a blues song about these feelings
- Each participant will have the chance to contribute a line or verse, as well as play a percussion instrument of their choice while the MT-BC accompanies on the guitar

Lyric Analysis- Last Hope (7:45-8:00)

- The MT-BC will play the song "Last Hope" for the group
- After listening to the song, the client's will be asked their initial reactions to their song and have a discussion about the song
- The client's will then be asked to think about their 'spark' or the things that give them hope

Meditation/Art to Music (8:00-8:30)

- The MT-BC will play a meditation for the group
- The group will be asked to listen to the meditation (http://www.huffingtonpost.com/sura-flow/guided-meditation_b_2501030.html)
- After the meditation there will be a short verbal processing activity
- The participants will then be given paper and art supplies and be asked to write a list or draw items that give them hope
- As a closing each person will share one thing that gives them hope with the group

SOS Music Therapy Group, Session 4, March 31st, 2016

Goals:

- Lesson symptoms of depression/traumatic grief
- Integrate their loved ones suicide into their life story & reenter society

Session Objectives:

- All participants will share during the check in time
- All participants will play at least one instrument during the improvisation activity
- All participants will share during the lyric analysis activity
- All participants will participate in the meditation activity

Interventions:

Introduction & Check- In (7:00- 7:10)

- The MT-BC will lead a verbal check in with all of the participants

Improvisation- Stages of Grief (7:10- 7:30)

- The clients will be presented with five groups of instruments and as a group will assign one of the stages of grief (denial, anger, bargaining, depression, and acceptance)
- While the therapist plays a steady beat on the drum, the clients will be able to switch between the instruments freely to demonstrate their grief experience
- Once the improvisation comes to an end the group will verbally process the improvisation and where they feel they are in their grief journey compared to when the group started four weeks ago

Lyric Analysis- Times Like These (7:30- 7:50)

- The MT-BC will play the song “Times Like These(Acoustic)” for the group
- After listening to the song, the client’s will be asked their initial reactions to their song and have a discussion about the song

Meditation (7:50- 8:00)

- The MT-BC will lead the group in a meditation about new beginnings while listening to Meditation of the 7 Chakras

Art to Music (8:00-8:20)

- Each client will be given a poster board and there will be a stack of magazines in the center of the group
- The clients will get to take time to make a collage/vision board while thinking of their identity and vision for their life in the future.
- Each participant will share their vision board for the closing