

Women's Chant Group:

Singing from Our Souls

by

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## ABSTRACT

This paper is an exploration of the potential benefits of an all-women's chant group. A mixed-methods study using a Community Music Therapy approach informed by Feminist Music Therapy Theory sheds light on the questions: *How are individuals' resilience affected by participation in a multi-session Women's Chant Group? How does participation in a single-session Women's Chant Group affect an individual's mood? Which elements of a Women's Chant Group are perceived to be the most important to the participants?* No statistical significance was found in participants' resiliency from the beginning to end of the study, although a higher sample size may yield more promising results. The Women's Chant Group sessions demonstrated a considerable positive impact on the mood of the participants, specifically in reducing feelings of anxiety and increasing feelings of relaxation. Participants found the experience of creating aesthetic, complex, high-quality vocal music to be the most important element of the Women's Chant Group. Recommendations are made for future research into the area of Women's Chant Groups.

*Keywords:* chant, women, group singing, resiliency, empowerment, mood

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## **Introduction**

The first time I experienced a chant group was Saturday, November 14<sup>th</sup>, 2015. I attended my first annual American Music Therapy Association (AMTA) national conference, held at the Sheraton Kansas City Hotel at Crown Center in Kansas City, Missouri. The theme of the conference was “Music Therapy: A Continuum of Growth”. Indeed, it was a significant point of growth in my own journey as a music therapist. I was a first year graduate student and I was towards the end of completing my six-month music therapy internship. The chant group was facilitated by the Daughters of Harriet, a group of five women from the western region whose shared love of the voice and penchant for composing brought them together to lead chant circles. The chant circle was held in the evening, 8:00 pm to 9:30 pm, so as not to compete with the day’s concurrent sessions and programming. The session abstract from the conference program read:

Experience the power of the voice with the Daughters of Harriet, five music therapists from the Western Region: Barbara Dunn, Lisa Jackert, Maureen Hearn, Jodi Winnwalker, and Robin Rio. No prior singing or chanting experience is needed to participate. We aim to create a musical space that invites opportunity for singing with others and for vocal exploration as well (AMTA, pp. 44).

Robin Rio is the Director of Music Therapy at Arizona State University, as well as my professor, supervisor, and thesis committee co-chair. She informed me of the

Daughters of Harriet chant circle in advance, knowing that my love of singing and improvisation would be well-nurtured during the session. I was very excited to attend the session, experience the power of many voices, and observe my professor in her area of expertise.

I was in awe from the moment I entered the room. The number of chant circle participants was much larger than any of the sessions I attended earlier that day; 150 to 200 music therapist professionals and students were seated in layers in a wide circle of chairs. I sat with an undergraduate student also from the ASU Music Therapy Program, Grace, and we were sharing a hotel room for the duration of the conference. At the beginning of the chant circle session, Grace shared that she intended to observe the session because she did not consider herself a singer and was not wholly confident in her vocal skills. There were 10 to 15 chants over the course of the session, each primarily facilitated by the member of Daughters of Harriet who originally composed the chant. The other “Daughters” provided support by singing strong harmonies and counterpoint lines to help guide the session participants in shaping the sound of the chant. I marveled at how connected the “Daughters” were, constantly checking in with each other through eye contact, using physical gestures to construct a visual representation of the lyrics and music, and encouraging the participants by building off of their vocal offerings and smiling warmly. The chants were varied and inspiring. Some songs were fast and energetic, while others were sung quietly, calmly, and meditatively by the group. At times, all the participants in the room were standing up and dancing around in a circle. After just a few chants, I noticed that Grace was having a good time and singing out strong. There was another music therapist seated next to me and, although we made eye



contact just once or twice, she and I played off each other's musical lines frequently and created many rich and fine harmonies together. I recall that, despite not knowing a majority of the people in the room and not talking with anyone, I felt a sense of unity in the room that I had never felt before. I sang my heart out, the happy feelings, the frustrated, and the sad, and the group sang back to me. The group heard me and held me, receiving all that I had to express and acknowledging my musical truth with joy and support. I did not leave the session as I had entered at the beginning; I was forever changed, baptized within the shower of free, beautiful voices that reminded me of all the potential I have as a human.

I often think of my experience in that first chant group. I remember later that night, after the chant circle had ended, I passed a young woman in the hallway of the conference hotel. She ran up to me, hugged me, we smiled at each other, and then silently continued to walk our separate ways. A colleague I was with asked me who it was, the person who hugged me so excitedly without saying a word. I dreamily replied that it was a music therapist who had sat next to me during the chant group. The chant circle neighbor and I never spoke a word together, inside or outside the session, yet embraced each other as good friends. Why? We had shared music together. We listened to each other's voices and honored what we heard. I supported her voice with my own voice, and she respected me by accepting my own music as hers and forming new harmonies to enrich my musical expressions. When we hugged later that night, it was a moment when both of us recognized the power of what happened during the chant circle. When we improvised with each other, our voices created a powerful bond that needed no explanation or verbal understanding. Because of that one chant circle, in a way, she

knows me better than some of my own friends and family members. Grace experienced the chant group in a similarly empowering way: “I remember feeling very comfortable with my voice, even though I am usually not. It was also an overwhelmingly powerful experience, even sort of spiritual at points, and I left feeling very refreshed and energized. It was a room full of positivity and there was no judgment ... a really incredible experience” (Chaisson, 2017).

When it came time to make a definitive choice for the topic of my thesis research, memories of the AMTA conference chant circle echoed inside my mind. What I wanted more than anything was simply to recreate the feeling I experienced during that first chant group. I thought to myself “if I can bring that empowering feeling to even one other person, then the research study will be worth it.” I also wanted to experience another chant group for myself again—to feel as powerful, loved, and supported as I have ever only felt in the AMTA chant circle.

Chant groups offer people a safe space to express their joys, their sorrows, and find their inner power. In ancient shamanistic rituals, members of a community would come together and sing, play instruments, and dance for the healing of an afflicted individual (Howard, 2000). Chant groups offer a modern way for members of a community to come together and, musically, take what they need to nourish themselves, while simultaneously giving support to other individuals in the group. Chant groups offer women, specifically, respite from the potentially demanding and oppressive forces of society by creating a safe, peaceful environment to be present without a need to perform.

This paper explores the possibility of using chant to unite and empower women on a variety of levels. The focus is on women exclusively because society is in the midst

of the third wave of feminism (Molocea, 2014), and chant groups are one way to help swell the wave and contribute to its momentum in the right direction. Another reason this paper highlights the potential for women's chant groups rather than men's chant groups is because women may be more expressive (like conveying feelings) in their verbal communications while men may be more instrumental (like providing clear instructions) in their verbal communications (Miller, 2015). Because there has been so little research into the experience of a chant group and because chant groups require a high level of expressivity through singing, the premise for the Women's Chant Group was to build upon the research of group music-making and the voice from a feminist perspective in the hopes of identifying how/why a chant group can benefit this segment of the population.

The focus of this paper is to identify the primary elements of effectiveness in a chant group for women and examine the impact and experience of participation in a chant group for women, presenting the results of a pilot study on a Women's Chant Group. Although this is the first study of its kind, the powerful reactions and responses from the women participants entreats further investigation. All of the chants (except one) were freshly composed for the group of women, based on their self-reflections in weekly journal entries. Using a Community Music Therapy approach informed by feminist perspectives, the chant group study highlights the power of a particular group of musical women.

## **Literature Review**

A literature review often serves to position new research within a broader context by analyzing the history of a research question/topic, a task which proves difficult for the current Women's Chant Group study due to its unique and specific collection of elements. No prior research could be found that includes all the components of the current study, which includes concepts of group vocal improvisation, newly composed music by the therapist, participant process journaling, and empowerment, all within a women-exclusive environment. To remedy this problem, a wide range of sources were examined for content that either inspired or informed some aspect of the Women's Chant Group study. Some sources focus on the voice and group singing/improvisation, and some clarify concepts of empowerment, resilience, and psychotherapy technique.

The power of the human voice is historic and irrefutable, characterized best by the book *Singing and Wellbeing: Ancient Wisdom, Modern Proof* (2016). The author, Kay Norton, is Associate Professor of Musicology at Arizona State University, and her book offers a balanced perspective regarding the benefits of singing. An enormous amount of evidence is presented on the physical, emotional, social, and spiritual benefits of singing, however Norton argues that singing, chanting, and use of the melodious voice "remains a largely untapped resource in our quest for optimum health and wellbeing" (pp. xvi). The idea that individuals and communities are still not using singing often enough to improve quality of life was a large inspiration for the current Women's Chant Group study. Norton chronicles the development of the voice, "the first musical instrument", from pre-human ancestors to the contemporary artists of today, from infancy to senescence. The book offers insight as to why the human voice is so important:

The voice is meaningful both for what it represents and for what that representation can do. Most fundamentally, the voice is a marker of individuality; it must have been a crucial identifier in pre-literate societies. Even now, when so much communication is typed and delivered in a visual format, we continue to liken important social or cultural phenomena to the voice. When a creator reaches maturity, she has “found her voice”. A political result is “the voice of the people,” and entire nations or movements are symbolized by the voices of their leaders (pp. 11).

A central goal for the Women’s Chant Group was to assist women in “finding their voice”, their inner power, both individually and collectively. One section of *Singing and Wellbeing* highlights a separate study of vocal effect on physiological arousal, where Loui, Bachorik, Li, and Schlaug (2013) found that “female participants rated their arousal levels higher, and the positive effect of vocals on arousal ratings was stronger for females than for males” (cited in Norton, 2016, pp. 80). Such a finding may make a Women’s Chant Group study all the more appropriate, if indeed females are slightly more sensitive to the sounds of the human voice. Norton reports that chanting and singing have been an integral facet of esoteric healing traditions for thousands of years. The Women’s Chant Group study is an attempt to determine if ancient chanting ritual may offer the mainstream modern populace healthful advantages for the body, mind, and spirit.

There is another book that pays homage to the therapeutic power of the voice: *The Theory and Practice of Vocal Psychotherapy: Songs of the Self* by Diane Austin (2008). Austin has over twenty years of experience as a music psychotherapist which has helped

to guide her in recognizing the inherent healing process of singing. Her deep understanding of the voice led her to develop her own model of music therapy: “Vocal Psychotherapy is the use of the breath, sounds, vocal improvisation, songs and dialogue within a client-therapist relationship to promote intrapsychic and interpersonal growth and change” (pp. 13). The featured case studies and vignettes often depict an individual session in which the client and therapist (Austin) identify the primary concern for the session, translate that concern into a vocalization, the client improvises via singing while Austin plays one or two chords of the client’s choosing on the piano (sometimes singing with the client), and then the client and therapist debrief the musical experience verbally (after a period of silence to honor and process the experience) . Austin carefully determines when to shift into music-making and when to process a client’s trauma verbally, the latter being a task well within her scope of practice due to years of advanced training in psychology and a PhD degree in Music Therapy. Like Norton, Austin draws a line between an individual’s voice and the individual herself. It is as if singing is the mirror to the innermost self, and Austin describes “When one’s voice is insulted it can feel like a rejection of one’s self because of the ability of the voice to reflect the personality and the intimate connection between our voices and ourselves” (pp. 155-116). The Women’s Chant Group research study was created to prove the other, positive, side of this coin is true as well, that when one’s voice is praised and supported (musically) by others it can feel like an acceptance of one’s self. Austin recounts many successful client moments involving free improvisation on a neutral vowel or other vocal sounds. She also stresses the importance of lyrics in singing:

“Music and the words are both integral to vocal psychotherapy. The music is doing something necessary and the words are doing something necessary. There is an organic flow between the music and the words, a partnership between equals. The words take the music to a deeper level and the music takes the words to a deeper level ... Music and lyrics [are] the catalyst for therapeutic growth; they [open] the doors to the unconscious and [provide] a container for in-depth processing to occur” (pp. 118).

Vocalizations with and without lyrics were both present in every session of the Women’s Chant Group. Austin’s concept of the lyrics and the music strengthening each other was realized during the research study; meaningful words were musically painted which in turn brought new depth of meaning to the text of each chant. The Women’s Chant Group study draws upon elements of Vocal Psychotherapy, with written journaling substituting for verbal processing.

Several studies have been conducted that describe emotional benefits for participants in a group singing setting. In 2012, Busch and Glick’s quantitative study of two Canadian choirs demonstrated statistically significant increases in the areas of “Positive Affect (PA), Personal Growth (PPWB\_PG) and Vitality (VS)”, which reflect positively on the emotional well-being of the singers (p. 56). Another study compared a singing group with a listening group and, while both groups showed statistically significant improvements in mood, the singing group was observed to have even higher amounts of positive influence on participants’ moods (Kenny, Davis & Unwin, 2002). An older adult community choir in Finland was found to support enhanced quality of life

for singers, who also reported few symptoms of depression, which is a prevalent emotional state among older adults (Johnson, Louivuori, Stewart, Tolanen, Ross, & Era, 2013).

Other studies have showed the potential for physical benefits for participants in a group singing setting. For healthy, older adult ladies, experiences in group singing may yield a healthier, more pleasant speaking voice (Aquino, Silva, Teles, & Ferreira, 2016). One study of healthy young adults offers clear evidence that group singing can stimulate a connection between heart rate variability and respiration, which has “a biologically soothing effect, and it is beneficial for cardiovascular function” (Vickhoff, Malmgren, Aström, Nyberg, Ekström, Engwall, Snygg, Nilsson, & Jörnsten, 2013, p. 1). Another study by Kreutz, Bongard, Rohrman, Hodapp, and Grebe (2004) found boosted levels of S-IgA, or immunoglobulin A, in individuals who had experienced choral singing one hour prior to data collection, making a strong case that group singing may lead to improved immune system functioning.

Cognitive benefits have also been suggested throughout various studies on the effects of group singing. In a cross-national survey, Livesey, Morrison, Clift, and Camic (2012) gathered data from choir participants who asserted that the singing “improves concentration and memory” (p. 16). One study involving homeless men (Bailey & Davidson, 2003) and another involving older adult participants (Skingley & Bungay, 2010) both provided further confirmation that choir singing stimulates learning and memory. Other articles included in the featured literature make reference to cognitive improvements in group singing participants for areas such as independent thinking, communication, and reality focus (Tamplin, Baker, Jones, Way, Lee, 2013; Reed, 2002).



Another examined dimension of group singing is the social benefits, particularly among groups in which every member of the group shares a specific similar, challenging experience. In one 2012 Ireland study, the researchers found that the third trimester “participants particularly valued the opportunity to meet and interact with other pregnant women” and viewed the group singing of lullabies to be a very lovely and relaxing way to meet and spend time together (Carolan, Barry, Gamble, Turner, & Mascareñas). In another study, Tamplin, Baker, Jones, Way, and Lee (2013) tracked the positive social effects of a community choir in which all the participants had previously experienced a stroke and were subsequently diagnosed with aphasia. In yet another study, the featured singing group called the “Shake, Rattle and Roll Choir” was established solely for people with Parkinson’s disease, their carers, and their family members (Abell, Baird, & Chalmers, 2016). This choir was able to effectively counter the social isolation that typically accompanies the decline of a person with Parkinson’s, and “significant social benefits were reported by all participants, including new friendships, camaraderie, and a sense of community and companionship” (p. 7). The social benefits of group singing appear to be at their most potent when the singing group is made up of individuals that all present with the same shared, difficult condition.

The *Daughters of Harriet: SONGBOOK* (2016) is the source that most accurately defines and characterizes the concept of chant as it applies to the current Women’s Chant Group study. Indeed, this author’s personal experience in a national chant group led by the facilitators of Daughters of Harriet was the impetus for the current study and will be described and discussed in depth in a later section. The five women who make up the Daughters of Harriet are all board-certified music therapists and include Barbara Dunn,

Robin Rio, Jodi Winnwalker, Lisa Jackert, and Maureen Hearn. The group of women are the current leaders in this type of group chant and possess a formidable mix of advanced experience including master's degrees and doctoral degrees, clinical social work licenses, professorships at prestigious universities, published research in the top music therapy peer-reviewed journals, diverse trainings in a variety of music therapy approaches/techniques, decades of experience as practitioners, and founding their own music therapy businesses. In the introduction to the songbook, "The *Daughters* define chant as: A vocal meditation based on two or three simple melody lines that allow variations on rhythm, harmony, and expression. Through this improvisory exploration a contagious sense of unity and well being is created" (pp. 1). The basic structure of chant as outlined by the Daughters of Harriet served as the guide for composing each chant used in the Women's Chant Group study. The *Daughters of Harriet: SONGBOOK* contains thirty notated original chants written individually by the women members of the group. These songs served as examples and inspiration when this author wrote the new music each week for the research study. The author's confidence in facilitating a successful Women's Chant Group was significantly influenced by the knowledge and experience of the Daughters of Harriet— a group of women who are stellar vocalists, music therapists, and who are well-known in the music therapy community for leading large mesmerizing and engaging chant group sessions every year at the American Music Therapy Association's (AMTA) annual national conferences. The Daughters of Harriet named themselves after another strong female music therapist, whose work will be discussed next.

Harriet Ayer Seymour's *What Music Can Do For You* (1920) is by far the oldest source referenced for this paper. Seymour (1867-1944) was one of the earliest woman pioneers in music therapy, and it seems fitting to pay tribute to her thinking within the context of the current Women's Chant Group study. *What Music Can Do For You* contains Seymour's philosophical thinking regarding the nature and benefits of music. One of the central themes of the book is the idea that "We must use music as a means to an end and not regard it as an end in itself" (pp. 6). This concept of using music to explore and develop ourselves, rather than viewing music in a performance context, is an underlying goal of the Women's Chant Group, as well. The purpose of the research study is not for women to perform for each other, but rather for women to come together and spontaneously create music—the process of which facilitates the increased awareness and deeper understanding of the self. Seymour also provides her own definition of chant which is highly applicable to the Women's Chant Group study:

Connect music with words and you get one of two things, a song or a chant. The repetition of any constructive idea is helpful, and, when music is added, it becomes doubly so. Chanting has been, and still is, a part of all ritual, and rightly so. It is simply singing constructive words in a simple measured way (pp. 172-173).

The distinctive element in Seymour's definition of chant is the idea of singing "constructive" words, not just any text. She explains that practicing this type of chanting provides individuals with a tool to utilize when they are stressed by being able to call

upon a tune that “protects us from feelings and thoughts that are destructive” (pp. 171). Such a technique supports her emphasis that music should be a process-oriented rather than product-oriented experience. Indeed, several of the original chants composed for the Women’s Chant Group study were intended to be ways for the participants to “turn failure into victory, and chaos into calm” when needed, outside of the research sessions (pp. 177). One last aspect of Seymour’s book is worthy of mention: music, at its core, is a spiritual practice. Music listening and music making is a spiritual experience, a “musical meditation” at its best (pp. 159). This is the one element of the Women’s Chant Group study that cannot be observed or extracted from the research data, the religious and sacred ineffable experience of women’s voices united in song.

Chant groups most certainly subscribe to a music-centered approach, a music therapy approach best described by celebrated music therapy philosopher Kenneth Aigen (2014) in his article Music-Centered Dimensions of Nordoff-Robbins Therapy. A music-centered approach focuses on providing the highest quality music experience for the music therapy client. Though some music therapists apply music as a tool for achieving strictly non-musical goals, such as improving physical, emotional, and cognitive functioning, other music therapists, such as Aigen, believe in the power of the music itself as the therapeutic experience. Aigen asserts that a music-centered approach is most appropriate in music therapy when the client’s primary motivation is to engage in the music and treatment goals cannot be achieved using any other therapeutic modality. In music-centered music therapy,

The therapist's primary responsibility is to effect the deepest possible involvement in music by the client. This stance reflects a belief in the convergence of personal and musical development. The therapist formulates strategies to deepen and differentiate the client's musical experience and the therapy lies in the variety, complexity, depth, and beauty of the musical expression thereby achieved. These experiences of oneself in music contribute to a fuller sense of self" (pp. 32).

The Women's Chant Group study meets all the criteria to be considered a music-centered intervention. The primary goal of each session was to immerse the participants in an active, meaningful, pleasurable, beautiful, insightful, and empowering musical experience. During the four active research sessions of chant group for women, the focus was on the participants expressing themselves through singing and body percussion, creating rich and interesting harmonies together, and deeply absorbing/listening to the pleasing soundscapes they created. Aigen's definition and description of the music-centered approach suitably characterizes the intent and core experience of the Women's Chant Group study.

Susan Gardstrom provides an excellent overview of group improvisation and techniques in her book *Music Therapy Improvisation for Groups: Essential Leadership Competencies* (2007). Even though the book mainly addresses improvising with physical instruments (drums, xylophone, etc), rather than improvising with the voice, there are some applicable sections that illuminate the process and facilitation of the current Women's Chant Group study. According to Gardstrom, there are four ways that structure

can enhance a group improvisation session: “Structures lend predictability ... Structures lend logic ... Structures lend equality and cohesion ... [and] Structures lend meaning” (pp. 70-71). The sessions were planned for the women participants to know the format each session, with repetition of the same opening and closing chants each week. The physical structure of the room used a circle formation with chairs close together. The conclusion of every session used journaling to gather each participant’s written experiences and needs which were reflected back to them, musically, the following week. This predictable structure of the research sessions was planned to help the women feel comfortable and allow them to fully and freely focus their attention on engaging in the creative music making process.

Gardstrom offers insight into the evaluation of group improvisation using six “Improvisation Assessment Profiles (IAPs)” created by Dr. Kenneth Bruscia. The first IAP is salience, which refers to the facilitator’s ability to identify the most prominent and noticeable musical features of an improvisation. The second IAP is integration, which refers to the facilitator’s ability to determine how each participant is improvising in relation to the rest of the group. The third IAP is variability, which refers to the facilitator’s ability to note the temporal changes in a group improvisation (either from individuals or the whole group) as the music progresses. The fourth IAP is tension, which refers to the facilitator’s ability to perceive levels of strain and pressure present in the elements of the music (rhythm, melody, expression, etc.). The fifth IAP is congruence, which refers to the facilitator’s ability to recognize harmony and synchronization within the music and also between the participants (client body posture, verbalizations, etc.). The sixth IAP, is autonomy and refers to the facilitator’s ability to

distinguish the degree to which participants (and therapist) are adopting leadership or follower roles during a group improvisation. These IAPs would provide a structure to shape and analyze the music in the Women's Chant Group sessions.

During my graduate studies at ASU, I became intrigued by a particular branch of music therapy: Community Music Therapy (CoMT). CoMT is an approach that challenges the "consensus model", which Ansdell (2002) introduces as the widely accepted understanding of what music therapy is, including who constitutes a music therapist, who constitutes a client, the typical process of music therapy sessions, etc. In this "consensus model", music therapy sessions are heavily influenced by the psychotherapy approach in that the music therapist acts as a container for the client's psychological distress and nurtures the client individually while maintaining the utmost confidentiality and clear, professional boundaries at all times. CoMT, however, blurs the boundary lines between client and therapist, often views clients as an entire community or system, and sometimes puts individuals on display via public performances. Mercédès Pavlicevic (2004) illustrates one of these blurry lines using her own CoMT experiences with a non-profit organization in South Africa that trains women to provide care for those affected by HIV/AIDS: "We are 'therapists' and 'clients'... we are group participants... fellow professionals; and we are all women" (pp. 41). Not only do Community Music Therapists commonly form deeper, more intimate relationships with their clients than "consensus model" therapists do— they see it as a significant source of strength during the music therapy process. "Consensus model" music therapists typically shy away from the idea of facilitating client public performance, believing that part of the value of music therapy lies in its security of a completely confidential treatment process. Amir (2004)

counters such ideas by asserting that when disadvantaged individuals have the chance to share their art with an audience, it “connects them to a ‘healthy place’ within”, other community members can “see them differently, more like regular human beings”, and the performers “receive respect from others” from which their “self-image improves” (pp. 263). Numerous other studies have found CoMT to yield positive results with various marginalized groups, including clients with mental illness (Næss & Ruud, 2007; Short, 2016), adults with long-term disabilities (Soshensky, 2011), and children requiring special education services (Winter, 2015). I share many philosophical beliefs with the CoMT approach, and believed it to be the perfect vehicle for delivering a high-quality chant group experience for women. This approach also allowed me to welcome women with whom I already had relationships into the chant group because CoMT views dual relationships in a more positive light than the “consensus model” of music therapy.

*H.Y.P.E.*, or Healing Young People Thru Empowerment, was written by psychologist Dr. Adia Winfrey and published in 2009. The book offers a ready-to-use hip-hop therapy program for adolescent African American boys. While the program’s target population seems in contrast to the population of adult (mostly white) women featured in the current study, there are some useful general ideas that may be applied to enhance the reader’s understanding of empowerment and of the musical choices for the chant group. Winfrey asserts that group music intervention can be highly beneficial “because it provides a safe, nonthreatening outlet for expressing emotions” (pp. 18), and the group format may be especially “important when working with a population that feels powerless” (pp. 16). African American adolescent boys and adult women have likely experienced very different instances of marginalization in their lives, yet some degree of



powerlessness has no doubt been shared by both groups. *H.Y.P.E.* offers no clear definition of empowerment, but the concept is demonstrated through several of Winfrey's goals identified for the program participants: "help them constructively handle 'strong emotions' ... encourage accountability ... [and] augment and enhance personal growth" (pp. 35). The H.Y.P.E. program demonstrates the understanding that empowerment cannot singularly focus on upbeat and positive lyrics by analyzing songs such as "You Don't Know My Struggle" by Lil Boosie, "Still Ain't Forgave Myself" by T.I., and "Slippin'" by DMX which recognize/explore the pains and difficulties of life. Despite the clear identity differences between the target populations of African American adolescent boys and adult women chant group participants, the H.Y.P.E. program provides an appropriate example of how music may be used to empower a group of marginalized individuals.

Andrea Cornwall (2016) uses feminist theory to analyze the development of women's empowerment. In the 1970s, 80s, and 90s "empowerment was cast as an unfolding process of changes in consciousness and collective power (pp. 343). She articulates that empowerment was never given, but rather empowerment demanded realizations and awakening on the part of the women to recognize unequal power distributions in society and consequently make active efforts to bring about positive change. Cornwall characterizes women's empowerment as a transformative process:

The process of empowerment can usefully be captured in the metaphor of a journey travelled along pathways, one on which women can travel alone or in the company of others, through terrain that may be pitted with thorny thickets, fast-

flowing rivers, mud and marshes, and along paths that can double-back on themselves, meander on winding side-routes and lead to dead-ends, as well as opening up new vistas, expanding horizons and extending possibilities (pp. 345).

I found this artful metaphor of women's empowerment as a journey to be easily reflected in the musical process. I improvise vocally on a regular basis, mostly for my own enjoyment and self-expression. Each time I improvise, I experience a mini-journey: sometimes I sing by myself, sometimes I am joined by my friends or husband, sometimes my improvisation is peppered with discordant and dissonant tones, sometimes my vocal line feels effortless and manifests in melodious and melismatic phrasing, and it always feels like an exciting risk because I never know where the music and my own voice will take me. I wanted to create an opportunity for women to travel the road of empowerment together, musically, as I have done so many times.

W. Kirk Roller (1998) provides one of the few measurement tools available for assessing empowerment. He acknowledges that there is no generally accepted definition of empowerment, nor is there a generally accepted method for measuring it. His Perception of Empowerment Instrument (PEI) attempts to offer one concrete approach for measuring empowerment. He asserts that the PEI assess and individual's level of autonomy, responsibility, and participation. However, the PEI is somewhat geared towards empowerment in the workplace. Examples questions include "I have the freedom to decide how to do my job" and "My ideas and inputs are valued". Leanings towards this work-place specific context for empowerment is also evident in his address to potential readers:

Consultants, researchers, and practitioners using the Perception of Empowerment Instrument as an assessment tool should possess a thorough grounding in the role of empowerment in the workplace in order to provide context and effective processing of individual and aggregate participant scores (pp. 4).

While Roller's presentation of PEI is a step towards measuring empowerment more accurately, it's not particularly appropriate for application to women's chanting. My inspiration for Women's Chant Group study focused more on personal empowerment rather than empowerment in the workplace, so although it was exciting to encounter an actual tool for measuring empowerment, I could not use it as an assessment for the research sessions.

Several articles address empowerment's "sister" concept: resilience. One study by Campbell-Sills, Cohan, and Stein (2005) explored resilience in young adults with a focus on personality and psychiatric health. They provide an excellent working definition of resilience: "the capacity to rebound from stress effectively and to attain good functioning despite adversity" (pp. 288). The study uses the Connor-Davidson Resilience Scale (CD-RISC) as the primary measurement tool for assessing young adults with varying psychiatric conditions and coping skills. The authors found the CD-RISC to demonstrate a high level of validity with the targeted population. Another study by Lamond et al (2009) also utilized the CD-RISC in its exploration of resilience in older women. The research examined the social engagement, physical functioning, emotional health, optimism, etc. of women participants over the age of 60. The results of the study

included that “the CD-RISC is an internally consistent scale for assessing resilience among older women, and that greater resilience as assessed by the CD-RISC related positively to key components for successful aging” (pp. 148). These findings indicate that the CD-RISC may demonstrate a high level of reliability, in addition to its aforementioned validity. Connor & Davidson’s (2003) study contains the first presentation and description of the CD-RISC scale. Initially, the measurement tool was tested with multiple populations, including a community sample, psychiatric outpatient sample, individuals with generalized anxiety disorder, and individuals with PTSD. The 25-statement Likert-scale assessment was found to accurately distinguish between individuals with greater resilience and individuals with lesser resilience with a high degree of consistency. Finding this scale was a major turning point in my construction of the Women’s Chant Group study and allowed me to formulate a new research question based on the potential effects of women’s chanting on an individual’s resilience.

There is a particular chapter of interest in the book *Complementary and Alternative Therapies in Nursing* (Lindquist et al, 2014) in which Mariah Snyder explains the value of journaling in therapy. Snyder is Professor Emerita at University of Minnesota’s School of Nursing program. The chapter emphasizes writing as a constructive and therapeutic technique where “Events and experiences are noted in journals, with emphasis on the person’s reflections about these events and the personal meaning assigned to them” (pp. 206). The process of journaling allows the individual to freely express oneself and vent emotions, aids in uncovering unconscious thoughts and feelings, and promotes insight and new solutions to problems. Snyder asserts that “Journaling is a holistic therapy because it involves all aspects of a person— physical

(muscular movements), mental (thought processes), emotional (getting in touch with or expressing feelings), and spiritual (finding meaning)” (pp. 206). During one of my counseling cognate courses, Group Dynamics, I was a participant in a therapy group with several other students from my class. One of our tasks for the therapy group was to submit a journal, narrating our internal experiences, after each session. I found this journaling to be of the utmost importance for my personal growth within the group. The writing provided me time to reflect on the dialogue of the sessions, what other group members had said, what I had said, how I felt during our various interactions, etc. The co-leaders (supervised graduate counseling students) of the group would respond to my journal, reflecting my thoughts and feelings regarding the group process and encouraging my risk-taking to be more active and honest with members during the groups sessions. My own positive experiences with therapeutic journaling led me to believe such a technique would work well for women in a chant group setting. Journaling serves as an excellent complementary activity to chanting because singing is another process that fits the criteria of holistic therapy by engaging the various multi-dimensional aspects of an individual’s functioning.

### **Feminist Perspectives**

Music therapy will reach its full potential when the hidden Dark Goddess who lives in music is allowed to shine forth in all of Her beauty and Her terror, Her generativity and Her destruction, Her fierceness and Her love, embracing all of her wondrous glory. (Goldberg, 2014, pp. 125)

Feminist Music Therapy (FMT) has its own branch of practice within the larger field of music therapy. FMT leader Susan Hadley (2014) offers that “a basic assumption of feminism is that gender inequality exists and this is problematic” (pp. 21). It is a problem that women are disproportionately represented in politics when compared with men. It is a problem that women are compensated less than men for the same jobs. It is a problem that one in three women will experience physical or sexual abuse (WHO et al, 2013). To address issues of inequality and oppression, “feminist music therapy seeks to transform, relating at all levels of society” (Adrienne, 2014, pp. 64). A desire for social, as well as personal, transformation was at the heart of the construction of the Women’s Chant Group research study. I identify with many of the tenets of FMT and wanted to help empower women to feel strong, express themselves, and grow in the understanding that they are valuable members of society.

The Women’s Chant Group study was conceived through a feminist lens. Feminist perspectives have been rather limited in the field of music therapy, but recent and significant contributions in the literature are helping to increase awareness of feminist music therapy theory and its potential for practice (Edwards & Hadley, 2007). The influence of FMT theory will be investigated in many aspects of the study, including construction, structure, and evaluation/findings. Special attention will be given to FMT treatment of women’s pain and suffering. The religious foundations of feminism will be presented alongside a personal, narrative account by this author in order to shed light on the context of the Women’s Chant Group study. Conclusions are drawn about the importance of FMT practice and research.

FMT shares several principles with one particular method of research called Participatory Research or Participatory Action Research. Not surprisingly, feminist Participatory/Action Research has increasingly found its way into the literature (Ponic et al, 2010; Gouin et al, 2011; Tolhurst et al, 2012; Gustafson & Brunger, 2014; Flamtermesky, 2014). Common to both FMT and Participatory Research is the need for a safe space. A safe space refers to the setting and social culture that promotes the comfort of individuals, creating a secure environment in which they may “disclose their personal views of the situation, their own opinions and experiences” (Bergold & Thomas, 2012, pp. 196). Both Participatory Research and FMT allow for variance in the level or degree of participation, where members may choose to lead an experience, observe an experience, or anything in between. Feminist and Participatory approaches deeply value reflection; this is achieved by participants taking the time to honor their own personal experiences (including their past, personal attributes, relationships, values, gender, reaction to music therapy or research activities, etc.). Representation of findings is also important to FMT and Participatory Research. Both approaches seek to maximize the “voice” of the client/participant, “the various contributions to the results must be clearly visible” (Bergold & Thomas, 2012, pp. 210). I wanted to create a musical experience that included all of these aspects of FMT and Participatory Research, an experience separated from the potentially oppressive masculine forces of society, where the women were able to feel secure and safe. Based on the assumptions of feminism and the principles of Participatory Action Research, the Women’s Chant Group research study can be classified as Feminist Participatory Action Research.

With the goals and ideals of Participatory Research and FMT in mind, the Women's Chant Group was designed for women to have a safe forum to express themselves honestly and creatively, including any potential pain they may carry, through singing. Research in feminism in music therapy demonstrates the possibility of helping suffering women and providing relief of pain. Amir (2014) used FMT successfully in her work with Israeli women who had experienced grave trauma in their lives and reflected that "Feeling the pain and mourning the losses slowly [made] room for a new feeling of renewal and empowerment" (pp. 258). My own experiences with singing have often served as opportunities to express and release my own pain and suffering, and I desired to create a platform for other women to share a similar healing experience. Kim (2014) describes the experience of women by analyzing the Korean word *han*, which depicts the anger, sorrow, and pain historically suffered by Korean women and girls. Music therapy has offered these women an outlet for expressing their experience of *han*, as music is one of the only acceptable forms of emotional expression in Korea. Kim suggests four FMT goals for working with Korean women:

"to promote the empowering of the client and to help her participate in social change ... to foster the development of the client as a human being, including the development of a healthy sex role ... to assist the client in overcoming the inequalities toward women in Korean society ... to overcome dependence, and the idea that a woman needs a man to survive in society" (pp. 144)



The idea of empowering the participants and fostering their overall development was a central theme throughout the planning of the study, understanding the need to include opportunities for safe expression of pain and other negative feelings held by the group members. York (2014) describes the evolution of an ethnographic performance piece by a group of women who were all victims of domestic abuse. The FMT approaches and activities during the group treatment proved empowering and therapeutic for the women, and eye-opening for the audience members who attended their final concerts. Sharing personal experiences of pain within a group setting can be intensely therapeutic (Yalom, 2005). The participants of the Women's Chant Group study were able to not only express their pain and sorrow, but also to experience the musical support of the group and feel relief from their pain and suffering.

The inspirations for feminism began with religious figures. Walters (2005) explains "Some of the first European women to speak out for themselves, and for their sex, did so within a religious framework, and in religious terms" (pp. 17). Hildegard of Bingen never touted herself to be a feminist or a pioneer for women's rights, yet, in retrospect, accomplished amazing works for a woman of her time. Born at the end of the 11<sup>th</sup> century, Hildegard became a nun and abbess of a convent in Western Germany (Walters, 2005).

"Exceptionally for a woman, she undertook four preaching missions through Germany between 1160 and 1170. But above all, as spiritual mother and 'magistra', she guided her nuns by fortifying their commitment to the Virgin

through the teaching of scripture and the Rule of St Benedict, and the discernment of the right path in monastic life” (Bent & Pfau, 2010).

It was not appropriate for women to write, philosophize, or compose music during this time, however Hildegard wrote many great works depicting her religious experiences and composed a wealth of music throughout her life (Duran, 2006). To communicate her experience of God’s love, Hildegard would often draw upon divine feminine, motherly qualities in her descriptions (Walters, 2005). Similarly, in the 15<sup>th</sup> century, Julian of Norwich challenged the perceptions of a male deity by characterizing Christ as “our one true mother in whom we are eternally born ... to the nature of motherhood belong tender love, wisdom and knowledge” (quoted in Walters, 2005, pp. 17). The late 16<sup>th</sup> century saw the rise of Jane Anger, defender of women’s right to write, who contended that Eve was a superior, purer, and more excellent model than Adam (Walters, 2005). Although feminism is nowadays practiced and communicated by a variety of individuals in many different corners of society, the feminist fire was first lit by the spark of spirituality.

The Women’s Chant Group study honors the spiritual roots of feminism with an opportunity for women to re-discover their own sacred spark. Goldberg (2014) points out that “Growing numbers of women feel that patriarchal traditions have alienated them from their deepest spiritual connections. And for many women of today, there is a conscious need to reclaim the holiness of female embodiment and acknowledge the Sacred Feminine” (pp. 112). It is interesting to think of the juxtaposition of early feminism finding its voice within a religious framework (previously mentioned) next to

the idea of religion potentially being one of the first organized systems to actively suppress women's spiritual power. Goldberg documents how, in the earliest of times, the recognized deity was the mother Goddess, a sacred nature being, the bringer of life, nourishment, and death. At some point, men began to show bias in placing more importance of gods than goddesses and repressed the divinity of women, emphasizing the woman in a subservient role. Goldberg elucidates such a trend:

“This masculine consciousness also gave rise to the Hero Myth, reaching its peak in the 12<sup>th</sup> and 13<sup>th</sup> centuries. These are stories in which the hero triumphed over the Great Goddess, Her consort, a derivative of the Great Goddess, or other representations of Her. Examples of these are the stories of Medusa, the killing of the dragon/serpent, and driving the snakes out of Ireland” (pp. 110-111).

Although the idea of the divine Goddess has faded, it nevertheless has persisted. Goldberg emphasizes that India recognizes the current era of time as the Kali Age, named for the Hindu Black Goddess. Mookerjee (1988) describes the power, misrepresentation, and necessity for the Kali spirit:

In the great battle to destroy the most arrogant and truculent manbeasts, the goddess Kālī sprang forth from the brow of Durgā to join in the fierce fighting. As the ‘forceful’ aspect of Durgā, Kālī has been dubbed ‘horrific’ or ‘terrible’ in masculine-biased commentaries, without understanding of the episode’s inner meaning ... We have suffered the consequences of unbalanced power for long

enough ... In the present Kali Age, Kālī is the answer, and she will have to annihilate again in order to reveal the truth of things, which is her mission, and to restore to our natures that divine feminine spirituality which we have lost” (pp. 8-9).

This passage rings especially true for myself; allow me to share a personal narrative recounting my own early feminist awakenings. After graduating from college with my Bachelor’s Degree in Music Education, I went on a pilgrimage to India. I took this trip by myself, anticipating it to be a spiritual endeavor which would require my uninterrupted focus for the duration of my trip. Looking back, I see how important it was for me to travel alone and the significant degree to which the experience helped me realize my power as a woman and as a spiritual being. For one summer month in 2010, I stayed at the ashram (peaceful abode) of Sathya Sai Baba, a well-known spiritual leader and philanthropist. Every morning and evening, I would sit for hours meditating in the main temple (mandir) and singing spiritual songs (bhajans) with hundreds of other international and Indian women, often in the presence of Sai Baba himself. The vast majority of the bhajans were sung in Hindi and Sanskrit, which I quickly learned to sing and pronounce with accuracy. These bhajans are my primary memories of my time in India, and every time I sing one, I am transported back to that blissful, meditative state that I achieved during my time there. These memories of powerful, communal singing helped me visualize the type of music experience I wanted to provide in the Women’s Chant Group research study. I wanted to compose lyrics and rhythms that promoted a sense of power, a divine strength, to assist the women in feeling like Goddesses.

Music therapy practice and research needs increased feminist perspectives and feminist methods. A clear example of why feminism is needed is that fewer women and men music therapists feel that sex discrimination is a current problem in comparison to the attitudes of music therapists in 1990 (Curtis, 2013). Gender discrimination still persists, but “Unfortunately, many people, male and female, feel that feminism has already achieved its goals” (Hadley, 2014, pp. 32). Even within the women-dominated field of music therapy, the ratio is approximately nine women for every one man, the effects of gender inequality are measurable. In analyzing American Music Therapy (AMTA) statistics, Edwards and Hadley (2007) found that “the ratio of males to females who have doctorates and those who have academic appointments is substantially higher than the male to female ratios in the wider AMTA membership”, meaning that more male music therapists have PhD degrees and university faculty positions than expected based on the numbers of men and women music therapist practitioners (pp. 204). Their study also found disproportionate women’s salaries (lower than male music therapist salaries) and women’s article publications in music therapy journals (the percentage of women publishing music therapy research is lower than the percentage of women’s membership with AMTA— men have a higher likelihood of publication) when compared with male music therapists. Music therapy practice and research needs stronger feminist perspectives and methods not just to support the transformation of clients, but also to support the transformation of music therapists and the overall field of music therapy. The Women’s Chant Group research study is an attempt to add to the growing body of FMT research and support the continuance of feminist perspectives in music therapy.

## WOMEN'S CHANT GROUP STUDY

### *Research Questions*

The initial research question was *How does participation in a Women's Chant Group affect an individual's sense of empowerment?* However, due to the concept of empowerment being highly contextual (e.g. empowerment in the workplace, empowerment in the home, etc.), an appropriate measurement tool could not be found. Based on some initial research and conversations with individuals who were not part of the study, the facilitator/author found the concept of resiliency to be closely connected to empowerment with resiliency representing an individual's strength to overcome past difficulties and empowerment representing an individual's strength to rise to the challenge of new/current difficulties. With this in mind, the study focus shifted to investigating the following three questions:

1. *How are individuals' resilience affected by a participation in a multi-session Women's Chant Group?*
2. *How does participation in a single-session Women's Chant Group affect an individual's mood?*
3. *Which elements of a Women's Chant Group are perceived to be the most important to the participants?*

### **Method**

The Women's Chant Group took place over four, consecutive, weekly, in-person sessions every Wednesday evening from 7:00 – 8:00 pm from February 8<sup>th</sup> to March 1<sup>st</sup>,

2017 at a large southwestern university. The research group was a mixed-methods study including both quantitative and qualitative data. The research study utilized a Community Music Therapy (CoMT) approach informed by Feminist Music Therapy Theory.

The facilitator and author of the study is a board-certified music therapist with a Neurologic Music Therapist designation. The study was conducted under the advisement of a university music therapy faculty member, and a graduate colleague assisted in the participant consent process and analysis of data. All three members of the research team completed the Institutional Review Board (IRB) training for social and behavioral research involving human subjects prior to the start of the study. The IRB approved the study prior to the first research session.

## **Participants**

Twelve women volunteered for the study, with an attrition rate of nine women completing at least three full sessions for inclusion in the data analysis. The ages of the participants ranged from 18 to 79 years old. Seven out of the nine participants identified themselves as musicians (having had formal musical training) at the start of the study, two participants did not consider themselves to be musicians. Participants included university students, university faculty, and members of the community. Recruitment procedures included advertisements displayed locally at the public library, coffee shops, etc. Flyers were also posted around the university campus with emphasis inside the School of Music building. The research group also circulated via snowball sampling

through word of mouth and social networks. The recruitment flyers requested an RSVP from volunteer participants, via email, phone, or in-person.

## **Materials and Procedure**

All participants signed a consent form the first evening of their study (either the first or second session), before entering the session room. Each participant selected a 3-letter, 3-digit code (e.g. TLA625) that was used for all data collection during the research process, to maximize confidentiality. A folder (with the de-identified participant code) was provided for each participant every week, collected at the end of every session, and stored under lock and key. The folders allowed for practical data collection and communication between the participants and the facilitator.

The study used three measurement tools to collect information and assess data. The first measurement tool used was the *Connor-Davidson Resilience Scale (CD-RISC)*. The measurement tool was obtained by communicating directly with Jonathan Davidson, M.D., and required a statement of intended use and small fee. The CD-RISC has twenty five statements that the participant must answer on a 0-4 scale of agreement from “not true at all” to “true nearly all the time”. One example statement in the CD-RISC is “I am able to adapt when changes occur.” Women’s Chant Group study participants filled out the CD-RISC questionnaire twice, once at the very beginning of their first session with the group and once more at the very end of the fourth and final session with the group. The other two assessments collected information at the beginning and end of each of the four sessions, via the folder method previously described. At the beginning of every session, participants completed a self-evaluation of their mood by circling words that



match how they felt at that moment. Participants completed the exact same self-evaluation at the end of every session. The self-evaluations included sixteen words to describe mood and were adapted from a form used every week at the facilitator/author's job at a local inpatient behavioral health hospital for evaluating the responses of patients in regards to adjunctive therapy sessions (art, music, recreation, etc.). A separate panel of twenty judges, all graduate students in Music Therapy or Counseling programs, was used to identify which mood words represented a positive state and which words represented a negative state. To be considered positive or negative, a word had to have agreement for at least 17 out of 20 judges. Judges determined that the following eight words indicated a positive state: Alert, Calm, Excited, Happy, Hopeful, Interested, Relaxed, and Sociable. Judges determined that the following eight words indicated a negative state: Angry, Anxious, Disinterested, Distracted, Lonely, Sad, Tense, and Tired. Journaling was completed by participants at the end of every session, as well. Five prompts were provided for participant reflection and response, but the women were encouraged to use the prompts as more of a guide and include anything of importance to their own personal experiences of the group chant experience that may be important for the facilitator and research team to know. These same five prompts were used for journaling at the end of every session (see *Appendix M*). Content analysis was conducted for responses to reveal common themes. After several revisions of the process for analyzing the themes, one research team member and the facilitator/author finally demonstrated inter-rater reliability with 100% agreement in the coding of words.

The study sessions took place on-campus in a School of Music classroom. The room was plain, tables pushed to the edges of the room with just enough chairs for

participants to sit in a circle in the center of the room. Large windows lined two walls of the room. There was a grand piano in a corner of the room, played occasionally by the facilitator or advisor during moments when participants recorded assessment data at the beginning or end of some sessions. A large vase filled with a fresh flower arrangement sat atop a table next to the circle of chairs every week for the group to make the room more inviting and provide some warmth/comfort for the participants.

Each session was slightly different, but followed a similar structure and lasted one hour in length. During the first session, participants adhered to the following schedule: Five minutes to read and sign consent forms, ten minutes to complete the pre-test CD-RISC, two and a half minutes to complete the pre-test self-evaluation for mood, thirty minutes of active chanting, ten minutes of journaling, and two and a half minutes to complete the post-test self-evaluation for mood. During the second and third sessions, participants adhered to the following schedule: Two and a half minutes to complete the pre-test self-evaluation for mood, forty-five minutes of active chanting, ten minutes of journaling, and two and a half minutes to complete the post-test self-evaluation for mood. During the fourth and final chant session, participants adhered to the following schedule: Two and a half minutes to complete the pre-test self-evaluation for mood, thirty-five minutes of active chanting, ten minutes of journaling, and two and a half minutes to complete the post-test self-evaluation for mood, and ten minutes to complete the post-test CD-RISC.

Each session included four to seven chants, and each chant followed a fairly predictable structure. The individual chants lasted four to nine minutes in length. First, the facilitator would sing the melody of the chant by herself two to three times for the

group to hear and internalize. Then, participants would join in singing the melody line as they felt comfortable. Next, some participants began improvising new musical elements (such as harmonies, counterpoint lines, rhythms, and body percussion) to complement and support the melody. After several minutes of singing the chant together and demonstrating familiarity and comfort with the musical elements, some participants would improvise additional text to build upon the message in the lyrics. Slowly and naturally, the chant would decrescendo (decrease in volume) and increase in focus by participants returning to the original melodic line when sensing the end of the chant. Chant closure occurred sometimes as a fade out and sometimes with one last marked body percussion sound (such as a clap or a stomp).

## Results

The results of the CD-RISC-25 assessment will be presented first. The assessment was given at the very beginning of the participant's first session (which was either the first or second session of the study) and again at the very end of the fourth and final session. The results of the assessments are as follows:

*Table 1*

Connor-Davidson Resilience Scale 25 (CD-RISC-25) Participant Before and After Scores			
Participant	1st Score	2nd Score	%

1	71	73	2.8
2	64	83	29.7
3	77	84	9.1
4	59	90	52.5
5	75	83	10.7
6	79	94	19.0
7	83	74	-10.8
8	83	80	-3.6
9	41	65	58.5
<hr/>			
Mean Averages	70.2	80.7	14.9

The collected intervallic data and, due to the small sample size ( $N = 9$ ), did not meet the criteria for performing a dependent t-test. Instead, a Wilcoxon test was calculated to determine if there was a significant difference between participants' resilience scores before and after involvement in the multi-session Women's Chant Group. Results of the Wilcoxon test revealed that there was no significant difference between participants pre-test scores ( $M/x = 70.2$ ) and post-test ( $M = 80.7$ ),  $p > .05$ . Standard deviation reduced from 13.65 (pretest) to 8.92 (post-test). 7 out of 10 participant scores increased and, despite 2 participant decreases in score, the overall mean average for the CD-RISC-25 increased by 14.9% from the beginning to the end of the chant group sessions.

The self-evaluations for mood yielded a considerable amount of information regarding how the chant sessions affected the self-reported mood of the participants. The most noticeable trend was associated with anxiety and relaxation, as shown in the following tables:

Table 2

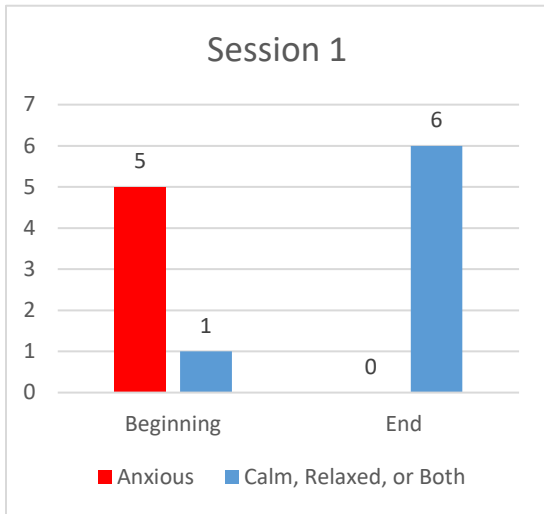


Table 3

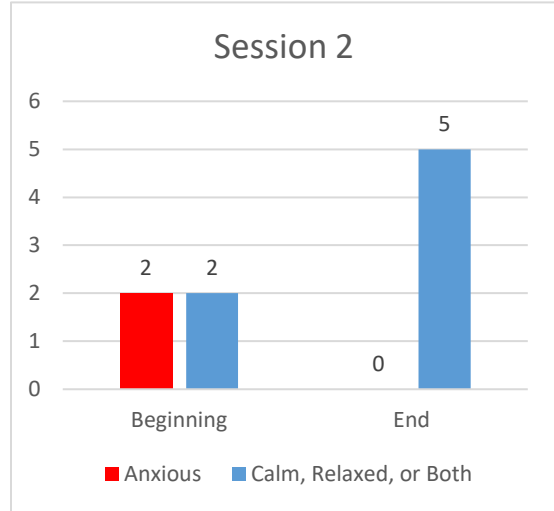


Table 4

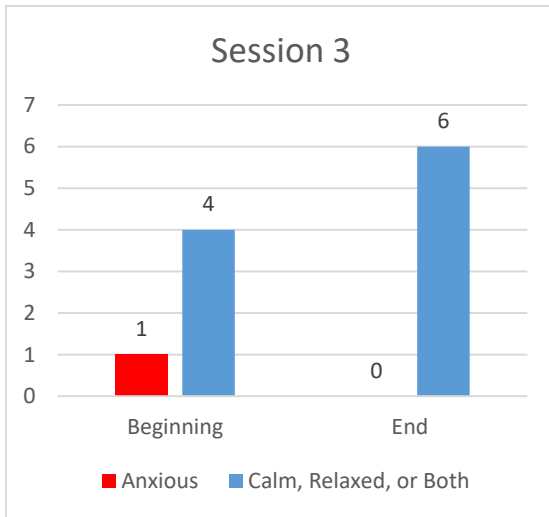
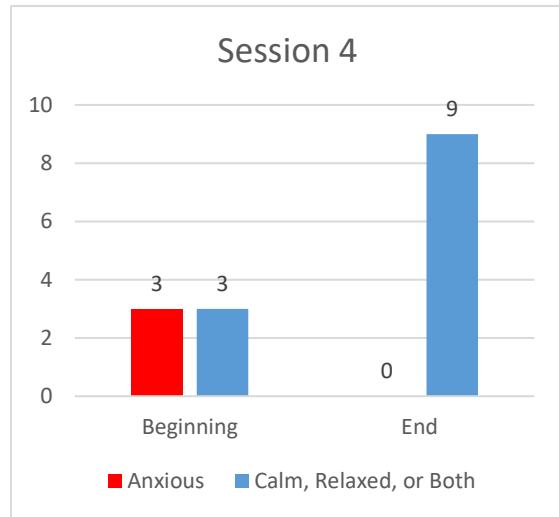


Table 5



For every session of the Women’s Chant Group study, participants reported a decrease in anxiety and an increase in relaxation. Furthermore, there was not one report of anxiety at the end of each session. In the final session, every single participant reported feeling relaxed, calm, or both at the end of the group.

Positive (e.g. happy, excited, hopeful) and negative (e.g. angry, sad, disinterested) mood words were counted pre- and post-test for descriptive statistics. Out of thirty completed mood evaluations over the course of the four sessions, the following mood changes were reported:

- 67% Decrease in negative words from pre- to post-test
- 27% No change in negative words from pre-to post-test
- 7% Increase in negative words from pre- to post-test
- 13% Decrease in positive words from pre- to post-test
- 17% No change in positive words from pre- to post-test
- 70% Increase in positive words from pre- to post-test

Presented next is the results for the thematic analysis derived from participant journaling. Below is an account of the top twenty meaningful/unique words mentioned in the journals and how many times each was mentioned overall. Words/concepts mentioned fewer than 5 times by participants are not included. Words that were included in the journaling prompts were also not included (e.g. singing, connected, etc).

Table 6

Frequency of Most Common Meaningful Journalled Words	
Word	# of times found
Love/s/ed/ing	13
Woman/Women/Female/Ladies	12
Power/ful	10
Enjoy/ed/ing	8
Calm/Calming	7
Eye/s	7
Strong/er	7
World	7
Empowered/Empowering	6
Heart/s/Heartfelt	6
Rhythm/s	6
Beauty/Beautiful/Lovely	5
Harmonies/Harmonizing	5
Lion/s	5
Realize/ing/ed/Realization	5
Relaxed/Relaxation	5
Remind/s/er/ed	5
Sad/ness	5
Safe/Secure	5
Voices	5

While this list doesn't provide the context in which the words/concepts were mentioned, it does provide a snapshot of what participants may have experienced to be meaningful or particularly important.

## **Chants**

This section will present each chant individually. One chant from each of the four sessions will include musical notation. Discussions may include the inspiration for the chant, how the chant was received by the group during performance, and any journaling responses in which the participants featured the chant in their reflection of the session (italicized text indicates written feedback from study participants). The chants were composed Thursday (the day after the chant group) through Sunday, during which the facilitator/author read through the participant journals multiple times for themes and needs that could be incorporated into the new chants. Every Monday during the month of the chant group, the chants were presented to research supervisor Robin Rio, who provided feedback on the chants (in case any chant needed to be adjusted before the next Wednesday evening group). This process also allowed for Professor Rio to familiarize herself with the new chants, allowing her to be more musically supportive during the actual chant groups.

### Session One

#### **We are here, and we are strong, we are here, so hear our song**

This chant was consistent from week to week, serving as the introduction to every group session. I composed this song as a way for participants to orient themselves to the here-and-now, to direct their focus to the group singing and away from any potentially troubling issues experienced outside the group. This chant was successful, as evidenced



by participants joining in the singing quickly and energetically at the start of each group session.

### **This place is a safe space for my mind, my heart, and me**

This chant was composed to help participants feel comfortable and safe within the new group setting. I wanted participants to feel as though their thoughts, emotions, and voices would be accepted and supported by the group. This chant was partially successful, due to the physical movement that was added during the song. To help become comfortable with the chant circle and the session room, participants were requested to walk around the circle of chairs during the song. This movement resulted in a lack of focused energy, likely because the voices were spreading throughout the room instead of being intensified within the seated circle formation where participants could hear each other's voices and build upon the various sounds. During the journaling process, one participant noted *My mind wandered during the circle walking*. Despite the lack of focused vocal energy, some participants shared positive experiences from the chant: *I do feel secure and safe in this group ... I know this is a group I can share with*. Another participant wrote that the lyrics of the chant *stood out to me, because as a rule my brain isn't a safe space for me— but when we all started singing, my mind tuned into the music*.

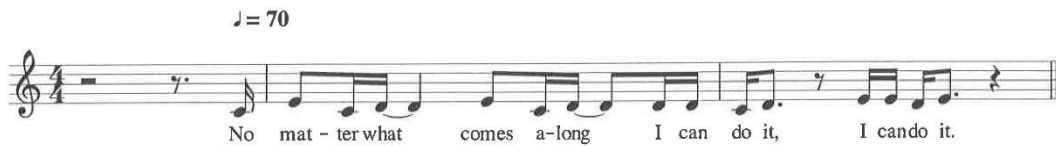
### **Women of the world**

This chant was composed because I felt that it was very important to incorporate the word “women” into a song during the first session. I wanted the women to feel a

connection to the other participants who were women and identify with all the women of the world, to promote a sense of unity and being on the same team. This chant was partially successful, as evidenced by some participants connecting to the message while other participants did not feel the intended camaraderie. One participant journaled *I am woman, I am strong, gave me a feeling of confidence that women are really making a difference for the better*. Another participant had a contrasting experience during the song, *I couldn't feel empowered. I just felt like no one would pay special attention [to] me because I was a woman. But people would look down at me with that label*.

### **No matter what comes along, I can do it**

*Figure 1*



This chant was consistent from week to week, serving as the ending song for every group session. This is the only chant that was composed outside of the context of the research study. The chant, a personal reminder to myself that I would overcome the trials of graduate school, was created for an assignment due the previous semester in Improvisation and Accompaniment class. The chant was well-received by professors and classmates, and so it was used for the Women's Chant Group as well. This chant was chosen to close every session because I wanted to offer a positive intention, in case participants experienced any deep and vulnerable emotions during the chant session, so

that the women left feeling energized and in control. During the journaling process, one participant was inspired by the lyrics and reflected that it was a *Sad and depressing time in politics, we will get through*. In a later session, one participant shared that this chant was a *good reminder to get through the storm*.

During the journaling process, participants remarked on a variety of positive associations with the first chant group. One participant described a personal project that hit a block and *this feeling was causing me to feel sadness. While doing the chanting I felt a new confidence that the problem can be & will be resolved. I have renewed faith*. Another participant shared *I felt free and creative during the group singing ... I am a creative person*. One participant asserted that *With 4 chants learned at one time it's hard to remember all the words. But all were powerful messages in the moment*. Another participant shared the experience of pain relief during the session: *My upper back hurts, has been hurting all day, in fact. However, I certainly feel a lot less tense than when I walked in*.

## Session Two

### **Laugh, Love, Joy, Fun**

This chant was inspired by the previous journaling session during which a participant shared *When we laughed, I felt a connection*. I wanted the women to feel comfortable and enjoy each other's company, including smiling and laughing together. To help capture a playful feeling, I used a musical mode for the composition, Lydian,

starting on F. In retrospect, the very first leap from the first to second note/word was an augmented 4<sup>th</sup> interval, a tritone, also known as the “Devil’s Chord”. This chant did not accomplish its goals, and was not very successful, as evidenced by the low level of energy in the voices of the group. However, some participants did improvise laughter and smile at one another. During the journaling process, one participant wrote *I didn’t like the second one* and another noted that the chant *sounded discordant to me*.

### **Heart to heart, voice to voice, language of the soul rejoice**

This chant was composed in effort to bring a deeper sense of cohesion to the group. The first journaling session revealed that the participants were bringing a lot of their own experiences (e.g. personal struggles, cultural differences, etc.) into the group setting. This song was meant to draw attention to those individual differences and celebrate them. To draw attention to the potential differences, I improvised singing “my heart” in various languages, including French (*mon coeur*), German (*mein Hertz*), Spanish (*mi corazón*), Chinese (*wǒ de xīn*), Japanese (*watashi no kokoro*), etc. Even though I didn’t hear any of the participants join in singing a different language, this chant was successful as evidenced by the high energy level demonstrated by participants and unique vocalizations that were improvised. During this session’s journaling process, one participant highlighted *I just figured out that I don’t have to sing in English. I can do all kinds of stuff, making all kinds of sounds/noise*.

**When I look around, sometimes I feel pain,**

**When the world is burning, I can be the rain, we can be the rain**

Figure 2

$\text{♩} = 65$

When I look a - round, sometimes I feel pain. When the world is burn - ing,

7  
I can be the rain, we can be the rain.

This chant was inspired by the previous journaling session during which a participant shared *Sad and depressing time in politics, we will get through*. The chant aimed at recognizing the current political climate in the U.S. and providing an opportunity for the women to feel like they are not helpless, nor do they have to “fight fire with fire”. I wanted the participants to feel that it’s ok to feel pain and despair in regards to social injustice, and also realize that women have a significant role in the resolution of the problem. One participant picked up on the intentions of the song and journaled that she has been *feeling like the world is out of control*. Another participant reflected the optimism in the melody and lyrics and wrote *Beautiful sound and hopeful words*.

### **Singing all the colors, painting with the voice**

This chant was inspired by the creativity of the group. The first session demonstrated the wealth of imagination, musicality, and openness of the participants. This chant attempted to provide an aural canvas for the women to color in with their voices. It was successful in that the participants offered a variety of interesting

counterpoint melodies, harmonies, and energetic body percussion. At times, the sounds were not perfectly beautiful (sometimes dissonant), but I interpreted that as the participants feeling truly free to spontaneously create without censoring themselves. During the journaling, one particular participant reported strong preference for the chant: *It felt natural and I wanted to reach out and grasp the colors painted, to touch the voices in the air ... I truly sat amongst textures, amongst flashing pictures and possibilities flying by behind closed eyes.*

**Natural as breath, music has no end, this moment it will echo, until we meet again**

This chant proved the most difficult to compose during the Women's Chant Group study. I wanted a musical suggestion for the participants to think about the experience of the music outside of the sessions, in an effort to make the sessions more useful and transformative for the participants in their personal lives. I knew that this particular chant had to be especially memorable and sing-able if participants were to think about the music between sessions, and I had trouble selecting a style that would deliver the message the way I intended. I finally decided on a sea shanty style, typically sung as an accompaniment to labor, so the strength of the melody and text would stay with the participants after the session was over. Even though no mention of this particular chant was found in the participants' journals, this chant was successful as evidenced by the lilting sway of the voices, as if the group was actually on a ship together and feeling the motion of the ocean. This was one of the most cohesive chants of the study, in that the voices demonstrated a clear musical direction during the song.

During the second session journaling process, again participants reported a variety of positive associations from singing the five new chants (in addition to the consistent beginning and ending chants from the first session). One participants shared that *This session was invigorating! ... I found the evolution of the words, especially going from “I” to “we” to be empowering!* Another participant echoed the same feelings of empowerment: *I felt empowered and hopeful ... Reminded me of my power of creativity.* Yet another journal read *I walk away feeling a smile spread across my face and a sense of determination embedded within me.* One participant summarized her feelings towards the session with the words *Calm, peaceful, comfortable.* One participant wrote *I love all the chants, great music. Very lovely* and another wrote *I like having some familiar and some new.*

### Session Three

#### **I am the sun, filling the world with light, I am the moon, shining through the night**

This chant was inspired by my research advisor, who wondered how the group would respond to a chant with a strong major tonality. I selected the text because nothing sounds “sunnier” than a major chord; a major tonality reflects sturdiness and what is more solid and reliable than the sun? This chant was successful and sounds the most hymnal of the chants, with participants often harmonizing in classic church style. During the journaling process, one participant identified meaningful text: *Light, shining.*

### **Unlock the cage, leave all your worries, feeling fearless and free, fearless and free**

This chant was inspired by a second session journal, in which a participant requested *Could we do a chant about not being fearful?* Instead of using the word “fearful” in the chant, I opted to use “fearless” to help participants focus on a positive (rather than negative) state of being. This chant was successful as evidenced by the strong vocal quality utilized by the participants throughout the song. During the journaling process, one participant noted particular appreciation of the chant because *I have been feeling inhibited this week.*

### **Ganam Caina, Ganam Dama**

This chant was inspired by a participant’s journal reflection from the previous session: *Have you thought of combining your meditation or relaxation knowledge with chant lyrics?* I drew upon my experiences of meditation and singing in India for the chant text. The words are Sanskrit and Hindi (mixing these two languages is an accepted practice in Indian spiritual songs). “Ganam” means song/singing, “Caina” means contentment/peace of mind/quiet, and “Dama” refers to breath/life/spirit. Loosely translated, the chant indicates “Singing quiet contentment, singing the breath of life”. This chant was very successful, as evidenced by the high degree of focus and quiet intensity of the group; their performance of the song sounds like an aural meditation. One participant journaled afterwards that it was *Way cool that you brought in a chant from another culture.*



### **I like adventure, show me something new**

This chant was composed to help instill a sense of braveness and risk-taking for the participants. To meet the goals of increased empowerment and resilience, my hope for the women was for them to feel like they could handle anything that comes their way and rise to the challenge. This chant was partially successful in that the participants added some fun, interesting, and adventurous musical sounds, but overall the performance lacked energy and dragged in tempo.

### **When you were born, you had the key, your destiny before you**

*Figure 3*



This chant was a joyful, spiritual offering inspired by the women's journaled words of *faith, soul, transcendence*, etc. This song was highly successful as evidenced by the energy of the voices and body percussion throughout the song. Participants clapped and created a variety of sounds using their chairs; the performance of this chant reflected a particularly grooviness and gospel style. Several of the participants mentioned that this chant had value and stuck out as important, but did not elaborate on how or why.

In reflecting, participants journaled many diverse personal and musical experiences. One participant shared the insight that *Music changes your outlook on life, or your perspective of the day ... I learned a lot over the past few weeks.* Another participant simply said *Best session so far.* One participant shared appreciation for the structure of the group: *I also liked that you are taking in feedback to change group each [week].* One participant was in the midst of a traumatic personal event, and shared that she felt *Somber, exhausted, but inspired by new realization ... my sister went into hospice care this week and I got back an hour ago from going to see her in another state, probably for the last time* and added the words *Transcendence, resonance, courage, peace and acceptance* to illustrate her experience of the session.

#### Session Four

##### **Stay free, speak up, words of love gonna fill our cup**

This chant was inspired directly from the reflections of a participant's journal in the previous session: *Stay free, speak up.* I wanted the women to know that their words and contributions are valuable inside and outside the chant group. I also wanted to convey the idea of women speaking loving and kind words to each other; so often, in society, women are pitted against each other in competition (often for men). This chant was very successful in that all participants sang with strength and seemingly created a waterfall of sound towards the end of the text, a vocal illustration of pouring into a cup.

## I am a lion, a very good woman with a very strong heart

Figure 4



This chant was inspired by the word *courage* written by a participant during the previous session’s journaling process. Since “courage” is often associated with the lion, I used that animal to reflect the power and strength of the women and to help encourage them in claiming their primal essence. This chant was very successful as evidenced by a high level of energy in the participants and the longer time allotted for the song (many times that the chant started to fade, a participant would sing with renewed vigor, indicating that she still had something to take or give to the chant circle). During journaling, many participants identified that this chant held a high level of importance for them. One participant provided particularly insightful and thoughtful response to this chant: *When so often we are told we were meant [to be] gentle housecats, content to preen in the affection bestowed upon us by our prospective partners or those ahead of us in the business world ... it’s refreshing to hear we were meant to roar. Not from the mouths of others, instead from our own lips, uttered by our own tongues. We are STRONG.*

### **Moving along, moving along, I'll carry you with me after we're gone**

This chant was inspired by two sources. After reading the journals and realizing that several participants have experienced (or were experiencing) grief in their personal lives, I wanted to provide them with a beautiful, heartfelt way of expressing this grief. This chant also represents the end of the Women's Chant Group study and serves to provide a more ethical termination of the group by recognizing what we have accomplished together as a group and how the experience will continue to affect the participants after we are no longer meeting for singing sessions. This chant was highly successful as evidenced by the sweet and genuine vocal quality of the song. The women took advantage of the opportunity to express some sadness, and some of the vocalizations resembled the sighing and wailing of a person in pain. One participant journaled that the chant was *beautiful [because] it was the only one we didn't do some kind of beat/drums to. Just a cappella, and I often find beauty in sadness, and I could feel the emotion in it.* Another participant reported that the chant *immediately reminds me of my father. I am not religious, I felt sad and painful every time I thought of him. But after the chant, I feel peaceful. I know he still loves me, no matter what happens.* There was one instance of a participant who felt the song was rather inappropriate for the context: *I felt confused ... perhaps because we simply don't know each other well enough to be completely comfortable with the idea of saying "I'll hold a piece of you always" to strangers.*

For the final journaling session, participants had much to say about the experience. One participant reported *I'm so sad that the group is ending ... I feel more comfortable in the group setting now more than ever.* Another participant also disclosed appreciation for the group setting and the women: *[Feels] like we're united through*

*chant/music regardless [of] musical skills, culture, ethnicity.* Many participants shared personal growths, such as *I think I feel more alive & confident, a little stronger as a person and I absolutely loved this last group meeting ... [and] didn't feel the compulsion to ritualize ONCE during this session (that's unheard of).* One participant was able to connect with a loved one in her life: *I thought of my daughter who died. I shared loving thoughts with her on one particular chant.* Another participant asserted that *This was a great group to be a part of. I enjoyed making music with no pressure or performance goal.*

## **Discussion & Recommendations**

### **Limitations and Bias**

There are some limitations and bias associated with the process of the Women's Chant Group study. The primary limitation of the group was the small sample size— 12 women participated in the chant groups with only 9 participants attending enough sessions to meet criteria for inclusion in the data analysis. However, the small number of participants in each session could have contributed to increased feelings of intimacy within the group and more satisfaction with hearing one's own voice within the chanting experience (because there was not a surplus of voices singing which makes it more difficult to hear one's personal contribution to the music). Another limitation exists in regards to the length of each session. Even though each session was one hour long, the amount of active chanting time varied for each session. The CD-RISC assessment tool was administered during the first and last research sessions only, resulting in fewer chants

performed for these two sessions. Although no obvious patterns were found during data analysis, it's possible that the shortened time for active chanting during the first and fourth sessions affected the participants and impacted the results of the study.

The major bias was in the recruitment of participants. Some of the participants had a friendly relationship with the researcher prior to the start of the Women's Chant Group study. These particular participants had been previous teachers to the researcher and others had been taught by the researcher. This could have led to some bias in the study results with participants who may have wanted to see the researcher lead a successful study with promising data. However, dual relationships are often encouraged in Community Music Therapy and Feminist Music Therapy, as it is understood by practitioners and researchers of these two approaches that close and friendly relationships between therapist and clients are not only humanizing, but a deeper intimate connection facilitates the healing process itself.

## **Discussion**

This section will address the results of the study in the context of the three main research questions and discuss the implications of the data.

- 1. How are individuals' resilience affected by a participation in a multi-session Women's Chant Group?*

Based on the results of the CD-RISC, this question remains largely unanswered. Even though the Wilcoxon test showed no statistical significance in individual's

resiliency scores from the beginning to end of the Women's Chant Group study, it is notable that the majority of the participants demonstrated an increase in score (two participants scored over 50% higher the second time they completed the CD-RISC). Further investigation and a higher sample size is recommended to determine the impact of a multi-session chant group on the resilience of women participants.

2. *How does participation in a single-session Women's Chant Group affect an individual's mood?*

Based on the collected data from participant self-evaluations of mood, the Women's Chant Group indicates that even one session may improve mood for participants. Data may suggest that an all-women's chant group can help reduce feelings of anxiety, anger, tension, and loneliness and increase feelings of hope, happiness, calm, and relaxation. These results are consistent with many other studies on the emotional benefits of group singing activity (as discussed in the literature review section). The strongest change in mood was a consistent decrease in anxiety for participants coupled with an increase in relaxation/calm for every session. Such a trend may indicate that chant groups may be of particular benefit for women who experience anxiety, and separate studies with higher sample sizes are recommended to target this specific population. The only two counts of decline in mood are in contrast to the general results of the data and so are presented below:

Participant A reported feeling “happy, calm, sociable, interested” at the beginning of a session and reported feeling “happy, calm, interested, relaxed, sad” at the end of the same session. Participant A actually wrote on the evaluation next to “sad” that she felt that way because *this is the last one*, meaning she was feeling sad because the Women’s Chant Group was ending.

Participant B reported feeling “sad, tired, interested” and also wrote-in feeling “heartbroken” at the beginning of a session and reported feeling “sad, tired, distracted” at the end of the same session. One could argue that moving from a “heartbroken” state to a “distracted” state is actually an improvement in mood. Regardless of the interpretation, it is important to note that for that session’s journaling, Participant B communicated that *my sister went into hospice care this week and I got back an hour ago from going to see her in another state, probably for the last time*. It is likely that such a traumatic event had significant impact on Participant B’s mood, before, during, and after the session.

3. *Which elements of a Women’s Chant Group are perceived to be the most important to the participants?*

Based on the journaled responses of the participants, the music itself was by far the most important element of the Women’s Chant Group. The women participants demonstrated clear preference for rich harmonies, the thick texture of many voices creating the sound, and the beautiful tone of many unique voices blending together in song. This finding is important because it may show that the various benefits of



participation in such a group are due to a deep, aesthetically pleasing musical experience, more so than any other aspect of the group (meeting other women, writing/journaling about their experiences, etc.).

Even though the original research question *How does participation in a Women's Chant Group affect an individual's sense of empowerment?* faded from focus during the construction of the study, it is interesting to note the many times the words "power" and "empowered" were used by participants in the journaling process (see Table 6). Perhaps the theme of empowerment lingered (see limitations and bias section), even though it was no longer the focus of the study; or perhaps the chant group ended up affecting the participant's sense of empowerment, after all. Further studies with higher sample sizes coupled with an appropriate tool for measuring empowerment (perhaps more specific journaling prompts) may shed light on the relationship between women's chant groups and empowerment.

## **Reflections and Recommendations**

This study confirmed much of the literature presented earlier. Participant journals provided much insight into what the women were experiencing during the chant group sessions. The prompts guided the responses of the participants, however one wonders what the women would've written, had their journaling not been prompted. In this author's opinion, the journaling process was extremely important to the success of the Women's Chant Group Study. Investigating the written thoughts and feelings of the participants provided a wealth of inspiration for the chant composition process. It allowed for the facilitator to musically reflect specific ideas back to the participants.

Reflection is an active listening technique used in psychotherapy to help clients recognize that the therapist is truly hearing them and cares about them, and it is also helpful in guiding the client to realize what he/she has said from a different perspective. In music therapy, the technique of reflection often manifests musically, with the therapist matching the tempo, dynamic, and style of the client's performance. For this chant group, the facilitator was able to reflect the words of the participants directly in the lyrics and reflect their feelings through manipulating the actual musical elements. For example, when one participant requested a meditative/relaxation chant, the tempo was slow and only three notes were used to help direct the participants towards an inward, mindful state of being. Through the journaling process, the facilitator becomes aware of the circumstances and needs of the participants and can compose much more meaningful music to support the women effectively.

Using a Community Music Therapy approach with Feminist Music Therapy Theory, the chant group created a safe space for women to explore their thoughts, feelings, and connect with other women. The fact that the facilitator had relationships with some of the participants prior to the study enhanced the research process. Understanding the life circumstances and experiences of some of the participants helped the facilitator create more meaningful chants, and understanding the knowledge base of the facilitator encouraged the participants to be more assertive in communicating what needed from the chant groups.

Several songs used in the women's chant group highlighted moments of despair and trouble, and such chants were later assessed by the participants to be "sad" but "necessary" for the progress and therapeutic value of the group. Despite the clear

identity differences between the target populations of African American adolescent boys and adult women, the H.Y.P.E. program (Winfrey, 2009) and the Women's Chant Group reflect similar goals for developing empowerment in the participants and demonstrate a similar mix of thematic lyrical content inclusive of uncomfortable struggles tempered with inspiring optimism.

Based on the process and results of this Women's Chant Group study, there are several recommendations for future research in the area of women's chanting. The first is the research team and facilitator of the study. This study was well-suited for the facilitator because of previous experience in music therapy, performance, composition, group dynamics, and behavioral health. It is recommended that the facilitator have this experience in order to provide a high-quality experience for women. If the facilitator does not have all of the aforementioned experience, more members on the research team could potentially achieve the same positive and therapeutic environment. The facilitator must be a singer and demonstrate excellent vocal quality and confidence in singing, to model for the group members. The facilitator should also be a music therapist, well-versed in vocal improvisation and how to musically manage the chant sessions. A licensed counselor would be helpful to have on the research team, to provide insight on the journaling responses and pick out what thoughts and feelings may be most beneficial for participants to hear and sing in future sessions. A composer could work with the counselor by translating the needs of the participants into music and lyrics. If the facilitator and/or research team does not have experience in these areas, there are risks for the women participants. Poor chant composition could lead the women to feel like as though they are musically inept and develop lower self-esteem. If there is no one on the

research team who has experience working in the behavioral health field, the facilitator could potentially select the “wrong” aspects of participant journaling to magnify and reflect through music, e.g. reflecting only pain and sadness for multiple chants without providing a balance of musical strength and hope for the future. Another recommendation is for experimenting with the size of the group. Would a larger group offer a fuller musical sound and more support to the participants? Or is a smaller, more intimate group preferred because the women feel like they are more important and have a stronger voice in guiding the direction of the music and the group? Regardless of size, one firm recommendation for future research is to have a ratio of at least 50% musicians in the group. The women communicated preference for harmonies and resonant textures via journaling; here are some examples of the high value placed on beautiful and complex music within the chant group:

- 1) When songs broke into harmonies I loved that feeling.*
- 2) As soon as we started branching out and improvising, I felt more connected with everyone, because I was listening very hard to them and they were listening to me, and we were all equally important in that moment.*
- 3) You can really feel the power behind the voices and the way all our rhythms blend together gave me a connection with others in the group.*
- 4) It was great to hear so many unique voices come together.*
- 5) Particular moments of connection occurred when the group begins singing with more intensity as the voices blend in confidence.*

*6) I also loved the feeling of all losing ourselves, or better yet giving ourselves to the harmonies of words & rhythms as our hearts entrained!*

The majority of the participants were self-identified musicians, and the facilitator and research advisor are board-certified music therapists (both of whom participated fully in the chant singing). The previous musical experience and training of the group participants allowed for a range of beautiful and creative musical experiences. It is likely that an entire chant group of non-musicians would not have been able to achieve the same degree of harmony and complexity in the music, and participants may even leave such a chant group feeling negatively about their own voices and musical ability/participation. Another recommendation for future chant group studies is for the facilitator to leave moments of space in between chants for participants to absorb and honor experience of the song. In regards to processing time, here are a few of the journaled comments made by participants as the sessions progressed and adjustments were made:

- 1) It seems like a lot of words & chants with little process time between.*
- 2) A little bit of silence at the end would work better to reflect and enjoy.*
- 3) I really enjoyed the space & pauses in between chants. I found it to be very meditative and found myself reflecting a lot.*

Other recommendations would be for journaling to be free-association rather than guided prompts and for the mood evaluations to be translated into a Likert-type scale so

that the researcher can draw clearer conclusions about the statistical significance of the mood changes.

### **Conclusion**

Chant is potentially a very useful form of expression and reflection for women. Although very little research has been done in the area of chant groups, this study suggests that the subject is worthy of continued research and activity. Participants in the Women's Chant Group described many positive benefits as a result of engaging in a rich and musical vocal experience. A Community Music Therapy approach with feminist perspectives is vital for a study of this nature. Women need a safe space to express themselves, to be with other women, to take what they need and give what they can. Chant groups offer the modern-day woman a time and place to be herself and make her voice heard. If the reader is still not convinced of the value of such a musical experience, let the voices of the participants speak for themselves:

- 1) *Shall we keep this group going? I believe there are many ladies who need this.*
- 2) *This makes me wish for more opportunities to sing and chant w/others.*
- 3) *I would love to continue this, but early in the morning, maybe ... with stretches and a new start to the day!*
- 4) *Made me value the power in this form of expression & want more of it ... Let me know if there are opportunities to continue with this group and/or this process.*

5) *I would be very pleased if a group like this could continue... it's the perfect form of self-care for any musician (and non-musicians alike!).*

6) *The whole world should do this as a group. Wouldn't that be wonderful!*

In this author's opinion, yes... it would certainly be wonderful.

## References

- Abell, R.V., Baird, A.D, & Chalmers, K.A. (2016). Group singing and health-related quality of life in parkinson's disease. *Health Psychology*, Epub DOI 10.1037/hea0000412.
- Adrienne, J. (2014). A feminist sociology of professional issues in music therapy. In Hadley, S. (Ed.), *Feminist perspectives in music therapy* (pp. 50-68. Gilsum: Barcelona Publishers.
- Aigen, K. (2014). Music-centered dimensions of Nordoff-Robbins music therapy. *Music Therapy Perspectives*, 32 (1), pp. 18-29.
- AMTA. (2015). Music therapy: A continuum of growth. *2015 Conference Final Program*, Conference Schedule, pp. 17-48. Accessed March 12, 2017 at <http://www.musictherapy.org/assets/1/7/2015FinalProgram.pdf>
- Amir, D. (2014). Awakening the “wild woman”: Feminist music therapy with Israeli women who suffered trauma in their lives. In Hadley, S. (Ed.), *Feminist perspectives in music therapy* (pp. 250-270). Gilsum: Barcelona Publishers.
- Ansdell, G. (2002). Community music therapy and the winds of change. *Voices: A World Forum for Music Therapy*, 2 (3), DOI: <http://dx.doi.org/10.15845/voices.v2i3>.
- Aquino, F., Silva, M., Teles, L., Ferreira, L. (2016). Aspects of the speaking voice of elderly women with choral singing experience. *Codas*, 28 (4), 446-53.
- Austin, D. (2008). *The theory and practice of vocal psychotherapy: Songs of the self*. Philadelphia: Jessica Kingsley Publishers.
- Bailey, B.A. & Davidson, J.W. (2003). Amateur group singing as a therapeutic instrument. *Nordic Journal of Music Therapy*, 12 (1), 18-32.
- Baines, S. (2013). Music therapy as an anti-oppressive practice. *The Arts in Psychotherapy*, 40 (1), pp. 1-5.
- Bent, I. & Pfau, M. (2010). Hildegard of Bingen. *Grove Music Online*. Oxford Music Online. Oxford University Press. Accessed April 20, 2017 from <http://www.oxfordmusiconline.com/subscriber/article/grove/music/13016>
- Bergold, J. & Thomas, S. (2012). Participatory research methods: A methodological approach in motion. *Forum: Qualitative Social Research*, 13 (1).



- Bradt, J. (2014). The voices of women suffering from chronic pain. In Hadley, S. (Ed.), *Feminist perspectives in music therapy* (pp. 271-284). Gilsum: Barcelona Publishers.
- Burns, R.A. & Anstey, K.J. (2010). The Connor-Davidson resilience scale (cd-risc): Testing the invariance of a uni-dimensional resilience measure that is independent of the positive and negative affect. *Personality and Individual Differences*, 48, pp. 527-531.
- Busch, S. & Glick, M. (2012). A quantitative study of choral singing and psychological well-being. *Canadian Journal of Music Therapy*, 18 (1), 45-61.
- Campbell-Sills, L., Cohan, S., & Stein, M. (2006). Relationship of resilience to personality, coping, and psychiatric symptoms in young adults. *Behaviour Research and Therapy*, 44, pp. 585-599.
- Carolan, M., Barry, M., Gamble, M., Turner, K., & Mascareñas, O. (2012). Experiences of pregnant women attending a lullaby programme in Limerick, Ireland: A qualitative study. *Midwifery*, 28 (3), 321-328.
- Connor, K.M. & Davidson, J.R. (2003). Development of a new resilience scale: The connor-davidson resilience scale (cd-risc). *Depression and Anxiety*, 18 (2), pp. 76-82.
- Cornwall, A. (2016). Women's empowerment: What works? *Journal of International Development*, 28, pp. 342-359.
- Curtis, S. (2013). Women's issues and music therapists: A look forward. *The Arts in Psychotherapy*, 40 (4), pp. 386-393.
- Curtis, S. (2014). Feminist music therapy: Transforming theory, transforming lives. In Hadley, S. (Ed.), *Feminist perspectives in music therapy* (pp. 215-230). Gilsum: Barcelona Publishers.
- Curtis, S. (2015). Feminist music therapists in north America: Their lives and their practices. *Voices: A World Forum for Music Therapy*, 15 (2), DOI: 10.15845/voices.v15i2.812.
- Dileo, C. (2014). Feminist therapy ethics: Implications for music therapy. In Hadley, S. (Ed.), *Feminist perspectives in music therapy* (pp. 427-441). Gilsum: Barcelona Publishers.
- Dunn, B. (2012). *More than a song: Exploring the healing art of music therapy*. Seattle: University Book Store Press.

- Dunn, B., Rio, R., Winnwalker, J., Jackert, L., & Hearn, M. (2016). *Daughters of harriet: From the heart* [CD]. Logan, Utah: Thirteen-Eight Productions.
- Dunn, B., Rio, R., Winnwalker, J., Jackert, L., & Hearn, M. (2016). *Daughters of harriet songbook: You are a song... from the heart!* USA: CreateSpace Independent Publishing Platform.
- Duran, J. (2006). *Eight women philosophers: Theory, politics, and feminism*. Chicago: University of Illinois Press.
- Edwards, E. & Hadley, S. (2007). Expanding music therapy practice: Incorporating the feminist frame. *The Arts in Psychotherapy*, 34(3), pp. 199-207.
- Flamtermesky, H. (2014). Border woman: An experience of feminist participatory action research (FPAR) with women victims of human trafficking. *Athenea Digital*, 14 (4), pp. 389.
- Gardstrom, S. (2007). *Music therapy improvisation for groups: Essential leadership competencies*. Dallas: Barcelona Publishers.
- Goldberg, F.S. (2014). Descent to the goddess: A spiritual and psychological journey to the feminine. In Hadley, S. (Ed.), *Feminist perspectives in music therapy* (pp. 100-127). Gilsum: Barcelona Publishers.
- Gouin, R., Cocq, K., & McGavin, S. (2011). Feminist participatory action research in a social justice organization. *Action Research*, 9 (3), pp. 261-281.
- Gustafson, D. & Brunger, F. (2014). Ethics, “vulnerability”, and feminist participatory action research with a disability community. *Qualitative Health Research*, 24 (7), pp. 997-1005.
- Hadley, S. (Ed.) (2014). *Feminist perspectives in music therapy*. Gilsum: Barcelona Publishers.
- Howard, K. (2000). Shamanism, music, and the soul train. In P. Horden (ed.), *Music as medicine: The history of music therapy since antiquity*. Brookfield: Ashgate.
- Johnson, J., Louhivuori, J., Stewart, A., Tolvanen, A., Ross, L., & Era, P. (2013). Quality of life (qol) of older adult community choral singers in finland. *International Psychogeriatrics*, 25 (7), 1055-1064.
- Jones, L. (2014). Critical reflections on song selection for women’s empowerment in music therapy. In Hadley, S. (Ed.), *Feminist perspectives in music therapy* (pp. 303-325). Gilsum: Barcelona Publishers.

- Kenny, D.T., Davis, P., & Unwin, M. (2002). The effects of group singing on mood. *Psychology of Music*, 30 (2), 175-185.
- Kim, S. (2014). Feminism and music therapy in Korea. In Hadley, S. (Ed.), *Feminist perspectives in music therapy* (pp. 128-153). Gilsum: Barcelona Publishers.
- Kreutz, G., Bongard, S., Rohrman, Hodapp, V., & Grebe, D. (2004). Effects of choir singing or listening on secretory immunoglobulin A, cortisol, and emotional state. *Journal of Behavioral Medicine*, 27 (6), 623-635.
- Lamond, A., Depp, C., Allison, M., Langer, R., Reichstadt, J., Moore, D., Golshan, S., Ganiats, T., & Jeste, D. (2009). Measurement and predictors of resilience among community-dwelling older women. *Journal of Psychiatric Research*, 43, pp. 148-154.
- Livesey, L., Morrison, I., Clift, S., & Camic, P. (2012). Benefits of choral singing for social and mental wellbeing: Qualitative findings from a cross-national survey of choir members. *Journal of Public Mental Health*, 11 (1), 10-26.
- Loui, P., Bachorik, J.P., Li, H.C., & Schlaug, G. (2013). Effects of voice on emotional arousal. *Frontiers in Psychology*, 4, pp. 1-6. DOI: 10.3389/fpsyg.2013.00675.
- Merrill, T. (2014). Power and the voice in the institutional setting: A journey toward activating a feminist music therapy approach. In Hadley, S. (Ed.), *Feminist perspectives in music therapy* (pp. 180-195). Gilsum: Barcelona Publishers.
- Miller, R. (2015). *Intimate relationships, seventh edition*. New York: McGraw-Hill Education.
- Moloea, A. (2014). West/east side story. Questions on third wave of feminism. *Journal of Research in Gender Studies*, 4 (2), pp. 574-584.
- Mookerjee, A. (1988). *Kali, the feminine force*. London: Thames and Hudson.
- Miller, W. & Rollnick, S. (2013). *Motivational interviewing: Helping people change, 3<sup>rd</sup> edition*. New York: The Guilford Press.
- Næss, T. & Ruud, E. (2007). Audible gestures: From clinical improvisation to community music therapy. *Nordic Journal of Music Therapy*, 16 (2), pp. 160-171.
- Norton, K. (2016). *Singing and wellbeing: Ancient wisdom, modern proof*. New York: Routledge.

- O'Grady, L. & McFerran, K. (2014). Birthing feminist community music therapy: The progeny of community music therapy practice and feminist therapy theory. In Hadley, S. (Ed.), *Feminist perspectives in music therapy* (pp. 69-84). Gilsum: Barcelona Publishers.
- Pavlicevic, M. & Ansdell, G. (Eds.). (2004). *Community music therapy*. Philadelphia: Jessica Kingsley Publishers.
- Ponic, P., Reid, C., & Frisby, W. (2010). Cultivating the power of partnerships in feminist participatory action research in women's health. *Nursing Inquiry*, 17 (4), pp. 324-335.
- Rio, R. (2009). *Connecting through music with people with dementia: A guide for caregivers*. Philadelphia: Jessica Kingsley Publishers.
- Roller, K. (1998). Measuring empowerment: The perception of empowerment instrument (pei). Accessed on April 20, 2017 from <https://www.nhqualitycampaign.org/files/PEI.pdf>.
- Ruud, E. (2009). *Music therapy: A perspective from the humanities*. Gilsum: Barcelona Publishers.
- Seymour, H. (1920). *What music can do for you: A guide for the uninitiated, volume 1*. New York: Harper & Brothers Publishers.
- Short, H. (2016). "Big up west London crew": One man's journey within a community rap/music therapy group. *Music Therapy Perspectives*, DOI: <https://doi-org.ezproxy1.lib.asu.edu/10.1093/mtp/miw030>
- Skingley, A. & Bungay, H. (2010). The silver song club project: Singing to promote the health of older people. *British Journal of Community Nursing*, 15 (3), 135-140.
- Soshensky, R. (2011). Everybody is a star: Recording, performing, and community music therapy. *Music Therapy Perspectives*, 29 (1), 23-30.
- Snyder, M. (2014). Journaling. In Lindquist, R., Syder, M., & Tracy, M.F. (Eds.), *Complementary and alternative therapies in nursing, seventh edition* (pp. 205-214). New York: Springer Publishing Company.
- Stige, B. (2003). *Elaborations toward a notion of community music therapy*. Dissertation for the Degree of Dr. Art, Faculty of the Arts, University of Oslo.
- Stige, B., Ansdell, G., Elefant, C., & Pavlicevic, M. (2010). *Where music therapy helps: Community music therapy in action and reflection*. Burlington: Ashgate.

- Tamplin, J., Baker, F.A., Jones, B., Way, A., & Lee, S. (2013). 'Stroke a chord': The effect of singing in a community choir on mood and social engagement for people living with aphasia following a stroke. *NeuroRehabilitation*, 32 (4), 929-941.
- Tolhurst, R., Leach, B., Price, J., Robinson, J. ... (2012). Intersectionality and gender mainstreaming in international health: Using a feminist participatory action research process to analyse voices and debates from the global south and north. *Social Sciences & Medicine*, 74 (11), pp. 1825-1832.
- Vaillancourt, G. (2012). Music therapy: A community approach to social injustice. *The Arts in Psychotherapy*, 39 (3), 173-178.
- Vickhoff, B., Malmgren, H., Aström, R., Nyberg, G., Ekström, S., Engwall, M., Snygg, J., Nilsson, M., & Jörnsten, R. (2013). Music structure determines heart rate variability of singers. *Frontiers in Psychology*, 4:334, doi: 10.3389/fpsyg.2013.00334.
- Walters, M. (2005). *Feminism: A very short introduction*. New York: Oxford University Press.
- Wheeler, B. (2014). Feminist perspectives in music therapy research. In Hadley, S. (Ed.), *Feminist perspectives in music therapy* (pp. 406-426). Gilsum: Barcelona Publishers.
- World Health Organization (WHO), Department of Reproductive Health and Research, London School of Hygiene and Tropical Medicine, & South African Medical Research Council. (2013). Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence. Italy: World Health Organization.
- Winfrey, A. (2009). *H.Y.P.E. (Healing young people thru empowerment)*. USA: African American Images.
- Winter, P. (2015). Perspectives on the practice of community music therapy in rural primary schools of Malawi. *Nordic Journal of Music Therapy*, 24 (3), pp. 276-287.
- Wood, S. (2006). "The matrix": A model of community music therapy processes. *Voices: A World Forum for Music Therapy*, 6 (3).
- Yalom, I. with Leszcz, M. (2005). *The theory and practice of group psychotherapy*, 5<sup>th</sup> edition. New York: Basic Books.

APPENDIX A

CONNOR-DAVIDSON RESILIENCE SCALE 25 (CD-RISC-25) RESULTS

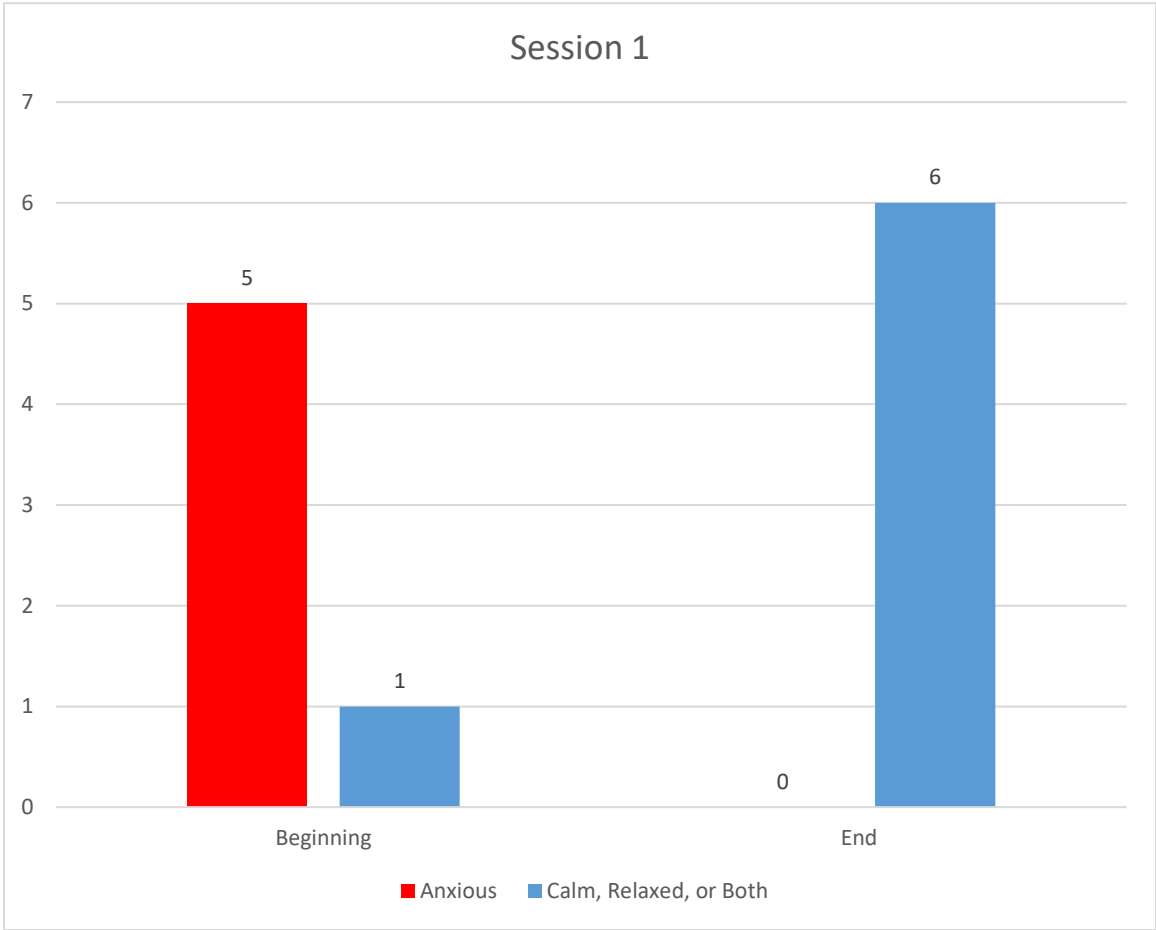
Connor-Davidson Resilience Scale 25 (CD-RISC-25) Participant Before and After Scores

Participant	1st Score	2nd Score	%
1	71	73	2.8
2	64	83	29.7
3	77	84	9.1
4	59	90	52.5
5	75	83	10.7
6	79	94	19.0
7	83	74	-10.8
8	83	80	-3.6
9	41	65	58.5
Mean Averages	70.2	80.7	14.9

APPENDIX B

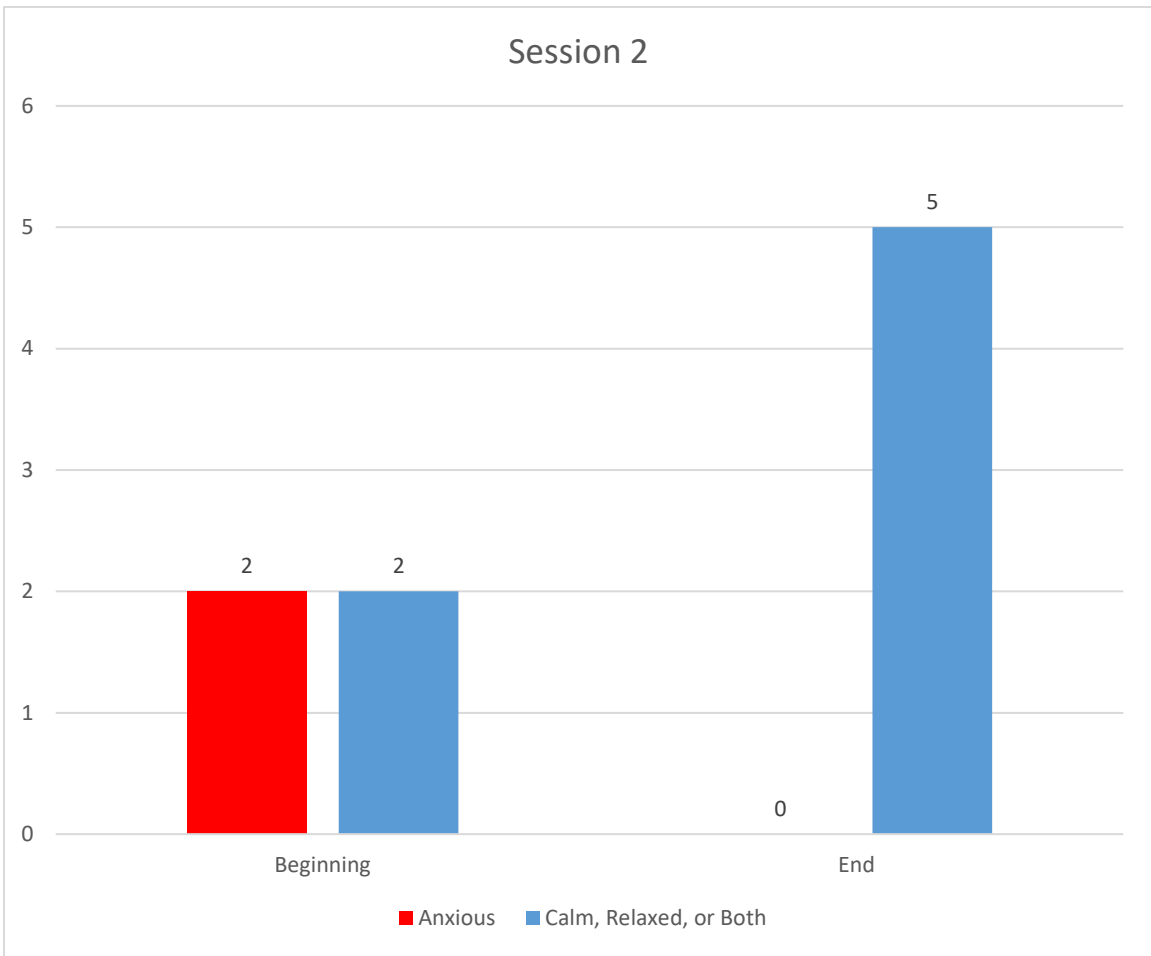
PARTICIPANT REPORTED ANXIETY AND RELAXATION, SESSION ONE





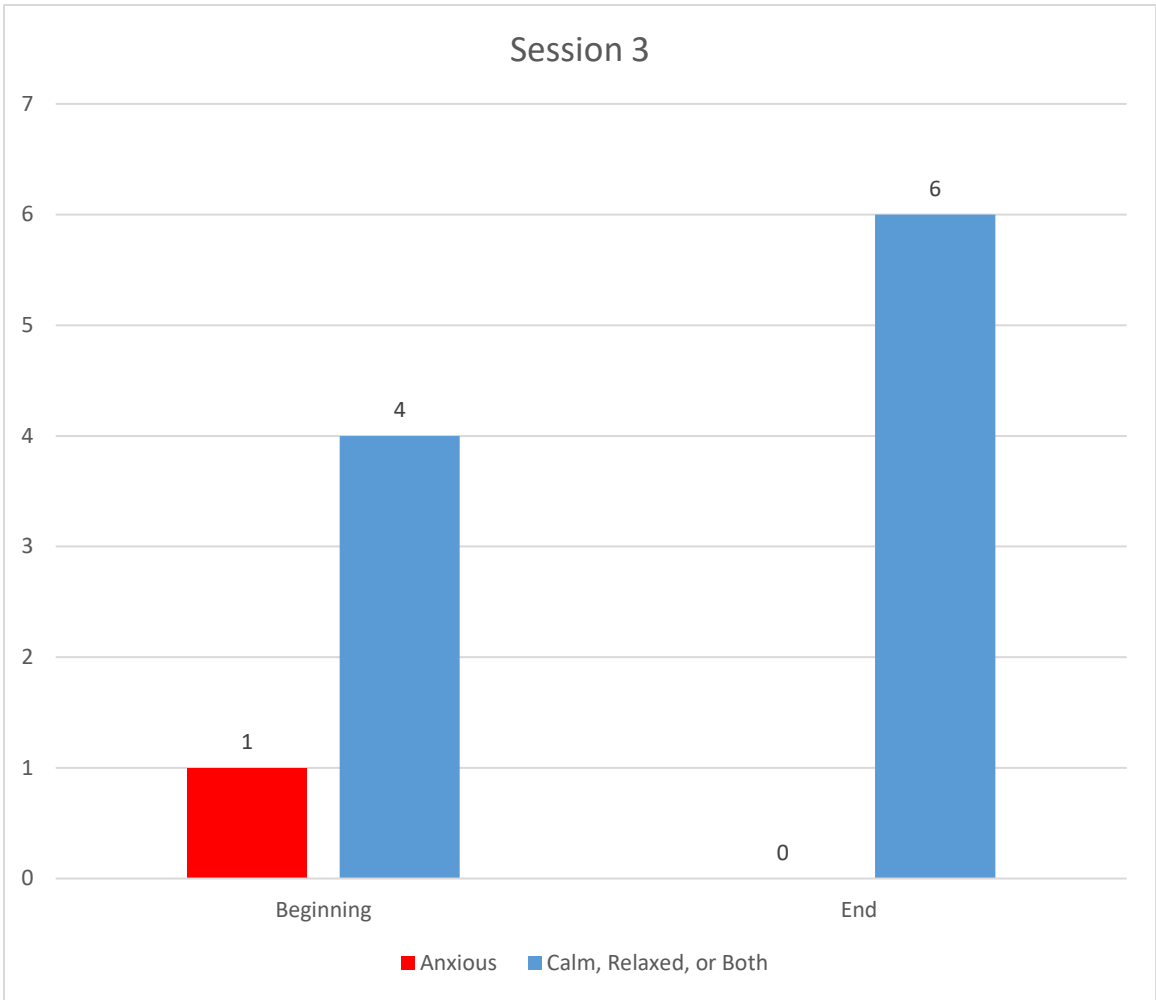
APPENDIX C

PARTICIPANT REPORTED ANXIETY AND RELAXATION, SESSION TWO



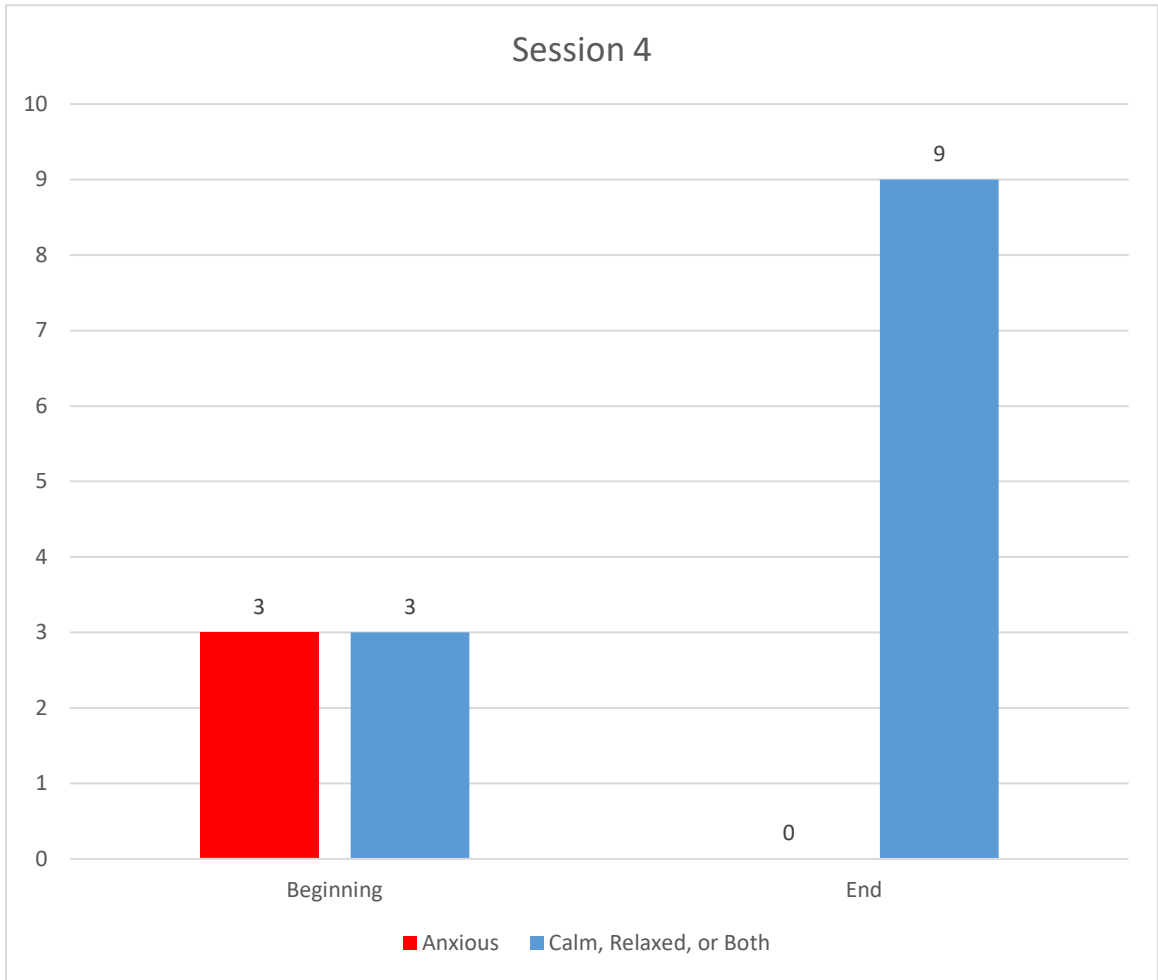
APPENDIX D

PARTICIPANT REPORTED ANXIETY AND RELAXATION, SESSION THREE



APPENDIX E

PAARTICIPANT REPORTED ANXIETY AND RELAXATION, SESSION FOUR



APPENDIX F

FREQUENCY OF MOST COMMON MEANGINGFUL JOURNALED WORDS



Frequency of Most Common Meaningful Journalled Words

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Word	# of times found
Love/s/ed/ing	13
Woman/Women/Female/Ladies	12
Power/ful	10
Enjoy/ed/ing	8
Calm/Calming	7
Eye/s	7
Strong/er	7
World	7
Empowered/Empowering	6
Heart/s/Heartfelt	6
Rhythm/s	6
Beauty/Beautiful/Lovely	5
Harmonies/Harmonizing	5
Lion/s	5
Realize/ing/ed/Realization	5
Relaxed/Relaxation	5
Remind/s/er/ed	5
Sad/ness	5
Safe/Secure	5
Voices	5

APPENDIX G  
NO MATTER WHAT – CHANT

$J = 70$

No mat - ter what comes a-long I can do it, I cando it.

APPENDIX H

I CAN BE THE RAIN – CHANT

$\text{♩} = 65$

When I look a - round, sometimes I feel pain. When the world is burn - ing,

The first line of musical notation is in 4/4 time with a key signature of one flat (Bb). It consists of four measures. The notes are: G4 (quarter), A4 (quarter), Bb4 (quarter), C5 (quarter), G4 (quarter), F4 (quarter), E4 (quarter), D4 (quarter), G4 (quarter), F4 (quarter), E4 (quarter), D4 (quarter), G4 (quarter), F4 (quarter), E4 (quarter), D4 (quarter). The lyrics are written below the notes.

I can be the rain, we can be the rain.

The second line of musical notation starts with a measure rest labeled '7' above it. It consists of four measures. The notes are: G4 (quarter), A4 (quarter), Bb4 (quarter), C5 (quarter), G4 (quarter), F4 (quarter), E4 (quarter), D4 (quarter), G4 (quarter), F4 (quarter), E4 (quarter), D4 (quarter), G4 (quarter), F4 (quarter), E4 (quarter), D4 (quarter). The lyrics are written below the notes.

APPENDIX I

DESTINY BEFORE YOU – CHANT

$\text{♩} = 80$

When you were born, you had the key, your des - ti - ny be - fore you.

APPENDIX J

I AM A LION – CHANT



♩ = 86

(clap)(clap)

I am a li - on. A ve - ry good wo - man with a ve - ry strong heart.

APPENDIX K  
RECRUITMENT FLYER



YOU ARE INVITED!  
**WOMEN'S CHANT GROUP**  
MUSIC THERAPY RESEARCH STUDY

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**FEBRUARY 1<sup>ST</sup> – MARCH 1<sup>ST</sup> 2017**  
**WEDNESDAY EVENINGS, 7:00 – 8:00 PM**  
**5 WEEKLY, CONSECUTIVE SESSIONS**  
MUSIC BUILDING, ROOM W218  
ARIZONA STATE UNIVERSITY, TEMPE CAMPUS

---

Do you like to sing? Do you want to feel more powerful?  
Do you need a new way of expressing yourself?  
Inclusive, safe, and supportive group environment.  
All faiths, orientations, and cultural backgrounds welcome!  
No musical experience necessary, open to women 18 years of age and older.

Research conducted by graduate student Taryn Adeyo, Board-Certified Music Therapist  
and mental health professional. Under the direction of Robin Rio, Assoc. Prof.

PARTICIPATION IS VOLUNTARY, TO RSVP PLEASE CONTACT: TARYN ADEYO, MT-BC, NMT  
CALL 240-481-2393 OR EMAIL TO [TARYN.GORDON@ASU.EDU](mailto:TARYN.GORDON@ASU.EDU)

APPENDIX L  
SELF-EVALUATION FOR MOOD

## Women's Chant Group *Self-Evaluation*



**BEFORE** (circle any that apply)

Anxious	Happy	Calm	Alert
Relaxed	Tired	Lonely	Interested
Angry	Excited	Sociable	Disinterested
Sad	Tense	Distracted	Hopeful

## Women's Chant Group *Self-Evaluation*



**AFTER** (circle any that apply)

Anxious	Happy	Calm	Alert
Relaxed	Tired	Lonely	Interested
Angry	Excited	Sociable	Disinterested
Sad	Tense	Distracted	Hopeful

APPENDIX M  
JOURNAL PROMPTS

## **Journal Prompts**

*Given for writing responses after each session*

What emotions or words describe how you felt during the group singing?

Did any words in the chants stand out to you? If so, why were those particular words meaningful to sing/hear?

Was there a particular moment when you felt more/less connected with other members of the group while singing?

Did this session affect the way you view or think about yourself in your own life? If so, how?

Please include any other comments you feel are important for the researcher to know.