

MUSIC THERAPY FOR YOUNG ADOLESCENTS WHO HAVE
EXPERIENCED THE DEATH OF A LOVED ONE

A Thesis
by
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Submitted to the Graduate School
Appalachian State University
in partial fulfillment of the requirements for the degree of
MASTER OF MUSIC THERAPY

August 2011
Hayes School of Music

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ABSTRACT

The purpose of this study was to explore the effects of a music therapy based support group on depressive and grief symptoms in young adolescents who have experienced the death of a loved one. Participants were 3 middle school students, ages 11-12. Measures utilized to determine the effects of music therapy on grief symptoms were the Texas Revised Inventory of Grief (Faschingbauer, et al. 1987) scores on which range from 13 (*low grief*) to 65 (*high grief*) and the Depression Self-Rating Scale (Birlson, 1981), on which scores range from 0 (*low depression*) to 36 (*high depression*). Music therapy in the form of a “grief rock band” was used to facilitate the expression and processing of grief in adolescents. Group sessions included songwriting as the primary tool for expression and processing, along with other music therapy experiences to increase group cohesion, facilitate expression and awareness of feelings, and reinforce coping mechanisms. The thematic topics for this study were (1) feelings, (2) memories, (3) support, and (4) moving forward. Each session, participants engaged in discussion, developed song lyrics, and formed the music of songs to represent the thematic topic. Songs were video recorded and given to the participants at the end of the session series. Data were analyzed as multiple case studies. Scores from the DSRS and Part II of the TRIG at pretest and posttest were examined for each participant in order to observe for changes across time. For each of the participants, posttest scores showed an improvement in both depressive symptoms and grief symptoms. Music therapy in the form of a grief rock band may offer a creative and engaging means for young teens to express and move through grief.

ACKNOWLEDGMENTS

I would like to express my deepest gratitude to Dr. Cathy McKinney for her never-ending encouragement and support of me on this thesis and in my graduate work. She was instrumental in my completion of the project and was always there to assist me along the way. Thank you, Cathy.

I would like to give a big “Thank you” to my thesis committee, Dr. Liz Rose and Dr. Sally Atkins, for their time, guidance, and input into this project.

I would also like to thank the Office of Student Research for the awards of a Travel Grant and a Graduate Student Association Senate Travel Grant to fund my trip to Cleveland, OH to present this work as a poster for the national conference of the American Music Therapy Association.

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CHAPTER 1

INTRODUCTION

Adolescence can be a difficult time in one's life. Struggles to fit in, find one's place in the world, and be accepted among peer groups can contribute to a stressful environment amongst young people (Kosminsky & Lewin, 2009; Lehmann, Jimerson, & Gaasch, 2001). Those who have experienced the death of a close loved one, including a parent, sibling, or grandparent, might feel "different" and uncertain as to where they belong. Support systems are shaken as the family grieves and looks to redefine itself without the presence of the one who died. Other students might not know how to treat their peer who is bereaved and what to say to them, even withdrawing support because of anxiety, misconceptions about the death, or not knowing what to do in this time of grief (Gordon, 1986; Harris, 1991; Lehmann, Jimerson, & Gaasch, 2001). In adolescence, individuals attempt to define themselves and become more independent, and some may engage in reckless behavior during this time. Those in early adolescence who experience parental death may regress to a less mature state (Gordon, 1986). For those who have unstable support systems, there may be need for increased concern and reaching out to them.

The U.S. Census Bureau (2009) estimates that approximately 4% of children under the age of 18 years are living in a single parent home where the parent is widowed. These data do not include those who may be living with a parent who is remarried or other circumstances where the child may be living with the parent and his/her partner or grandparent. These data also do not take into account the statistical information about deaths

other than a parent, so one can expect that there are more than 4% of children under the age of 18 who have experienced the death of a close loved one.

In present day American society, death is something that is avoided and denied (Auman, 2007). At some point in a child's life, it is likely that he/she will encounter a death. This can evoke anxiety and fears about losing one's parent or close loved one (Gordon, 1986). If a death occurs, children and their caregivers need to find productive ways to discuss the loss so that the child can better cope with the realities of life and death (Gordon, 1986). In dealing with the death of a pet, often the pet is replaced by another one that is similar, allowing the child to forget the one who died and not fully conceptualize the death process (Gordon, 1986). In a society that denies death, adolescents have to deal with the death alone or with peers who lack information or experience with death (Gordon, 1986). Rando (1984) suggested that not engaging the young person in confronting the death might predispose him or her to pathology and life-long problems. Young people are often shielded and protected from talking about death, but Gordon (1986) suggested that adolescents need to be liberated from this protectionism, as they have more capacity to deal with it in terms of their development.

Family is a frequent source of support for young people, but a death in the family can shake one's support system. Those parents who experienced the death of their spouse or child may struggle to cope with their own emotions and may not be able to support their children (Harris, 1991; McCarthy, 2007). Services that are available to those who are bereaved are frequently provided through hospice organizations or private therapists in the community. Children who have never received mental health services prior to parental death are likely not to receive any services following the death as well (Auman, 2007). For those in

rural communities, access to these services may be limited due to resource availability and financial strain. Some support for the child may be available through the schools, but often the school counselor is stretched with large caseloads and not able to provide support to every person who may need it. With increasing demand for improved test scores and educational standards, there are limitations as to when support groups may be held during the school day. So, though help may be available for some, not everyone will be able to access or accept the support that is provided.

Grief and Bereavement

Grief is a complex emotional experience. Grieving the loss of a loved one brings about a lot of changes, both intra- and interpersonally. Fleming and Adolph (1986) wrote that many clinicians anticipate the bereaved to have feelings of ambivalence toward the person who died, experience a decline in self-esteem, and may experience a change in social roles and situations. One who is grieving experiences a variety of emotions, including sadness, anger, emptiness, guilt, fear, anxiety, agitation, denial, disappointment, and relief (Fleming & Adolph, 1986; Hilliard, 2008; Lehmann, Jimerson, & Gaasch, 2001). Youth have not been prepared by any previous experience for the range of feelings that accompany the loss of someone close (Gordon, 1986). Children may express their grief-related distress in a variety of ways. Problems in school, outbursts of anger, fear of being alone or of the dark may be exhibited (Kastenbaum, 2007). Grief may be in response to a loss that is anticipated or expected, or it may be in response to some traumatic experience. Sudden, unexpected death or a violent death may have a more severe impact on children and adolescents. Traumatic death may lead to symptoms that result in the child or adolescent being diagnosed with post-traumatic stress disorder (PTSD; Walker, 2009). PTSD is

characterized by recurrent and disturbing images and/or dreams, avoidance of stimuli associated with the trauma, and symptoms of increased arousal that occur for more than one month (American Psychiatric Association, 2000). Unrecognized PTSD in children may exhibit itself through attention problems, lack of concentration, and difficulty in peer relations (Kastenbaum, 2007). Bereavement experienced in childhood often results in long-term effects of the loss. Children who experience a loss of a significant person may suffer major physical and mental illnesses in their adult lives (Kastenbaum, 2007). This supports the need for intervention in helping those who are bereaved find ways to cope with the losses they have experienced.

Nature of Adolescence

Adolescence has been defined in various ways in the literature and is a time of being in the world of both childhood and adulthood, but not being secure in either (Gordon, 1986). The developmental tasks of adolescence include issues of identifying with peers and role models, independence and dependence, self-image, social skills, and finding an identity (Calvin & Smith, 1986; Noppe & Noppe, 2004). Gordon (1986) wrote that it is composed of two main periods: ages 12 to 15 and ages 16 to 19. The first period, which may begin at age 11, includes development of formal logical thought; the onset of sexual awareness and physical change; and psychosocial tasks such as adapting to a mixed gender peer group, experiencing increased awareness of experiences available, and beginning to experiment with adult-like behavior and rules. The second period may begin at age 15 and consists of physical maturity; increased sexual intimacy; continued development of adult-like experiences, including social skills and clarifying ethics and values; and the ability to make long-term commitments.

Fleming and Adolph (1986) described adolescence in three phases of maturation from ages 11 to 21. For each phase of adolescence, there are specific associated tasks and conflicts. Phase I involves adolescents aged 11 to 14 with the task of emotionally separating from parents and conflict of separation versus reunion or abandonment versus safety. In this phase, adolescents attempt to replace the reliance on family with that of friends. There is excitement in new experiences and activities, but also fear as one leaves the security of family. Phase II involves adolescents aged 14 to 17 with the tasks of competency, mastery, and control and the conflicts of independence versus dependence. Here, adolescents perceive their dependency as a threat toward their autonomy. They begin to become competent and take risks toward achieving their own independent goals. Phase III involves adolescents aged 17 to 21 with the tasks of intimacy versus commitment and the conflicts of closeness versus distance. Here, adolescents have a sense of their personal and social identity, separate from their parents. With this independence, they may struggle with being close to others, cautious in becoming dependent, but stray from isolation.

As young people are faced with the developmental tasks of adolescence, they may struggle to define themselves, separate from their families, fit in with their peer group, and find their independence. It is likely that at some point during youth, a person will have an encounter with death. Those that experience the death of someone close will confront a variety of emotions and significant changes in their lives. Access to support in the community or school may be limited, particularly in rural settings. The next chapter will explore the kinds of supports and interventions that have been used to help young people cope with the experiences and issues related to death of a loved one.

CHAPTER 2

REVIEW OF RELATED LITERATURE

Children and adolescents experience death in ways that are unlike adults' experiences. This section will define what grief looks like in youth from a developmental perspective based on information in the literature. Specific strategies for helping young people are identified followed by a review of literature related to therapy with children and adolescents who are bereaved. Music therapy has been shown to be an effective treatment modality with people who are bereaved. A review of related music therapy literature follows.

Grief and Bereavement in Children and Adolescents

In order to provide support to those who are bereaved and to address the varying emotional states and personal needs of individuals, one must understand the process in which the child experiences grief. The developmental stages related to grief have been documented (Black, 2005; Fleming & Adolph, 1986; Hilliard, 2008; Kastenbaum, 2007; Noppe & Noppe, 2004; Rando, 1984). The youngest children, ages 3-5, believe that death is separation and that one is less alive when one is dead. They have a curiosity about death. The permanence of death is not clearly understood, and a child might engage in magical thinking, have a fear of separation, or may believe that the death was punishment for bad behavior. School-aged children ages 6-9 may feel guilt, regret, or sadness when a loved one dies, but begin to understand facts about death. They may still engage in magical thinking, or might personify

death as a monster or skeleton. Those who are 9 to 11 years old desire details about the death; avoid strong emotions of sadness, but may express anger; and they may feel the presence of the one who died. A child of this age may not be able to accept the finality of the loss, but understand the irreversibility of the loss. In early adolescence, ages 12-14 years, individuals may act indifferent or callous and are egocentric. Those in this age group may also feel helpless and frightened and may engage in more childlike behaviors. They may sense the presence of the deceased and engage in conversations with them. By late adolescence through adulthood, ages 15 and up, death becomes interpreted as personal, universal, final, and inevitable. These individuals may express empathy but feel overwhelmed by grief and sadness. Adolescents may engage in risky behavior or use other unhealthy forms of coping (Stokes, Reid, & Cook, 2009). Taking into account the varying stages, it is important that interventions be age-appropriate to provide adequate support.

The experience and expression of an adolescent's grief is impacted by his/her family and the patterns in which they interact and communicate (Stokes, Reid, & Cook, 2009). The adolescent's ability to express and communicate his/her feelings is influenced by those models whom he/she has observed (Stokes, Reid, & Cook, 2009). Regardless of the circumstances of and responses to the death experience, it is important to remember that each person's experience is unique. Literature suggests that those who are working with young people who have experienced death and bereavement pay attention to individualized needs and meanings (McCarthy, 2009; Walker, 2009), which includes "exploration of the ways in which young people make sense of such events in terms of both their individual histories *and* the broader social, cultural, and material contexts in which their meanings are located" (McCarthy, 2009, p. 35).

Fleming and Adolph (1986) developed a grief model for adolescents that gives insight into the conflicts of grieving on adolescent ego development. The authors identified five core issues that adolescents who are bereaved may face, and for which they may attempt to seek resolution. Those identified include predictability of events, self-image, sense of belonging, fairness and justice, and mastery and control. Each of these core issues provokes a cognitive, behavioral, and affective reaction unique to each of the developmental phases. The authors outlined these potential age-appropriate reactions in this model to offer insight into how those in each developmental phase may respond to grief. For middle school aged adolescents, the initial core issue of “predictability of events” might include thoughts related to safety for themselves and/or their families or feel vulnerable to death and/or abandonment. Behaviors may include over-cautiousness or excessive risk-taking, and feelings of fear. For the core issue of self-image, thoughts may include “I am marked” or “I am different...I am bereaved” with behaviors including those that are adult-like, not typical of adolescence, or acting out behaviors including dramatic behavior or breaking rules at home and school. Affective responses may include a flat or shallow affect or depressed or agitated affect. In the issue of belonging, thoughts include a belief that parents are so involved with their own grief that only their peers understand or they may fear peer rejection during such a crucial time. Behavioral responses may include seeking peers out, avoiding or withdrawing from peers, or at times, unconsciously causing peer rejection. Affective reactions include manic behaviors with peers, anger at parents and peers, and isolation or alienation. In working with the issue of fairness/justice the authors used an example of a thought of “Why *my* brother?” or “Why *my* family?” as adolescent attachment to family is characterized as the center of his or her universe. Behavioral reactions may include self-protection or self-destructive

behavior, and affective reactions may include fear of dying, envy, guilt, and anger. In the final core issue of mastery/control, the person who died is idealized, and the thought that the survivor would rather have died instead of the person who died is rejected. The person who died is given characteristics different than that of the survivor. Behavioral responses may include over-identification with the deceased to gain apparent magical or positive characteristics of the person who died, or distancing or denying positive memories or importance of the person who died. Feelings here include emptiness, inferiority and ambivalence toward the deceased, fear of the inability to control and cope with the unknown, and anger. With these specific examples described, one may gain greater insight into how a young adolescent is experiencing the death of a loved one developmentally. The information described may assist those caregivers and helping professionals understand how a young adolescent faces the conflicts of coping with the death of someone close, how they might think, feel, and behave in response to this loss.

Strategies for Helping Young People Who Are Bereaved

The reactions adolescents have to grief are often emotionally complex and can result in risky behaviors such as self-harm or aggression as well as substance abuse to numb emotional pain by self-medicating (Stevenson, 2009; Stokes, Reid, & Cook, 2009). Because of these complex reactions to grief, it is important that there are services and supports available to address their needs (Stokes, Reid, & Cook, 2009). Stokes, Reid, and Cook (2009) suggested that adolescents who have lost a parent find it difficult to accept or seek out help from available services. This could be explained by the viewpoint that services for adolescents are not designed and implemented appropriately or are unacceptable (Stokes, Reid, & Cook, 2009). The authors wrote that it is imperative for those who plan and design

bereavement services for children and adolescents understand how to engage and provide support for all age groups. The range of services provided for adolescents need to be collaborative and flexible, allowing the participants independence and the opportunity to feel empowered while allowing them opportunities to express feelings and memories in an acceptable way (Stokes, Reid, & Cook, 2009).

Noppe and Noppe (2004) identified strategies to help adolescents cope with bereavement. They stressed the importance of keeping to routines and schedules if possible, involving the teens in making decisions, and encouraging the client toward positive activities. They suggested that activities such as music, writing, or art may help control overwhelming feelings and facilitate self-expression. Participation in support groups may decrease sense of isolation and encourage belonging and identity (Noppe & Noppe, 2004). Noppe and Noppe (2004) also suggested that for this technologically-minded culture, closely monitored Internet support groups may be engaging. Kastenbaum (2007) stressed the importance of an open communication pattern with children that will be useful in difficult situations. He suggested that caregivers should not assume that they know what the child is experiencing; it is better to check in with the child to see what they are thinking and feeling, and encourage the expression of feelings. The author encouraged professional counseling if the bereaved children are at particular risk or conditions are overly stressful (Kastenbaum, 2007). Gordon (1986) wrote that adolescents' responses to the first funeral experience can be traumatic, so it is helpful to discuss with young people funeral procedures and rituals. While the risks and benefits for attending the funeral need to be discussed with young people, benefits for attendance include closure, accepting reality of the death, receiving support from those who surround the family, mourning openly, and honoring the person who died (Auman, 2007).

Fleming and Adolph (1986) suggested that those who are grieving engage in thinking about memories of the deceased in order to feel separate from the deceased and related to others.

Gaffney (2002) recommended a holistic approach toward healing after a traumatic loss. She stressed that grief and loss cannot be treated with a template, as children have different needs and experiences that require various techniques, skills, and strategies. Based on her work with children who have experienced trauma, Gaffney acknowledged the difficulty for children in speaking about their fears and worries. Alternative approaches such as play therapy, art therapy, bibliotherapy, photography, drama, guided imagery, meditation, bodywork, and music therapy help children address these fears, concerns, and traumatic events in their lives. Hilliard (2008) reported that music bibliotherapy helps young children develop an understanding of the grief process, provides an opportunity for discussing their personal loss story, and provides a sense of normalcy.

Therapy for Children and Adolescents Who Are Bereaved

Harris (1991) performed a descriptive study with 11 adolescents aged 13-18 who experienced the death of a parent. Participants were recruited from community agencies, schools, churches, and a local hospital between one and six months of the death. They were followed through the first year after the death. Personal interviews were conducted along with the Children Depression Inventory to measure severity of symptoms of depression, Achenbach Youth Self-Report to report problems with behaviors and externalizing and internalizing characteristics of personality, and the Impact of Event Scale to measure stress-specific symptoms. The Impact of Event Scale produces two subscales that characterize symptoms of stress response: intrusive thoughts and feelings in the consciousness, and conscious avoidance and denial of the stressful event. Teachers also provided information

using the Teacher's Report Form of the Child Behavior Checklist. Assessments were given at the beginning of study, 7 months, and 13 months post death experience. Content of the initial interview included events of the death, symptoms of depression and stress, dreams and memories of the parent who died, relationship with the deceased, feelings, and present relationships. Later interviews focused on depression, grief and stress, peer relationships, academics, and perspectives on the death.

Initial interviews consistently revealed reports of sadness and crying, specifically at the funeral, sleep disturbances in the first 6 months, academic decline and problems with concentration, frequent, painful reminders of the loss, worry about the surviving parent, and daydreams and memories. At the 7-month interview, 7 students had new and significant problems including depression, abuse of alcohol, and threats of school failure. One teen required hospitalization for psychiatric issues, and one had an abortion.

Mean scores from Children Depression Inventory and Achenbach Youth Self-Report were low and consistent with those in a typical adolescent population. High scores identified teens with the most symptoms, but scores were not helpful in identifying subjects with moderate symptoms. The Teacher Report Form was helpful in giving information about school adjustment. At initial assessment, the Impact of Events Scale revealed that all participants had moderate to high levels of intrusive and avoidant stress-related symptoms. These symptoms decreased significantly across time, but more than half continued to have moderate or high levels of distress after one year had passed. Impact of Events Scale scores for the adolescents were compared with scores used in a previous psychiatric study with adults who were parentally bereaved. As a group, the adolescents in this study reported equivalent or slightly higher degrees of distress than those in the adult study.

Harris (1991) reviewed case studies and reported common themes across participants. One theme was the importance of events around the death of the parent. Memories of the last interactions with the parent were treasured but difficult reminders. Some held feelings of guilt about previous behaviors, but these eased as time passed. Reasons for the death and concerns about preventing it were areas of worry and misunderstanding for these youth, and some held guilt that they may have contributed to or could not prevent the death. Another theme was related to saying goodbye. Only one individual had the opportunity, and those who did not reported anger, frustration, disappointment, and guilt about this. One participant only began to acknowledge the death once the ashes were dispersed. The one person who was able to say goodbye reported comfort from this memory and the sense of closure received. Isolation due to the grief process was another prominent theme. These adolescents rarely shared their thoughts and feelings with friends or family members. They viewed this sharing as unacceptable and a possible cause for overwhelming friends. Crying in public was viewed as not being composed, and they did not wish to have offers of support because they were negative reminders of the death. Another theme revealed was that the teens had little means for coping with the death. Many of the teens avoided and denied the death and kept busy so as not to grieve. The effect of the grief on peer relationships was another theme revealed. Older teens relied on close friends, who offered protection and support. But this caused difficulty with one participant, who was hospitalized after a breakup with her boyfriend. Younger teens tended to stay closer to home with surviving family members. They were more withdrawn and participated less in activities with peers. The younger teens stayed focused on the death, and the older teens had a means to escape. The final theme centered around participating in the study. Those who participated were quick to share about

the death; often it was the only place to share about the loss. Some benefitted from participating in the project, while some became more reluctant to share about the death as time passed.

Though this study had no active intervention, it provided an opportunity for adolescents to share about the death and their related feelings with someone who was not involved. Most participants were positive about their participation and reported it being a helpful experience. Overall results of this study reflect that bereavement in adolescence may be problematic, as most of the participants had prominent behavioral disruptions and moderately high levels of stress symptoms. The author concluded that teens have less access to treatment than adults, parents may not accurately judge distress in the youth or may be preoccupied by their own grief, and younger adolescents may be at greater risk overall in the immediate grief period (Harris, 1991).

Tonkins and Lambert (1996) studied the effects of an 8-week therapy group in 26 children ages 7-11 who experienced the death of a primary family member within the past year. The researchers attempted to assess whether grieving children who participated in group therapy experienced a decrease in grief symptoms as compared to those who did not, and if there was a decrease in grief symptoms compared to pre-treatment levels. There were a total of 16 participants, with 10 in the experimental condition and 6 in the wait-list control condition. No randomization was possible, and the first 6 people to respond to the solicitation for group therapy were assigned the 8-week wait-list control condition. The measures used to assess change included the Children's Depression Inventory; Achenbach's Child Behavior Checklist, Parent Report Form; Achenbach's Child Behavior Checklist, Teachers' Report Form; Bereavement Group Questionnaire for Parents/Guardians;

Therapist's Interview with the Child's Parents/Guardians; and Therapist's Interview with the Child. The treatment protocol included weekly themes, activities, and procedures.

- Week One - Introductions, expectations, rules, confidentiality, and promoting the expression of feelings
- Week Two - Discussion of the child and the person who died, including the manner in which they died and the child's involvement
- Week Three - Discussion of memories, recognition of change and support, and activities for symbolic thanks to person who died and questions regarding death
- Week Four - An art project that reflected aspects regarding what the child missed about the person who died and discussion of sadness and fears
- Week Five - Discussion, bibliotherapy, and art to address feelings of anger and unfairness of death
- Week Six - Discussion of possible guilt and unfinished business and an imagery experience to forgive one's self
- Week Seven - Symbolic goodbye and discussion of long-term nature of grief and the impacts it may continue to have
- Week Eight - Importance of support systems and a goodbye for the group.

Using a repeated measures 2 x 2 MANOVA (time by group) design, Tonkins and Lambert (1996) found that children in the experimental condition demonstrated a significant decrease in depression and other grief symptoms, while there was no change in those who participated in the wait-list control condition. Parents whose children participated in the bereavement group reported a significantly greater decrease in the number of behavior symptoms shown by their children when compared with those in the control group. There

were also decreases in total behavior symptoms from pre- to post-treatment. Teachers reported that those in the experimental group had a greater decrease in behavior symptoms than those in the control group, and there were decreases in behavior symptoms from pre- to post-treatment. Parents reported overall positive effects of the group through the Bereavement Group Questionnaire for Parents. Results from the Therapist Interview with the Child were not used due to poor reliability.

In a meta-analysis of research with children who are bereaved, Currier, Holland, and Neimeyer (2007) evaluated the effectiveness of the grief therapy interventions studied in 13 previously performed studies. Studies included met criteria of (a) comparison of a bereavement group to a no-treatment control group, (b) participants in the study experienced the death of a loved one, (c) interventions aimed to promote healthy adjustment to bereavement, (d) quantitative measures needed to be reported in the studies, and (e) these measures needed to point to a clear direction of benefit. The authors also sought to explore if timing and procedures for participant selection influenced the level of treatment benefit. The settings for these studies included schools, community-based organizations, homes, and weekend camps. All had a strong psychoeducational component. All addressed the following objectives: “(a) improving coping skills, (b) increasing understanding of death and grief, (c) talking about the deceased loved one, and (d) expressing grief-related feelings via verbal and ‘symbolic’ modes (e.g., drawing) of communication” (p. 255). The length of sessions ranged from five to twelve sessions.

To find the overall results, the mean effect size across measures of the 13 interventions was determined from outcome-level effect sizes and was found to range from -.15 to .95 (SD = .35; Currier et al., 2007). The authors calculated a mean weighted effect

size, $d = .14$; therefore the overall effect size for the interventions was greater than zero (95% confidence interval, 0 to .28; $p = .08$). The authors concluded that the analyses of studies with bereaved children showed negative results when calculated with a mean weighted effect size, and they offered a possible explanation for this finding. In an exploration of the reasons for these conclusions, they found that intervention closer to the death would mean that pretest scores would be more likely to be higher, as the average period from bereavement to intervention was a year and a half, yet some studies involved people as late as 5 years post bereavement. Another factor may be the wide range of inclusion criteria. Some of the studies in the meta-analysis included only distressed children, some excluded distressed children, and some did not establish selection criteria prior to the study. To explore these discrepancies, a Pearson correlation was used. Findings showed that those studies that intervened further from the loss showed a smaller effect. An independent samples t -test suggested that studies that excluded distressed children and those that did not implement selection criteria on the basis of functioning prior to treatment produced weaker results. The authors further suggested that not screening participants on the circumstances surrounding the death and the level of distress may compromise the cohesiveness and process of the group. Having someone who witnessed a traumatic death share these details might make that person feel alienated and may overwhelm the other participants in the group.

The authors (Currier et al., 2007) reported that confidence in the results of the meta-analysis is weak due to the limited number of studies available that could be examined. However, these data suggest that the children who attend grief therapy closer to the time of the loss may have better response to the treatment. Also, these data suggest that those groups with participants varying in time since loss may have different treatment needs than those

whose losses were more recent, and objectives might be broader rather than strictly focusing on the loss.

While meta-analysis of the quantitative literature of interventions with children who are bereaved did not produce strong results, some intervention has been effective in addressing the needs of these young people. When the researcher provided a weekly theme on which to base discussions and activities focusing on grief issues, symptoms related to grief declined. Even when the researcher did not provide an active intervention, for some young people, simply allowing a forum to voice their thoughts, feelings, and stories about their losses was helpful in their grief process.

Music Therapy in Bereavement

“Music Therapy is the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program” (American Music Therapy Association, 2008). Although it is limited, the evidence-based research in music therapy with bereaved children and adolescents is substantial. The clinical examples and descriptive research support the use of music therapy to address the varying emotional and interpersonal needs of those who are coping with a loss of a loved one.

Krout (2005) described the use of music therapist-composed songs in one-time bereavement support programs. The songs helped to promote a sense of connectedness among those who participated, helped to facilitate goals and focus for the programs, and supported the use of rituals within those programs. In each of the songs described, the use of metaphors helped participants identify, reflect, normalize, share, and explore feelings. Krout reported that informal feedback on the programs, music, and ritual experiences were positive.

Register and Hilliard (2008) described the use of a music therapy-based bereavement group using Orff-based techniques and cognitive-behavioral strategies in working with school children who were bereaved. The use of cognitive-behavioral strategies can help people solve problems in emotional, social, and interpersonal issues (Kendall, 2006). Processing in this model included “identification, venting, validation, and problem solving” (Register & Hilliard, p. 166). Using Orff techniques as an adjunct to cognitive-behavioral strategies allows children to make decisions, solve problems, and experience structure through music while allowing expression of emotion and validation. Register and Hilliard asserted that the combination of both of these techniques in groups allows children to experience hands-on creative activities; discuss emotions, behaviors, and thoughts; and have successful experiences. The authors described an 8-week group focusing each week on goals of rapport and setting guidelines, death education, change as part of life, feelings of sadness and anger, memories, and coping and moving forward. The format of sessions included a greeting, reminder of group guidelines, introduction of topic through song or intervention, discussion and processing, and a closing song. Children were given an assignment to carry out throughout the next week. The author’s informal observations indicated that participants responded with positive verbalizations and enjoyment, and that attendance and on-task behavior were consistent throughout.

Hilliard (2007) evaluated the effects of Orff-based music therapy and social work groups on grief symptoms and behaviors of children aged 5 to 11 in a school setting. School social workers and principals identified potential participants for the groups in three equivalent schools. Schools were randomly assigned to treatment conditions, as randomization of individuals was not possible. This experimental study had three conditions:

Orff-based music therapy group ($n = 8$), social work group ($n = 9$), and wait-list control group ($n = 9$). The Bereavement Group Questionnaire for Parents/Guardians and the Behavior Rating Index for Children were completed by the parent/guardian of the participating child. The curriculum used for the two experimental groups was the same 8-week format reported in Hilliard (2001). The music therapy group utilized Orff-based music therapy interventions that included live music, rhythm instruments, and xylophone ensemble. The group played chants and songs with themes of grief and read stories related to bereavement. Songs were written to accompany these stories. The social work group utilized a variety of techniques, including play therapy, sand tray therapy, counseling, discussion, drama, and art-based interventions. No music of any form was utilized in the social work group. The participants in the control group received no treatment during the period of data collection, but engaged in Orff-based music therapy group for 8 weeks following the collection of all data.

Using the Wilcoxon Signed Ranks Test to examine pre- to posttest change, Hilliard (2007) found that children in the music therapy and social work groups equally demonstrated decreased problem behaviors while those in the control group showed no significant change. Furthermore, children in the music therapy group also demonstrated significantly reduced grief symptoms, while those in the social work and control groups did not. Hilliard wrote, “This may be due to music’s ability to organize and structure while at the same time allow for spontaneous expression and creativity” (p. 136).

Music Therapy for Adolescents Who Are Bereaved

Songwriting has been used to assist children and adolescents in telling their stories of the loved one who died. Roberts (2006) described four methods of songwriting that can be

used in working with bereaved children and adolescents. These four include word substitution, computer-based, original, and improvised songwriting. The therapist discerned which method to use based on assessment of developmental level, musical experiences, and creativity. Roberts reported that she used a variety of music therapy interventions; however, songwriting was the one most readily chosen by children and adolescents when given the option. She wrote, “Songwriting is appealing and familiar and provides an avenue to merge memories, thoughts, and feelings into a safe and creative medium” (p. 23). She described each of these methods with examples from home-based music therapy sessions with individuals or sibling groups. The use of the songwriting techniques was helpful for individuals in feeling empowered and improving self-esteem, increasing coping, accepting the death, memorializing their loved one, feeling validated, and expressing thoughts and feelings related to their grief.

Hilliard (2001) reported an experimental pilot study of the effects of a music therapy-based bereavement group on behavior and emotions of children, ages 6-11, who had experienced the death of a loved one in the previous 2 years. Guidance counselors and professionals from three different schools identified eligible participants. Schools were randomly assigned to either the experimental or control group, as randomization of participants to groups was not possible. The experimental group ($n = 9$) received eight weekly, group music therapy sessions, and the control group ($n = 9$) had no treatment, but participated in the music therapy group after completion of the study. The Behavior Rating Index for Children was used at home and school, evaluated by the parent/guardian and teacher, respectively. The Depression Self-Rating Scale measured self-reported depression in the children, and the Bereavement Group Questionnaire for Parents/Guardians identified

type and severity of grief symptoms along with parent/guardian perception of the effectiveness of the intervention and the therapist.

In the experimental group of Hilliard's (2001) study, each session had a theme.

- Session One - developing trust and rapport, established group rules and purposes
- Session Two - focusing on basic death education concepts, provided opportunity for sharing about one's death story, promoted emotional expression
- Session Three - participants had an opportunity to share about the funeral or memorial service experience, normalizing death as part of life
- Session Four - naming causes of sadness related to loss, developing healthy coping skills
- Session Five - identifying causes of anger related to the loss, continuing development of coping skills
- Session Six - focusing on memories
- Session Seven - reinforcing group objectives, reviewed behavioral contracts looking back on all the sessions
- Session Eight - promoting the continued use of support and healthy coping, encouraged forward movement through grief

Because all of these sessions were music therapy based, there was a variety of music therapy experiences incorporated throughout. All sessions included an opening, often with egg shakers or reviewing the previous week's session. Other experiences were singing thematic songs, discussing lyrics of songs, songwriting or rap writing, drumming, referential improvisations (playing how one feels on an instrument), song parody, and music listening.

Using the Mann-Whitney *U* test to examine the difference in change scores, Hilliard (2001) found that parents reported a significant decrease in grief related problem behaviors and in severity of grief symptoms in children who experienced music therapy, while no significant change was reported in children from the wait-list control group. Teachers' reports indicated no significant difference in change scores between the two groups in problem behavior at school. Children reported no significant change in depression on the Depression Self-Rating Scale. These results support the use of music therapy for children who are grieving (Hilliard, 2001).

Dalton and Krout (2006) developed a new protocol for the grief songwriting process with adolescents. The process of protocol development was in three main phases. The first phase involved analyzing thematic content of song lyrics that had been composed during 123 weekly individual sessions with adolescents. The lyrics were divided into three sections: specific lyrics from the sessions, verbal processing component, and grief process content area. In the second phase, the author compared existing grief models to the thematic content areas from the songs, and an integrative grief model was developed. The five process areas of this model include understanding, feeling, remembering, integrating, and growing. The third phase included naming the protocol "Grief Song-Writing Process" and developing and implementing it with groups of adolescents. Song lyrics written by the authors were based on the thematic content areas and used as choruses to structure the focus and songwriting of the groups.

The protocol consisted of a seven-session format focusing on the five themes (Dalton & Krout, 2006). Each theme had a related pre-composed chorus in which group members collaborated in creating and playing the melody and original music on various instruments of

their choice. Participants also wrote individual lyrics for verses, reflecting their unique experiences. Both of these processes were facilitated with assistance of the music therapist, and modified instruments were used for successful experiences. Dalton and Krout outlined steps for this Grief Song-Writing Process, which included (a) discussion of the theme and presentation of pre-composed chorus lyrics, (b) creation of an original drum track, (c) choosing chord progressions for the song, (d) selection of musical style of the song and the playing style of the music therapist on electric or acoustic guitar, and (e) creation of the melody of the chorus. The next steps included individuals (f) writing their own verses related to the theme, (g) sharing those lyrics, and (h) having an opportunity to play solos related to the emotions of the lyrics. The final steps included (i) recording the group's singing and playing of their song. After a short break, (j) the group listened to the recording and discussed thoughts and feelings related to it. Each of these steps was used in the five sessions focusing on thematic areas in the protocol.

Along with the development of the Grief Song-Writing Process protocol, Dalton and Krout (2005) developed the Grief Process Scale to determine if the protocol was effective in assisting in the grief process of adolescents. The Grief Process Scale was formulated based on the content areas of the song lyrics analyzed (Dalton & Krout, 2006) and the five process areas of understanding, feeling, remembering, integrating and growing as identified by Dalton and Krout (2006). The Grief Process Scale consisted of 30 self-statements with a scale of "easy" to "hard." Lower scores indicated better grief processing (Dalton & Krout, 2005).

Dalton and Krout (2005) used a song writing group treatment protocol similar to that described in Dalton and Krout (2006) to pilot the newly designed grief processing assessment

instrument, Grief Process Scale. The songwriting process was implemented with bereaved adolescents, ages 12-18. Participants were referred to the groups by school counselors or by parents/guardians who contacted the bereavement center. Four groups were held in local schools and one at the bereavement center. Researchers used a quasi-experimental, nonequivalent group design, using pre- and posttest measures for four experimental groups ($n = 14$ total) and one control group ($n = 6$). Random assignment was not possible due to the nature of the varied settings. Scheduling conflicts with group times prevented 6 of the participants from participating; therefore, they comprised the wait-list control group and received services following completion of the study. The experimental groups met for 7 weeks, with five sessions focusing individually on the thematic processing areas, one session as an introduction, and one at the end as a memorial and closing. For each of the five thematic content areas – understanding, feeling, remembering, integrating, and growing – the therapist had pre-composed a chorus of a song to use as a structure for that week's session. Each individual came up with a verse focusing on his/her loved one within the theme of the week. The group collaborated in determining what the chorus would sound like and the overall musical structure of the song. The participants chose the styles of the music, what kinds of vocals would be used (e.g., rap vs. singing), what kind of instrument each would solo on, and what the therapist would play. They used a variety of musical instruments, including setting a beat from a drum machine or keyboard, guitar, microphone, and other rhythm instruments. Each song was recorded and given to the participants on a CD each week. Each session ended with discussion, which also comprised the final session. This provided opportunity for sharing, relating, processing feelings, and increasing insight into the process of coping with the loss (Dalton & Krout, 2005).

Using descriptive statistics to analyze data in pre- to posttest mean changes on the Grief Process Scale, Dalton and Krout (2005) reported an average decrease of 25 points out of a maximum of 100 total points for the experimental groups, and an increase of 2 points for the control group. When data from the Grief Process Scale were compared to those of the Hogan Grief Reaction Checklist, results were similar. These data suggested that Grief Song-Writing Process treatment improved grief processing in adolescents and support the use of creative interventions such as songwriting in grief support groups.

A variety of music therapy techniques and interventions could be used in working with children and adolescents who have experienced the death of a loved one. Active music making such as drumming, rhythmic improvisation, or Orff-Schulwerk (Hilliard, 2001; Hilliard, 2007; Register & Hilliard, 2008) can assist in developing group cohesion and rapport, increase emotional expression and identification, assist in problem solving, and increase focus and motivation. Engaging in songwriting, instrument playing, and lyric analysis are helpful for young people in expressing emotional states, remembering their loved one who died, normalizing thoughts and feelings of grief, and identifying means for coping (Dalton & Krout, 2005; Dalton & Krout, 2006; Roberts, 2006).

Statement of Hypothesis

The purpose of this research was to determine the effects of a music therapy based support group on depressive and grief symptoms in young adolescents who had experienced the death of a loved one within the past 4 years. Music therapy interventions in the form of a “grief rock band” were used to facilitate the expression and processing of grief in adolescents. Group sessions included songwriting as the primary tool for expression and processing, along with other music therapy experiences to increase group cohesion, facilitate

expression and awareness of feelings, and reinforce coping mechanisms. The thematic topics for this study were feelings, memories, support, and moving forward. The hypothesis was that the music therapy based support group model would assist middle school aged adolescents in decreasing depression and grief related symptoms.

CHAPTER 3

METHOD

Participants

Volunteers living in a rural county of a Southern state were referred to the group by the school counselor or principal based on the inclusion criteria of attendance in middle school, 11-15 years old, and having experienced the death of a close loved one within the past 4 years. Participants were 3 middle school students, ages 11-12, 2 of whom experienced the loss of a parent and one the loss of a sibling. Due to the small number of volunteers for the group, information on each participant is presented as a case study.

Instruments/Measures

Three measures were utilized to determine the effects of music therapy on grief symptoms. These were the Texas Revised Inventory of Grief (TRIG; Faschingbauer, et al. 1987; Appendix A), the Depression Self-Rating Scale (DSRS; Birlleson, 1981; Appendix B), and a demographic questionnaire that included questions to gather qualitative information (Appendix C).

Texas Revised Inventory of Grief. The TRIG (Faschingbauer, et al. 1987) was designed to measure the intensity of grief reactions. Faschingbauer provided written permission to reproduce and administer the inventory for this research. TRIG is comprised of three parts: Part I: Past Behavior, Part II: Present Feelings, and Part III: Related Facts. In the present study, Part II of the TRIG was used to assess present feelings related to the

experienced grief. Three items of Part III were included in the qualitative questionnaire: the quality of closeness in relationship with the person who died, how old the person was at death, and whether the death was expected, unexpected, slow, or sudden.

Part II of the TRIG consists of 13 items. The participant rates each phrase regarding his or her present feelings about the person's death from 5 (*completely true*) to 1 (*completely false*) with 5 representing greatest degree of grief. Construct validity for Part II was established by testing two distinct hypotheses and both were significant ($p < .05$).

Coefficient alpha for Part II has been reported to be .86 and split-half reliability .88 indicating good internal consistency and reliability (Faschingbauer et al., 1987, p. 121).

Depression Self-Rating Scale. The DSRS (Birleson, 1981) was designed to measure depression in children ages 7-13. It was based on an operational definition of depressive disorder that included all four of the following criteria:

Evidence of recent expressed unhappiness, sadness, misery or weepiness; a history of behavior change lasting at least two weeks but less than one year; evidence of recent impairment in social relationships and/or decline in school performance; and presence of two or more of the following symptoms: sleep disturbance, appetite disturbance, loss of usual energy or interest, reduction in activity, expression of self-deprecating ideas, suicidal threats or behaviour, increased irritability, new somatic complaints, wandering behaviour, and depressive delusions and hallucinations. (Birleson, p. 76)

The DSRS consists of 18 items. The child rates each phrase according to his or her feelings over the past week as most, sometimes, or never; they are scored in the direction of disturbance 0, 1, or 2 depending on if the phrase is worded positively or negatively. Birleson (1981) found test-retest reliability to be .80 and internal consistency with the split-half

reliability coefficient to be .86 with one major factor identified. Criterion validity was established when children previously diagnosed with depression scored significantly higher on the DSRS than those who were not diagnosed with depression (Semrud-Clikeman, Bennett, & Guli, 2003). Scores on the DSRS have been found to significantly correlate with those on the Children's Depression Inventory (Semrud-Clikeman et al., 2003).

General information was gathered at pretest based on questions from Part III of the TRIG. This included (a) age and grade in school the participant was in; (b) who died; (c) when they died; (d) how old the deceased was when they died; (e) information about the quality of the relationship the child had with the person who died; and (f) whether it was expected, unexpected, slow, or sudden. Open-ended questions developed by the therapist at pretest included information gathering about the relationship the child had with the person who died, how often and with whom they spoke about the person who died, and what the child hoped to get from the group. At posttest, open-ended questions inquired about (a) what was most helpful about the group; (b) what the participants learned; (c) what, if anything surprised them; (d) how they feel now in comparison to before the group; and (e) feedback regarding what could be different about the group.

Procedure

The school counselor and/or principal from four schools identified potential participants eligible for the study. An informational letter (Appendix D) was sent home to parents/guardians to determine interest and inform them of purpose and goals of the group. This letter included information about the therapist; time and place of meetings; permission to video record the sessions; informed consent information including confidentiality, risks and benefits; and who to contact with concerns. A follow-up letter was sent a few days

following the initial letter. Since participants were minors, parental consent was obtained from each participant's parent. After receiving responses and consent from parents, the therapist contacted each parent to remind him or her of the upcoming meeting and to respond to any questions he or she had. All of the parents volunteered information about the death the child experienced, and a little more information about their child. At the initial meeting with volunteers whose parents had signed consent ($N = 3$), a written student assent form (Appendix E) was read and discussed. At this meeting the researcher responded to questions, participants completed a questionnaire designed to gather preliminary information, and pretest measures were taken. All procedures were approved by the University's Institutional Review Board.

Music therapy groups were held in a private room at the university for one hour in the afternoon following school. Students were encouraged to arrive 15 minutes prior to the session for snacks and socializing before the group began. Music therapy interventions in the form of a "grief rock band" were used. The eight sessions included songwriting as the primary tool for expression and processing, along with other music therapy experiences to increase group cohesion, facilitate expression and awareness of feelings, and reinforce coping mechanisms. "Rock band" appropriate instruments including guitar, electric keyboard/synthesizer, piano, and various rhythm instruments were modified so that students would have successful experiences while playing their original songs. The sessions included thematic topics similar to those in Dalton and Krout's (2006) research. Themes in the present study were feelings, memories, support, and moving forward. Each of the thematic topics was explored in detail through the songwriting process.

Each session began with gathering in a circle in chairs or on the floor and doing a check-in regarding current feeling state/mood, any significant happenings in the past week, and any further thoughts or feelings regarding the previous week's topic. This check-in was followed by a group music making experience to increase focus, encourage group cohesion and self-expression, and transition into music. These experiences included the use of drumming, egg shakers, and improvisation on tuned and untuned percussion instruments. The session's topic was then introduced and discussion on the topic began. During the discussion, each individual had the opportunity to share his or her thoughts, feelings, and experiences based on the topic, and his or her unique perspectives with others. As group members shared, the therapist made notes that would help guide the lyric writing process. The music therapist wrote these notes on the board and participants further developed them as they saw fit in order to accurately express their perspectives. They became song lyrics as they were formed into verses and choruses. The song lyrics that the participants composed are included in Appendix F. During this process, the group discussed how the song would sound and was given options to structure this. They experimented with a variety of instruments, including a keyboard and its various sounds, piano, guitar, African style drums, and rhythm instruments. The group decided on instrumentation and responsibilities of each person and combined the sounds with the lyrics to form the song. Each song was video recorded and group members received a copy of the DVD at the end of the group process. After each recording, the group engaged in a brief discussion of thoughts and feelings about their new song.

During Session One, which followed the initial meeting and pretesting, introductions were made and group rules were established. Group goals included establishing rapport,

identifying group rules, and explaining the process of group songwriting. During this first session and transitioning into Session Two, the theme of feelings related to the death of the students' loved ones was explored. Goals included increasing understanding, processing, and expression of these feelings as well as relating with each other. Session Three continued the topic of feelings, but focused on present feelings and thoughts about their loved one who died. Session Four and Five focused on the topic of memories. Students were encouraged to share specific memories of their loved one and to bring in a significant keepsake or symbol to share with the group. Sessions Six and Seven explored the theme of support and coping. Goals included identifying positive support systems and reinforcing coping mechanisms. Session Eight focused on the topic of moving forward. Goals included consolidation of information from previous weeks, establishing closure, and moving on in the world without their loved ones. Students were given the option to meet for one more week for a final session as a celebration of the time together and to share their songwriting creations with their family and friends. Session Nine included posttest data collection, review of each performance of songs that the group had written, gathering of family members and friends with food and fellowship, and group music making.

Design

The research utilized a pretest and posttest design with measures for depression and grief symptoms along with qualitative data from questionnaires and therapist observations. The design included only one group due to the small number of volunteers to participate in the group.

Data Analysis

Data were analyzed as multiple case studies. Scores from the DSRS and Part II of the TRIG at pretest and posttest were examined for each participant to observe for changes across time. At pretest, the responses to the brief questionnaire gave qualitative information describing the relationship with their loved one, if they talk about the deceased, and if so, whom they talk to, and what they hope to get from the group. At posttest, information was gathered regarding what was helpful about the group, what they learned, feelings at end of group in comparison to start of group, and recommendations for changes in the experience. The therapist's narratives were used to provide additional information about the process experienced by the participants.

CHAPTER 4

RESULTS

Data were analyzed as multiple case studies. Scores from the DSRS and Part II of the TRIG at pretest and posttest were examined for each participant in order to observe for changes across time (Table 1). Scores on the Depression Self-Rating Scale (DSRS; Birleson, 1981) range from 0 (*low depression*) to 36 (*high depression*) and from 13 (*low grief*) to 65 (*high grief*) on the Texas Revised Inventory of Grief (TRIG; Faschingbauer et al., 1987). For each of the participants, posttest scores showed an improvement in both depressive symptoms and grief symptoms.

Table 1

Pre- and Posttest Scores on the Depression Self-Rating Scale and Part II of the Texas Revised Inventory of Grief

Participant	Depression Self-Rating Scale		Texas Revised Inventory of Grief	
	Pretest	Posttest	Pretest	Posttest
Emma	7	4	50	40
Michael	4	2	40*	33*
Jordan	19	4	53	31

*Scores adjusted with deletion of one item on questionnaire, as no response was recorded at pretest for that item.

Case Studies

Emma

Emma is a 12-year-old girl who is in the 7th grade and recently began being homeschooled. She experienced the death of her father who was 46 years old when he died,

which was just over a year prior to the group. She described the death as sudden. She described the relationship as being closer than most relationships she has had with other people and when asked to describe her relationship with him, she reported, “Well, I loved him very much! And I really miss him.” She reported that she talked with her mom and her two best friends about the death, but that she got sad a lot. When asked about what she hoped to get from the group, she reported “some way to express myself and make me feel better.” Emma’s mother accompanied her to the initial meeting and had expressed to the therapist in a phone call earlier in the week her concerns that being in a group would cause more pain for Emma, as she has dealt with and is coping well with the death of her father.

During Session One, which followed the initial meeting and pretesting, introductions were made and group rules were established. The session began with introductions, where they could share anything about themselves and report feelings, to which Emma stated feeling, “Good.” She declined to select an instrument on which to reflect her feelings musically. Next, Emma participated in a discussion of group rules and a paddle drum experience to reinforce the rule of respect, including respect for self, each other, and instruments, and to recognize aspects of working in a group. The group began exploring what sorts of feelings they had when they found out about their loved one’s death and shared stories of where they were and how they reacted. Emma shared that her father died a year ago on Valentine’s Day. She was on the way out of town, and when they were almost there, they had to turn back around and go home. She reported it to be an unexpected death, and that she was “shocked” and “sad” and did not know that he had died. She had thought he was in the hospital, but when she asked her uncle when he would get out, she found out that he had died. Her father was well known in the community, and she shared about the

difficulty of having to stand in line at the viewing for 6 hours because of all the people who came. Her parents divorced when she was 2, but she spent every other weekend with him. Both of her parents had remarried, and she has siblings and step-siblings. She reported her favorite thing about her father was that he was “adventurous” and was an outdoorsman, taking them camping.

After this, the participants discussed specific feelings they had when they found out their loved one died and how they felt now, and they began to write a few lines of the lyrics for the representative song based on their sharing. Emma shared that she felt as if she was “tripping in space, like I was tripping and couldn’t find my feet.” We transitioned back to the music to end the session, and the participants selected which instruments they would play, along with the tonality and style of the song. Emma chose the djembe to play for this song. Emma was at ease by the end of the session after experimenting with some of the instrument’s sounds.

The next week’s session was cancelled due to snow. The group met again for Session Two 2 weeks later. Session Two continued with the topic of feelings. Group rules were reviewed along with what occurred the previous session, and all engaged in an egg shaker movement experience with recorded music. During the check in, Emma shared about her gymnastics competition, where she received a nine out of ten on the balance beam. She reported feeling “good” with nothing specific happening and no particular feelings related to the previous session.

Following check-in, Emma began to explore the piano in the tonality chosen in the previous session rather than using the djembe to reflect the feelings song. After a bit of experimentation, the group re-focused back to the song lyrics to clarify parts as a group.

They went through line by line to analyze the song and agree upon or change lyrics. Emma worked to clarify what she meant by “couldn’t get over it” and was able to articulate this. She used a metaphor of being detached from her feet or being in a fog, and this was stated in the song as “It felt like it wasn’t real.” The song lyrics ended up being a reflection of the feelings when they found out their loved ones had died. Emma was excited about playing the piano and shared ideas about how to start the song and how to play together for a stronger and better sound.

Emma arrived late into Session Three. Jordan was the only other one present this day, so it allowed for some ‘girl time’ during group. Based on the content of her peer’s sharing prior to her arrival, Emma was receptive to a continuation of the topic of feelings rather than memories. Emma supported this, as she had forgotten her pictures to share anyway. In a discussion of loneliness and difficult emotions, Emma acknowledged feelings of loneliness as her peer did, but reported that she did not stay focused on that. She expressed that it had gotten better, since she understood it more. Emma reported that her father made a difference in her life. She shared positive feelings about the death of her father. She expressed she feels “happy, he’s in a better place. He had a pretty good life here. Up there it’s a million times better.” She reported a belief that “everyone has a purpose, once that purpose is made.” Emma recognized the impact that he had on many other people through his vocation as a pharmacist.

The content of their sharing was compiled into what formed the song lyrics. Emma was again initially drawn to the piano, but then began singing a melody to which the music could be structured. The therapist began to accompany this melody on the guitar, and Emma and Jordan were interested in singing it with the guitar. They developed a melody and

assigned roles: first Emma singing, then Jordan, then coming together to sing the final lines. Both had big smiles on their faces after recording the song. They seemed happy with how it came together to be a successful and pleasing song.

Emma arrived late to Session Four, where again, there were only two people present, but this time, Michael was there. Emma was cheerful and happy. She reported there was a problem at home, so her neighbor had to drive her to the session, causing her to be late. The topic for Session Four and Five was memories. Emma forgot her photos again, but was quick to engage in conversation. She shared that some memories “make you sad, some remind you of good times.” She shared specific memories of her dad rock climbing, and that when she saw this, she was reminded of her father. She agreed with her peer that sometimes, it felt like she was missing out on things because her father died. She also shared that she just missed him.

After this sharing, Emma and Michael were ready to explore the topic of memories in the music. In discussing how to go about this, Emma suggested that a song without words might reflect both the sad and happy memories that they had. Her peer was receptive to this, and they worked collaboratively to determine instrumentation and qualities of the music. She was drawn to the piano as had become typical for her. As Emma experimented with the piano, she played slowly and quietly in the higher register. When asked about her playing, she reported feeling “sad.” She explained that she was sad about missing her step- and half-siblings along with her stepmother. She saw them on occasion, but since her dad died she no longer spent the night with them, and now was missing them and wanting to see them. In processing these emotions, the therapist discussed the possibilities of her seeing them. Emma reported that it could happen, but her mother did not like her stepmother. Emma was open to

asking her mother about a visit or “play date” where her mom could have a “date” with her friends at the same time elsewhere. She remained in this sadness and acknowledged that some of the memories made her feel sad, that she missed her father. She seemed “stuck” in this sad feeling state. The therapist asked her about any other memories that she had, possibly positive ones, too. She shared of a time when her father did a science experiment where he put dry ice in a bottle of root beer to make it explode. This made her smile and laugh as she shared the story. She was able to move out of the sadness somewhat, but due to time constraints, did not explore this in the music. Her peer was very supportive of her, and attempted to encourage her to move to the happiness in the music. Between the two of them, they decided that the song would start in sadness, but move toward happiness as a reflection of their memories. They decided to finish the song the following week rather than rush to complete it this week.

Emma was absent for Session Five, so did not complete the instrumental song they had begun working on. Emma was also absent for Session Six, despite a follow up call from the previous week’s absence. The therapist had no success in reaching her mother on the telephone.

Session Seven’s topic was Support. It was a continuation of the work the others had begun at the end of Session Six. Emma arrived about 10 minutes into the session as her peers were figuring out the logistics and instrumentation for the song, eagerly playing away. When Emma came in, she reported feeling a little overstimulated with both the piano and the keyboard being played at the same time. The others greeted her, and welcomed her back to group. Michael reported that they missed her. She reported that everything was going well.

Emma was a positive influence on the experience, particularly with decision-making. Her female peer seemed to respect her and wanted to form bonds with her. Emma chose to play a rhythm with her on a djembe for this song after declining the offer to sing. After all the decisions were made and the song was practiced through a few times and recorded, they were all very pleased with this song and their creation.

Session Eight was considered the final session of the group process. Emma brought with her a photo book that she made after her father had died. She shared the book with the group and reported that on her dad's birthday, she wrote a letter and attached it to a balloon and let it go. She reported it to be a helpful ritual.

The therapist had the opportunity to follow up with Emma about her relationship with her stepmother and stepsisters. She shared that she was able to see them and enjoyed spending time with them. The group reviewed the past sessions, and Emma expressed desire to watch the DVD of the songs. This led to discussion about a plan for the last week together, including decisions about food, what to do, and whom to invite. Emma was excited about it, and said she was going to bring her best friend with her. In reviewing the time together and transitioning to the theme of moving on, Emma shared that she used to write her own songs on her own more often, and that doing it in the group was ok. She expressed her thought about this experience as "expressing what you feel in song helped."

The group engaged in a rhythmic improvisation on drums, and each person had a chance to begin or lead an improvisation. In forming the final song together, it was decided that it would be based on the improvisation. Emma made some suggestions with the group and began playing a rhythm on the drums. It was a very collaborative process, and they decided that at the end, they would shout, "Movin' on!" to end the song. Emma took on

more of a leadership role and exhibited frequent smiles in the music playing. After recording the song, Emma laughed and smiled with her peers and reported being content with the song. In the last few minutes of the session, she and her female peer discussed possible band names for the group. Emma suggested, “The Gnomes” and her peer had suggested “The Unknowns” and “The No-Names” and they were able to agree upon “The Ungnomes.” Emma smiled and was pleased with her decision.

In the final celebration together, Emma was accompanied by her mother and best friend. He played the guitar, and Emma wanted to include him in the music making aspects of the group. Emma also brought treats to share. During the viewing of the DVD recording of the songs, Emma remained attentive but quiet. Emma’s mom initiated a positive comment in response to the second feelings song where her daughter sang. Afterward, Emma and her friend along with some of the others present participated in active music making and improvisation.

Overall, Emma was a very active participant in the group process. She was forthright in sharing and remained sensitive to others’ feelings. She was coping well with the death of her father and had a strong system of support in her family and friends. She had a positive perspective about the death of her father, though she reported sadness at times. She had many positive memories to help sustain her in those times. Her multiple absences and tardiness may have been a reflection that this was not a priority for her or her mother, who often drove her to group. Her mother’s initial hesitation about her daughter becoming sadder by being a part of this group was not confirmed. Emma had expressed a desire to find ways to help her feel better, reflecting that at times, she had difficulty dealing with the loss. Her posttest questionnaire revealed that she thought that expressing her feelings was the most

helpful part about participating in the group. When asked what was the most important thing she learned, she wrote, “?To be happy? I don’t know.” Nothing in particular was surprising to her, and she reported feeling “better 😊” when asked how she felt now in comparison to before the grief rock band. She offered no suggestions for how the experience could be improved.

Michael

Michael was an 11-year-old boy who was in the 6th grade at a local school. His pretest questionnaire revealed that he experienced the death of his father. His father was 48 years old when he died, which was 1 ½ years prior to the group. He described the death as unexpected. He described the relationship as being closer than most relationships he had with other people and when asked to describe his relationship with him, he reported, “I think we had a great relationship despite the fact we did not get to see much of each other.” Later in sessions, he explained that his parents were divorced and his father lived out of town. He reported that he talked some with his parents, his mother and adoptive father, about the death of his father. He responded with a question mark when asked what he hoped to get from the group.

On the day the sessions were to begin, the therapist received a call from Michael’s mother. She expressed concern with his participation in the group, describing that Michael is at a “vulnerable point in life.” She was concerned that something might negatively influence his strong religious faith. She shared that their family, including Michael’s father, were professed Christians, and Michael’s faith was helpful for him in coping with the death of his father. The therapist assured her that she would not impose any values or beliefs onto the group members and informed her that she supported, respected, and valued each person as a

unique individual. The therapist encouraged her to come that night to meet the other participants and therapist. If Michael or she did not get a good feeling, they were free to choose not to continue in the group process. She was receptive.

During Session One, after the initial meeting where his mother came and went, Michael reported feeling “confused.” With further exploration, he shared that he was feeling unsure about what this all was going to be about. After a brief explanation, he seemed more content. Michael chose the guitar to play his representative feelings. He had been taking lessons on guitar and was very interested in music. He engaged in determining group rules and participated in a paddle drum experience.

Michael initiated sharing about the death of his father and associated feelings. He reported that his father died of a disease that affected the brain. He had to have his eye removed and wear an eye patch. Though he lived about an hour away, Michael shared that they were close, and that he was able to spend a week with his father near the end of his life. But Michael also expressed difficulty due to the distance in the relationship. His parents divorced when he was 6 years old, and he lived with his mother, adoptive father, and his younger half-sister. He related with Emma in her difficulty at the viewing and shared about how his feet hurt when standing up for 2 hours there.

At the end of Session One, we transitioned back into music where Michael was integral in selecting the tone of the feelings song. He chose the electronic keyboard to play and was excited by and involved with the different sounds it could make.

During the check-in of Session Two, Michael exhibited interpersonal support to Jordan. When she said she had nothing going on, he inquired further about this, reporting that he saw her perform in their school’s talent show. Michael complimented her on this.

Michael reported that things were going well; he was feeling “happy” that the weather was warmer, and he could finally see the ground after months of it being snow covered.

Following check-in, Michael gravitated back to the keyboard to work on the feelings song. After further playing, the group reconvened to discuss the song lyrics and clarify them as a group. Each person had a part in determining these final lyrics, and frequently, Michael was the one to initiate changes. Michael was excited about the keyboard as well, and had more difficulty focusing on the group process, as he was creative and independent. However, he was able to come together with the group with his and the others’ ideas and play. After completion of the song, Michael reported a desire to write a chorus or build further on the song to include other feelings. Due to time constrictions, it was not possible that session. The therapist encouraged him to begin thinking about memories, the topic for next session.

Michael was out sick for Session Three. Sessions Four and Five focused on the topic of memories. Session Four began with only Michael present. He had arrived early and began playing the keyboard. He brought three photo albums and his guitar with him. He reported that things were going well, nothing significant was happening, and that he was feeling better from being sick during the last week. Due to the one to one nature of the session initially, Michael was able to share more about his relationship with his father. He began sharing some of the photos and reported that his father was a horse trainer and moved to the United States from Columbia at the age of 7. He verbalized that the memories make him both sad and happy at the same time, but he was happy to remember times spent with him. He reported that every time he saw a horse, he was reminded of his father. He spoke about his family at his father’s, that he had a half-brother whom he saw during the summers.

Michael also shared that he sometimes felt that he missed out on certain things with his father because they did not live in the same town and he died too soon. As an example, he shared that his dad only taught him to ride horses a few times by himself. He also shared that he used to ride with his father when he was a little boy. This sharing reflected the conflicting emotions of happiness and sadness in the memories, and feeling like he missed out.

After this sharing and Emma's arrival, Michael and Jordan were ready to explore the topic of memories in the music. Michael was receptive to Emma's suggestion to have a song without words, and they worked collaboratively to determine instrumentation and qualities of the music. He explored sounds of different rhythmic instruments and selected the vibraphone to reflect sadness and the bongos and cymbal to reflect happiness of the memories. He selected the kalimba and small ocean drum for possible use for feelings. He initiated a short motif on the guitar to incorporate with the sounds. When Emma was stuck in her sadness, Michael was very supportive and attempted to encourage her to move to the happiness musically. The two of them decided that the song would start in sadness, but move toward happiness as a representative reflection of their feelings. They decided to finish the song the following week rather than rush to complete it during Session Four.

Session Five began with only Michael and Jordan. Michael gave an update to Jordan from the previous week to orient her to what occurred. He agreed with her suggestion to add the gong into the song. Michael only selected a few of the instruments previously chosen, the vibraphone still reflecting the sadness, cymbal to transition from sad to happy memories, and rather than guitar, he chose keyboard on which he played synthesized sounds. Michael taught Jordan a short motif on the guitar, and he praised her for doing it accurately. They decided that the song would open with a few bangs of the gong, then Michael began the

keyboard interspersed with the vibraphone. Michael's crash of the cymbal was the cue for the song to transition from sad to happy memories, where they played with more energy.

This session brought about some of the typical adolescent interactions and tensions that exist in male-female relationships of this age. There was some flirtatious behavior as well as some "put downs." Though both Michael and Jordan were the same age, Michael had matured more quickly. The tensions existed early on, but they did not interfere with the continual process of the group. Michael and Jordan were able to record the song and move on to the next topic of support.

In the conversation about support and coping, Michael stated, "Of course I have hardships, but I've always made it through." He was able to acknowledge some means of support, including his parents. When asked about his friends at school, he reported that only his close friends know that his dad died. He shared an experience in which a friend asked him where he was going then didn't know what to say when Michael shared he was going to his father's funeral. He reported feeling sad about that, but also "kind of glad he dropped it." He initiated a conversation about pets, and how he found comfort in his dog and cat.

The therapist ended the session with a reminder that there were only three sessions left. The participants were encouraged to think about a band name. When asked about a final session to invite friends or family to share the videos, Michael was receptive.

Session Six continued with the theme of support and coping. After a brief check in, Michael and Jordan transitioned back into discussion about support. Michael reported that his mom was a strong support. He also named his brother, who had lived with his father, as a supportive person, because he understood the experience similarly. He also reported that others were supportive and understanding, like his aunt. Michael offered a supportive

comment to Jordan who said she did not like talking about the death with her mom. He stated that sometimes it is better to deal with the emotions. When Jordan diverted conversation to the topic of pets, Michael agreed with Jordan in acknowledging the sadness that accompanies the loss of the pet, as he had experienced this too. He shared that he got a new dog when his old dog died, but he reported that it is different to lose a pet than a person because you can replace it, but “you can’t replace family.”

Michael shared a story of a time when a boy in school made fun of him for being sad about not having a father. The third time that the boy did it, Michael “blew up” at him, and it never happened again. He said that most of the time others are supportive and understanding, but that experience was hurtful to him. He observed that people can be mean. Both of the participants continued to engage in a meaningful conversation about support and what helps them cope, including people, things they liked doing, and things that brought them comfort. They decided upon lyrics for the song, which they reviewed the following session. Michael was present for group alone for about half of the time, as Jordan had to leave early. Michael worked on developing a melody and rhythm for the song on the keyboard. At the end of the session, he initiated a statement, “I wish it was more than 8 weeks long.” When asked why and what he got from the time in group, he stated, “It’s fun, and I feel like people can understand me.” He shared not wanting to go to a grief camp experience because its name was childish. He was a thoughtful and insightful young man, and music remained very motivating to him. He continually went back to the keyboard each session.

Session Seven was a completion of the theme of support and coping. Because of the inconsistent attendance during the previous two sessions, it was difficult to gain forward

momentum on this topic. At the start of the session, Michael and Jordan were present and began to review the lyrics of the song that they had created last week. They made a few changes and clarified the lyrics. About 10 minutes into the session, Emma arrived just as Jordan and Michael were figuring out the logistics and instrumentation for the song and were eagerly playing. They were having some of the antagonistic adolescent interactions, and it was a chaotic space briefly. Michael told Emma that they had missed her in the previous weeks.

After much debate about who was going to sing and who was not, the group was able to begin to agree on some decisions about the song. The girls initially said they wanted to sing, but changed their minds, so Michael volunteered to sing the entire song. Michael added flourishes with the keyboard at times during the song. After all the decisions were made and the song was practiced through a few times and recorded, they were all very pleased with the song and their creation.

Session Eight was considered the final session of the group process. It focused on the topic of moving on. During the check in, only Michael had significant news to report; he found out his mother was pregnant. He reported that he was “excited” but also confused, not knowing what to think. He was “shocked” by the news, and was still trying to get over that. Discussion moved to the following week’s session, and the group made decisions about food, what to do, and whom to invite. Michael was excited about it. They discussed how each of them had continued to move on from the death, reinforcing that it is a process. They talked about saying goodbye and moving on from this group. The therapist reinforced the concepts of using music and coping strategies to help them in the future.

The group engaged in a rhythmic improvisation on drums, and each person had a chance to begin or lead an improvisation. In forming the final song together, it was decided that it would be based on the improvisation. Michael moved to the guitar and added a motif after listening to Emma's playing on the drums and Jordan's playing of rhythm instruments. He played a short solo on guitar during the piece. It was a collaborative process, and they decided that at the end, they would shout, "Movin' on!" to end the song. Michael was quieter than typical overall, but still able to respectfully voice his opinions. After recording, Michael laughed and smiled with his peers, and reported feeling content about this song. In the last few minutes of the session, they decided on a group name. Michael chose to sit out of the discussion, and reported that whatever the girls chose, he would be fine with. He agreed upon their decision with "The Ungnomes."

Following this session, I informed Michael's mother, who was waiting outside of the room, about the details for the next week's celebration. She had been in the hall talking with Jordan's mother. She asked if they would be able to see the work that had been done together in the group and inquired about possible future opportunities for this group. She reported that Michael did not talk about the group, but saw how much he enjoyed being a part of it. She expressed that it had been helpful for him.

For the final celebration together, Michael arrived with his mother, adoptive father, and younger half-sister. Just before the formal celebration and showing of the DVD began, Michael hurriedly completed the posttest questionnaires. Michael saw that Emma's friend brought a guitar, so he requested to get his out of the car to bring as well. He began playing it off to the side as the group convened for the meeting. He was quiet as he watched the DVD. When asked directly how it was, Michael reported that it was weird seeing himself up

on the screen. He did acknowledge that it was “cool” to see. Michael’s mother spoke about how he did not talk about the group, but she was so glad to see what they had been doing and how excited he was about coming every week and playing music.

Some of the people engaged in music making with various rhythmic instruments, and Michael continued to play guitar independently, occasionally engaging with his peers. After some casual interaction and snacking, people began to leave and say goodbye.

Michael consistently was involved and motivated by the music. Many weeks, he came in and went directly to the keyboard and began exploring it. A bright and insightful young man, Michael was kind and supportive to others. He reported some interpersonal difficulty with peers, but seemed overall to be well-adjusted to the death of his father. He had a very supportive and loving family with whom he spent a lot of time. At posttest, his responses to the questionnaire did not give information, as he wrote question marks for four of the five questions. He wrote, “Nothing” for the question about what could be done differently for this experience to be more helpful. He was in a hurry to get his guitar from the car, so he was hasty in his responses to the assessments and questionnaire. Overall, he seemed to enjoy being a part of the group, particularly his involvement with the music making and songwriting.

Jordan

Jordan was an 11-year-old girl who was in the fourth grade at a local school. Her pretest questionnaire responses revealed that she had experienced the death of her brother. Her brother was 17 years old when he died unexpectedly 3.5 years prior to the group. She described the relationship as being closer than most relationships she had with other people, and when asked to describe the relationship with him, she wrote, “It was hard to let him go. I

loved him and really miss him.” She reported that she did not talk about him much, but when she did, it was with her mom. When asked what she hoped to get from the group, she reported, “Joy and Happynes [sic].”

During Session One, following the initial meeting and pretesting, Jordan reported feeling “happy” during check-in of feelings. She declined to play an instrument to represent her feelings. She participated in discussion of setting group rules and engaged in a paddle drum experience with the others. The topic of Session One was feelings, and the group began exploring what sorts of feelings they had when they found out about their loved one’s death and shared stories of where they were and how they reacted. Each person had the opportunity to share his/her story about the death.

Jordan shared that her brother had died 3 years prior in a car accident. She explained that the car flipped. His girlfriend, who was with him, only broke her toes, and he died. She reported that he was cremated and she did not go to a service. Jordan called attention to the fact that she was the only one who lost a brother and not a father. She diverted conversation to speak about a gerbil that died recently and was also cremated, and was curious about why it cost so much. She was living with her mother, her mother's boyfriend, and his son, and saw her father on the weekends. She reported her favorite things about her brother were that he played with her and he loved her. During this sharing, the therapist offered support and validation of feelings expressed.

Following this discussion, the group transitioned into the music to determine the tonality and select instruments. Jordan selected bongos to play and did so with enthusiasm. She appeared comfortable with others by the end of the group, but displayed a sad affect.

Session Two was a continuation of the topic of feelings. During the check-in, Jordan gave thumbs up, but did not say anything further. She had no news to report; however, Michael asked her further about this. He inquired about the school's talent show in which he saw her perform and gave her a compliment about it. She shied away from both his compliment and the praise the therapist gave about performing. She had difficulty accepting the praise, sharing that one girl told her she didn't like her performance, but acknowledged many people had liked it. At times throughout the session, she had difficulty relating to her peers.

Following the check-in, Jordan began experimenting with the guitar rather than the bongos for the feelings song music. After some time playing, they re-focused back to clarify parts of the song lyrics as a group. Jordan chose the word "discovered" from a selection of words, as to how she learned of the news. Throughout the session, she was agreeable with her peers, only voicing opinions when directly asked. She was more engaged in the music making and held a good rhythm while playing the guitar. The group members selected the therapist to sing the lyrics for this song. The song was recorded and Jordan reported feeling good about the song.

Session Three began with only Jordan in attendance. Due to the one-to-one opportunity and the fact that Jordan arrived early because she took the bus to the sessions, the therapist had the chance to check in more intimately with her. She spoke about her friends and about being excited about an upcoming out-of-town field trip the following week. When asked if her friends knew about her brother's death, she reported that some did. She had told her class, and her closer friends knew, but she didn't talk about it. She reported her friends were supportive, but there was an emotional disconnect in the way she talked about it, in a

brief and frank way. The therapist attempted to initiate discussion on the topic of memories, the planned focus for the day, but she was unable to voice any memories about her brother. She attributed the fact that it was “four years ago” when he died and she was only 7 or 8, so she did not recall the memories. She spoke directly and was matter of fact about this, and it was clear there would be no more conversation about it at that time. Jordan and the therapist began an improvisation using Orff instruments, and during this process, Emma arrived. After a brief check-in with Emma, all began to play together. Jordan laid down behind her instrument after the improvisation. She was less engaged with her peer there and needed some prompting to refocus on the task. After a brief discussion, both Jordan and Emma were receptive to a continuation on the topic of feelings. Jordan was receptive to this as she had difficulty thinking of memories, but wanted to talk about feeling happy and excited. She continued to focus on the field trip, but related this to the loss, stating that she liked to have things to look forward to, as it made her feel better.

During this discussion, Jordan voiced feelings of loneliness about the death, enjoyment of having a brother and missing that piece of her life. She also voiced what helps her in difficult times. She agreed with Emma who expressed that it has gotten better though, since she now understood it more. She also agreed that her brother had made a difference in her life. In the discussion, song lyrics were formulated based on the content of the sharing. Jordan and Emma experimented on the piano and guitar. They finally decided to have the therapist accompany on guitar, and they would sing the song. They developed a melody and assigned roles: first Emma singing, then Jordan, then coming together to sing the final lines. Both had big smiles on their faces after recording the song. They were pleased with how it came together to be a successful and pleasing song.

Jordan was absent on a field trip during Session Four. Session Five was a continuation of the previous week's topic of memories. Jordan reported having a good time on the field trip the previous week and reported no present concerns. Michael gave an update to Jordan from the previous week to orient her to what had occurred. She understood the topic of memories going from sadness to happiness, and she thought that the gong might be a good addition to the song. Michael taught Jordan a short motif on the guitar, which she picked up quickly; Michael praised her in doing it accurately. They decided the song would open with a few bangs of the gong, then Michael began the keyboard interspersed with the vibraphone along with Jordan finger picking on an open-tuned guitar and the therapist supporting their music on the piano. Jordan ended the song with a loud crash of the gong.

As noted above, this session brought about some of the typical adolescent interactions and tensions that exist in male-female relationships of this age, including flirtatious behavior and "put downs." The therapist had to assist by reminding them of the rules of respect. She educated Jordan on more appropriate interactions that would not hurt people's feelings. Though both Jordan and Michael were the same age, Jordan was somewhat less mature. These tensions and interactions that existed early on subsided, and Jordan and Michael were able to record the song and move on to the next topic of support.

Jordan and Michael were able to engage in a conversation about support and coping. Jordan was attentive to Michael's sharing, but was less involved. When Michael shared about his friends, and the therapist asked Jordan if it were the same for her, Jordan made a joke about not having any friends. This contradicted her report of her friends in a previous session, but also may have revealed some interpersonal difficulties. She shared that her

“blankie” brought her comfort in difficult times, and that her mom and dad had been helpful in the past with coping with her brother’s death.

Due to time constraints, the session ended. Group members were reminded that there were only three sessions left, to which Jordan responded with sticking out her lower lip and saying, “aw” as if sad. They were encouraged to begin thinking about a band name and to continue to think about things that bring them support. When asked about a final session to invite friends or family to share the videos, Jordan was receptive.

During Session Six, the group continued with the theme of support and coping. Following the check in, Jordan and Michael transitioned back into a discussion about support and supportive people in their lives. Jordan shared that when her mom talked to her about her brother, Jordan changed the subject. She acknowledged that she typically did not want to talk about it. When encouraged to elaborate, she reported being afraid of losing someone or something else, like “Mom.” Michael offered a supportive comment, that sometimes it is better to deal with the emotions, but Jordan made a funny face in response and said nothing further about it. She changed the subject to talk about the death of a friend’s hamster and reported that human and animal deaths are the same because “they’re still part of the family.” She acknowledged her own hamster to be an important part of her family and life.

As the group continued to share about support and coping, including people, things they liked doing, and things that brought comfort, they were able to come up with lyrics for the song, which they reviewed together the following session. Jordan’s mother came to pick her up about halfway through the session.

Session Seven was a completion of the theme of support and coping. At the start of the session, Michael and Jordan were present and began to review the lyrics of the song that

they created last week. They made a few changes and clarified them. Jordan and Michael began to figure out the logistics and instrumentation for the song, eagerly playing away on piano and keyboard, respectively. They were having some antagonistic adolescent interactions, and it was a chaotic space briefly. Once Emma arrived, things were more at ease. Jordan seemed to respect her and wanted to form bonds with her. Jordan remained at the piano, playing an ostinato-patterned chord structure. After all the decisions were made, the song was practiced and recorded. Jordan was pleased with the song.

Session Eight was the final session of the group process. In reviewing the time together and transitioning to the theme of moving on, Jordan shared her thought that it has been “good.” She remained positive and involved and was cheerful.

The group engaged in a rhythmic improvisation on drums, and Jordan took her turn leading. This transitioned into the formation of the final song together. Initially, Jordan remained on the drum, but then moved to the floor to play various other percussion instruments. Jordan voiced her opinions to the others. They all played together and got excited about shouting, “Moving on!” at the end of the piece. Jordan was at times unfocused and flirtatious with Michael, but she initiated more this session than in previous sessions and made suggestions to contribute to this final song. After recording, she laughed and smiled with her peers and reported contentment with it. In the last few minutes of group, Jordan and Emma attempted to decide upon a band name. She suggested “The No-names” and “The Unknowns” and finally they all agreed upon “The Ungnomes.” She was pleased with the decision. At the end of the session, Jordan was on the floor and reached up to ask the therapist for a hug. She stood up and gave the therapist a hug, symbolic of her reaching out and feeling supported.

Following this session, I informed Jordan's mother, who was waiting outside of the room with Michael's mother, about the details for next week's celebration. They had been talking about the group in the hallway, and she reported how much Jordan has enjoyed being a part of this group. She expressed that it had been especially helpful for Jordan, and inquired about future opportunities for the group.

The final time together was a celebration of the work the students completed over the past two months. They shared in food and fellowship and the DVD of their work was played. Jordan came with her mother and was quieter than typical. She brought snacks to share. While viewing the DVD, Jordan remained quiet and attentive, and when asked about how she liked viewing it, shared it was "good." Jordan's mother reported how good it was for something like this to be offered and wished that she had the opportunity to participate in a support group following the death of her son. Her mother shared how difficult it was for her then, and she did not feel supported by her peers and co-workers because they did not know how to respond to her loss or what to say. She was still grieving and expressed anger about the lack of support she personally received. The therapist provided verbal support.

With the time remaining, Jordan timidly played instruments with her peers, which allowed her to come out of her shell again. She connected with Emma, taking turns on the xylophone, and talked with her a little bit. After a period of time, people began leaving and saying goodbye. Jordan initiated a hug with the therapist.

Jordan was a very involved participant throughout the experience. She benefitted from the opportunity to be with others who had experienced the death of someone close, but she still felt "different" because it was her brother, not father, as it had been for the others. She was really interested in the musical modality of the group, and it was not uncommon for

her to play the piano or keyboard before sessions. She had some interpersonal difficulties that showed at times with some awkward interactions with Michael and in her verbal reports of feeling lonely and joking about not having friends. However, she looked up to Emma and seemed to desire a friendship with both Emma and Michael. Jordan was two grades behind for her age, and the therapist suspected there were some learning difficulties. She was less mature than the peers in this group, and this could be attributed to her school environment or to the difficulties the death of her brother had caused. Her mother's comments in the closing session revealed that she had struggled a lot with her own grief, and this had likely played out in her relationship with Jordan. A sweet and likable person, Jordan often was reluctant to share deep feelings about the death of her brother. On her posttest questionnaire, she reported that "the music" was the most helpful thing about participating in the grief rock band. When asked about the most important thing she had learned, she wrote, "never give up." Nothing particular surprised her, and when asked how she felt now in comparison to before the group started, she wrote, "a lot beter [sic]." She wrote, "nothing really" could be done differently in this experience to improve it.

CHAPTER 5

DISCUSSION

The use of music therapy experiences in a group process assisted these three young adolescents in their grief processes as reflected in the quantitative data, their participation, and verbal input. Each participant had a decrease in both depression and grief symptoms. The music was particularly motivating to each of these young people, and that contributed to their active participation and involvement in sessions.

The decrease in depression and grief symptoms are consistent with the literature in music therapy based bereavement groups. Hilliard (2007) found that participants in music therapy groups showed a reduction of grief symptoms in comparison to those in a social work group and wait-list control condition. Parents of participants in a music therapy group Hilliard (2001) have reported a significant decrease in the severity of their child's grief symptoms while no significant change was reported for those in the wait-list control condition. Similarly, Dalton and Krout (2005) reported a decrease in mean scores on grief processing for those who participated in the Grief Song Writing Process compared to those in the wait-list control. In a qualitative study, Roberts (2006) found that songwriting helped participants feel empowered and validated, improved their coping and self-esteem, aided in expressing thoughts and feelings related to grief, and memorialized their loved ones. Through informal observations, Register and Hilliard (2008) noted that participants

responded to Orff based music therapy experiences and cognitive-behavioral strategies with positive verbalizations and enjoyment.

A verbal report from one participant revealed a sense of belonging that he had not felt otherwise, having the opportunity to be with and share with others who had shared a similar experience. A comment of “aw” from another participant reflected sadness with the group coming to an end, and supports the sense of belonging and involvement in the music.

The three individuals who participated in this study each had a unique experience of the death and they differed in the length of time that had passed since the death. Those who had strong support in the family were better adjusted. Two of the participants’ parents were divorced and remarried prior to the death, so the primary parent was less traumatically affected by the death, and likely able to better support their grieving child. The parent of the participant whose brother died had a particularly difficult time coping with the loss, even voicing her grief at the final celebration. This is consistent with previous studies that have noted that often parents are not available to support their children, due to their own grief issues (Harris, 1991; McCarthy, 2007).

Stokes, Reid, and Cook (2009) suggested that services for adolescents may not be designed appropriately or are unacceptable, and this was confirmed by Michael’s report of not wanting to go to camp because the name of the camp sounded too childish. Based on responses to this study’s intervention of actively making and creating music, services might be developmentally designed with various interventions appealing to persons in each age group. For example, more challenging and intense experiences might be offered for a group of high school and middle school aged children than for elementary school aged children,

such as weekend retreats or ropes courses that require interpersonal skill building as well as personal reflection.

At times, Jordan had difficulty directly speaking about the death of her brother, and would divert to discussion of pet death. She did this on two occasions, during the first and sixth session. It is unclear as to whether or not this supports the notion that dealing with pet death by replacing the pet that died contributes to the difficulty children have conceptualizing the death process (Gordon, 1986). She did not share if she had lost pets prior to the death of her brother. In any case, she found it easier to discuss pets that she described as “part of the family” than to discuss details of her brother’s death. Changing the subject away from her brother to pets occurred when conversation was more deeply focused on the topic of her brother’s death. She also may have spoken about pet loss in a symbolically related way of connecting to the death of her brother from some distance, as she viewed both as being “part of the family.”

The literature reflects that adolescent participants need to be allowed independence in their participation and intervention provided needs to be flexible to address the individual needs of clients (McCarthy, 2009; Stokes, Reid, & Cook, 2009; Walker, 2009). This was confirmed by Jordan’s desire not to move into the topic of memories, but to explore feelings a second week instead. The music therapy process allowed for her needs to be met because songwriting provides for personal expression. The person-centeredness and lack of rigidity in this intervention allowed for individuals’ needs to be addressed in the group process format.

Music therapy in the form of a grief rock band may offer a creative and engaging means for young teens to express and move through grief. The use of music was reinforced

as a general means of coping and support for the group members. Participants were able to feel a part of a group whose members could relate with each other while playing various instruments of interest to them. The music therapy group was beneficial for participants consistent with Hilliard's (2007) belief that music has the ability to organize and provide structure while allowing for creativity and expression. The results of this research further strengthen the research in the field of music therapy with children and adolescents because of the consistent positive impact of the music therapy intervention.

There were limitations to this study. The first and most significant is that there were only three participants and therefore no possibility for a control group. Consequently, observed changes in the participants' scores cannot be attributed to the intervention. Another limitation of this study was the inability to screen participants prior to participation in order to determine the need for intervention and whether there were symptoms present for depression and grief. Pretest measures showed that one child had higher scores than the others for depression. With more volunteers, it would be helpful to explore whether a homogeneous group of children with similar baseline scores would experience the same positive effects and decline in symptoms or whether the heterogeneous levels of symptoms reported by participants in this study provided a possible positive influence from peers.

As noted in a meta-analysis (Currier et al., 2007), variance in time since loss was a contributing factor to a discrepancy that overall scores did not determine that group bereavement intervention was helpful. Intensity of grief symptoms likely eases as time passes. Therefore, if the severity of grief symptoms of all the group members was determined and the group was homogeneous in this regard, then tailoring specific strategies in therapy based on severity may be more beneficial than having a heterogeneous group

mixed with individuals varying in time since loss and severity of grief symptoms. However, it would be helpful to know if having one or two group therapy “seasoned veterans” who have less severity and have been coping for more time since the loss present would provide a positive effect among others with greater severity, providing a sense of hope for them.

Recommendations for further research include replications of previous studies, screening of individuals and grouping volunteers in various manners to determine the impact of the peer group, and continuing to limit participants to within one to two years since the death. It would be ideal to have an individual interview with each participant prior to the start of sessions to familiarize clients with the therapist and introduce the group process. This might encourage individuals to be open to asking questions or voicing concerns prior to the start of group without their peers present.

Music therapy experiences, particularly group songwriting, provide opportunities to metaphorically work through emotions through qualities of musical sound, to identify words and statements describing experiences with death, and to make music in a group of individuals who have experienced something similar, allowing normalization and connectedness. It is encouraging that young adolescents take an interest in their grief process through an active intervention such as this. Having appealing, engaging experiences available to assist young people in processing death experiences may provide support where there may not have been opportunity before.

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APPENDIX A

Questionnaire

Instructions: Please answer as honestly as you can. The statements refer to how *you* have felt *over the past week*. There are no right answers, it is important to say how you have felt. Thank you.

	Most	Sometimes	Never
1. I look forward to things as much as I used to	_____	_____	_____
2. I sleep very well	_____	_____	_____
3. I feel like crying	_____	_____	_____
4. I like to go out and play	_____	_____	_____
5. I feel like running away	_____	_____	_____
6. I get tummy aches	_____	_____	_____
7. I have lots of energy	_____	_____	_____
8. I enjoy my food	_____	_____	_____
9. I can stick up for myself	_____	_____	_____
10. I think life isn't worth living	_____	_____	_____
11. I am good at the things I do	_____	_____	_____
12. I enjoy the things I do as much as I used to	_____	_____	_____
13. I like talking with my family	_____	_____	_____
14. I have horrible dreams	_____	_____	_____
15. I feel very lonely	_____	_____	_____
16. I am easily cheered up	_____	_____	_____
17. I feel so bad I can hardly stand it	_____	_____	_____
18. I feel very bored	_____	_____	_____

Source: Birleson (1981).

APPENDIX B

Questionnaire

Answer all of the following items by checking how you presently feel about this person's death.

	Completely True	Mostly True	True & False	Mostly False	Completely False
1. I still cry when I think of the person who died.					
2. I still get upset when I think about the person who died.					
3. I cannot accept this person's death.					
4. Sometimes I very much miss the person who died.					
5. Even now it's painful to recall memories of the person who died.					
6. I am preoccupied with thoughts (often think) about the person who died.					
7. I hide my tears when I think about the person who died.					
8. No one will ever take the place in my life of the person who died.					
9. I can't avoid thinking about the person who died.					
10. I feel it's unfair that this person died.					
11. Things and people around me still remind me of the person who died.					
12. I am unable to accept the death of the person who died.					
13. At times I still feel the need to cry for the person who died.					

Source : Faschingbauer, Zisook, and DeVaul (1987).

APPENDIX C

Age: _____

Grade in school: _____

The person who died was my (circle): Father Mother Brother Sister

Friend Grandmother Grandfather

Other: _____

Looking back, I would guess that my relationship with this person was (check only one):

 Closer than any relationship I've ever had before or since. Closer than most relationships I've had with other people. About as close as most of my relationships with others. Not as close as most of my relationships. Not very close at all.

How old was the person when they died?

When did this person die?

The person's death was: Expected Unexpected Slow Sudden**Pre - Test questions:**

Describe your relationship with the person who died.

How often do you talk about the person who died?

Who do you talk with?

What do you hope to get from this group?

Post – Test questions:

What was most helpful about participating in the Grief Rock Band?

What was the most important thing you learned?

Did anything surprise you? If so, what was it?

How do you feel now in comparison to before the Grief Rock Band?

What could be done differently in this experience to be more helpful?

APPENDIX D

January 20, 2010

Dear Parent/Guardian,

Your child is invited to participate in a research study. The purpose of this research is to explore the effects of a music therapy based support group on middle school aged adolescents who have experienced the death of a loved one. The study will be conducted by Deborah Dempsey, a board certified music therapist and graduate student in both the music therapy and mental health counseling programs at Appalachian State University. Deb has over 7 years' experience as a practicing music therapist, including work with children and adolescents in bereavement. The music therapy sessions will be provided on Tuesday afternoons at 4:00 at the Hayes School of Music on Appalachian State University's Campus. The counselor from your child's school has sent this letter to you, but will not be involved in the group nor will she or he know how you respond to this invitation.

The group will take the form of a "grief rock band" bereavement group for those students who have experienced the loss of a significant loved one. It will provide the opportunity for your child to participate in a music group where they can write songs, play instruments, and be with peers who share the common experience of loss. This project is the foundation for Deb's thesis, which is a component of her Master of Music Therapy degree. Deb's work will be supervised by Dr. Cathy McKinney, director of the music therapy program at Appalachian State University.

Students will participate in 6 to 8 weekly group music sessions between February and May, 2010. Your child's group would begin either in February or in April. Neither parent/guardian nor student will have a choice of the beginning date. Sessions will be one hour in length, and take place at Hayes School of Music at 4 pm on Tuesdays. Students will be encouraged to gather at 3:45 for a brief snack and to settle in. Please note that no transportation will be provided; however there is an AppalCart bus stop conveniently located to the building. In February, Deb will meet with the students participating in the group and describe the study, read aloud the student assent form, answer students' questions, and secure written assent from participants. Prior to that meeting, students will be informed when their group will begin. At this meeting and approximately 2 months later, students will take two short tests related to their experience with grief, which will take no more than one half hour each, for a total time involvement of no more than 9 hours.

In written and oral presentation of this work, all descriptions of the children, their experiences, and their responses will be anonymous. No child's name or other identifying information will be revealed in order to protect the privacy of the child and family. All records will be confidential to the extent permitted by law. Records will be available only to Deb and her supervisor. Your child's participation in music therapy is entirely voluntary and you may withdraw consent for your child's participation at any time for any reason and without penalty.

Confidentiality will be addressed within the group as group rules, and children will be assured that information will be kept private by the researcher to the extent permitted by law, unless the child's or another's safety is at risk. If a child reveals information regarding possible abuse or thoughts of harming him/herself or another, Deb would be required to break confidentiality.

Participation in this study may or may not have direct benefit to individual participants, and no promise or guarantee of benefits can be made for the students. The major benefit resulting from participation in this study is to help the investigators understand the effect, if any, of music experiences on mood and emotions in adolescents who have experienced a significant loss.

Because the nature of this music group focuses on the topic of someone who died, some difficult or painful emotions may arise. If this does happen, students will be encouraged to share about the emotions, and use the music to help with them. If students need further assistance outside of group time, help will be available through Deb and she will contact you regarding possible follow up.

All group members will be encouraged to keep important information shared private and confidential, and not talk about other people's stories outside of group. We hope to have a safe space for your child to be in during the group, and if something is bothering him/her about anything related to the group, we will hope to support them and deal the issue at hand.

Deb will video record the students performing songs they have written and learned during the sessions. If you agree to your child's participating in the video recording of the performance of these songs, please sign the separate consent release and waiver form for the recording. If you have any questions, please contact Deb at dempseydh@appstate.edu or 847-207-2382, her supervisor, Dr. Cathy McKinney at 828-262-6444, or the IRB Chair, Dr. Timothy Ludwig at ludwigtd@appstate.edu, irb@appstate.edu, or 828-262-7981. Please return one copy of the signed forms in the envelope provided. If you consent for your child's participation, Deb will contact you to set up a meeting with the other members of the group to learn more about the project so that your child can also decide if he or she wants to participate. Your signature here signifies acknowledgement of the group's purpose and that you will be responsible for transportation.

 Parent/Guardian Signature

 Date

 Name of Child

 Print Parent Name

 Parent's Phone Number

I hereby give Deborah Dempsey and Appalachian State University, the right and permission to include my student in video recordings for use in the research project titled "Grief Rock Band for Adolescents Who Have Experienced the Death of a Loved One." These recordings will show the group performing songs they have written and learned during the sessions. I acknowledge Deborah Dempsey's or the University's right to edit or treat such video material at its discretion. I understand that each student included in the DVD will be provided with a copy of a DVD of the songs written by the group and that the DVD may be used in professional presentations of this work. I have been given sufficient time to review

and seek explanation of the provisions of this Release, I have carefully read and understand them, and I agree to be bound by them. I voluntarily and irrevocably give my consent and agree to this Release.

My child (may ____) or (may NOT ____) be included in the DVD of the songs written by the group.

Check one option

Parent or Guardian Signature

Date

APPENDIX E

STUDENT ASSENT FORM

Grief Rock Band for Adolescents Who Have Experienced the Death of a Loved One**What is research?**

We are asking you to be in a research study. Research is a way to test new ideas. Research helps us learn new things.

Being in research is your choice. You can say Yes or No. Whatever you decide is OK.

Why are we doing this research?

In our research study we want to see how music can help people who have experienced the loss of a loved one.

What will happen in the research?

Each week the group will participate in writing songs, playing music, and sharing feelings with peers who share a common experience of having someone close die. The group will form a “rock band” to express thoughts and feelings about the person who died. The group will meet for 6 to 8 weeks for an hour each time and will begin in either February or April. Before and after the group starts, each student will complete two short questionnaires and answer a few questions. You will have the opportunity to ask any questions you may have before beginning the group. The group will start at 4:00 pm, but you are encouraged to come at 3:45 for a snack before the group. The group will be in room 407 in the Hayes School of Music at Appalachian State University.

What are the good things that can happen from this research?

You will have the opportunity to participate in a music group where you can play instruments, write songs, and be with peers who share a common experience.

What we learn in this research may or may not help you now. When we finish the research we hope we know more about how music affects people who have experienced the death of a loved one. This may help other youth who have experienced losses later on.

What are the bad things that can happen from this research?

Because this music group focuses on the topic of someone who died, some difficult or painful emotions may arise. If this does happen, you will be encouraged to share about the emotions, and use the music to help you with it. If you need further assistance outside of group time, help will be available.

Other students might not understand what you are doing in the group. All group members will be encouraged to keep important information shared private and confidential, and not talk about other people’s stories outside of group. We hope to have a safe space for you to be

in during the group, and if something is bothering you about anything related to the group, we will hope to support you and deal the issue at hand.

The group leader will keep the information private unless your safety or someone else's safety is at risk. If you reveal information regarding possible abuse or thoughts of harming yourself or someone else, the group leader would be required to break confidentiality. In those circumstances, the group leader may talk with your parent/guardian to follow up.

If ever you feel uncomfortable sharing in the group or with answering questionnaires, you can pass and not answer. It is ok if you choose to do this.

What else should you know about the research?

Being in the research is your choice. You can say Yes or No. Either way is OK.

If you say Yes and change your mind later that is OK. You can stop being in the research at any time. If you want to stop, please tell the music therapist.

If it is ok with your parent or guardian, you may be in a video recording of the songs written by the group. If we make the video recording, each student will receive a copy of the video at the end of the group experience. This video may be used in presentations on the topic of bereavement groups and when presenting this research project.

Take the time you need to make your choice. Ask us any questions you have. You can ask questions any time.

Name and Signature of Researcher Obtaining Assent

Date

Participant's Statement

The researcher has told me about the research study. I had a chance to ask questions. I know I can ask questions any time. I want to be in the research study.

Name of Research Participant

Signature of Research Participant

Date

Researcher's name and contact information:

Deborah Dempsey, board certified music therapist and graduate student
(847) 207-2382, dempseydh@appstate.edu

Dr. Cathy McKinney, faculty mentor, Director of Music Therapy program
(828) 262-6444

IRB Chair: Dr. Timothy Ludwig,
ludwigtd@appstate.edu or irb@appstate.edu, 828-262-7981

Copies to: Research Participant and Parent/Legal Guardian

APPENDIX F

SONG LYRICS THE GROUP COMPOSED

Feelings

I was trying to get over the shock of it

Once I discovered the news

It felt like it wasn't real

I couldn't get over it

When I found out I knew it was really true.

Feelings 2

I'm happy he's in a better place

He had a pretty good life here

And all the things I couldn't hear

I feel lonely about that; He's kinda like the missing piece to my life

I enjoyed having a brother

*My mom and dad support me and it's helpful—and having something to look forward
to*

It has gotten better though, since I understand it more

Everyone has a purpose

He made a difference in my life.

Support

CHORUS:

Support helps me get through the hard times I've had

And all that will be coming my way

My mom can be helpful, comforting and sweet, and not to mention she understands

My brother also understands because he knew him just like I did

My dad is supportive by keeping me working

Other family members help me feel better (CHORUS)

Sometimes I like to talk to my friends

My pets bring me comfort until the end

Sometimes I cry to let it all out

I can find something to do to cheer me up (CHORUS)

BIOGRAPHICAL INFORMATION

Deborah Dempsey, MT-BC, has been a board certified music therapist since 2002. She received her undergraduate degree from the University of Dayton in Ohio and completed her clinical training internship at Lutheran General Hospital in Park Ridge, IL. Deborah has worked as a full time music therapist in a psychiatric hospital for adults and children with psychiatric and behavior health needs in Louisville, KY and at a hospice organization with patients and families at end of life and in bereavement in Chicago, IL.

Deborah came to Appalachian State University to pursue her Master in Music Therapy Degree. She is also completing her Master of Arts degree in Clinical Mental Health Counseling and a Certificate in Expressive Arts Therapy. She has enjoyed her graduate assistantship providing supervision for undergraduate music therapy students in practicum settings. Her current areas of interest include medical music therapy, older adults, mental health, counseling and music therapy for adults, adolescents, and children who are bereaved, and counseling college students. She hopes to continue to combine her skills in music therapy and counseling following graduation.

Deborah was born and raised in Kettering, OH. She enjoys playing guitar, violin, viola, and singing, hiking in the surrounding mountains, and likes to explore expressions in visual art modalities.