



UNIVERSITEIT VAN PRETORIA  
UNIVERSITY OF PRETORIA  
YUNIBESITHI YA PRETORIA



School of the Arts

**Student name:** Nanri Botes  
**Student number:** 16080344  
**Address:** 381 Manitoba Drive  
Faerie Glen, Pretoria, 0081  
**Cell phone:** 0711061986  
**E-mail address:** botes.nanri@gmail.com

Research dissertation in partial fulfilment of the requirements for the  
degree MMus (Music Therapy)

**The therapeutic use of choir participation in music therapy**

Nanri Botes

16080344

Mini-dissertation

School of the Arts: Music

Faculty of Humanities

University of Pretoria

Supervisor: Dr Carol Lotter

Date: December 2021

**UNIVERSITY OF PRETORIA**  
**FACULTY OF HUMANITIES**  
**RESEARCH PROPOSAL & ETHICS COMMITTEE**

## DECLARATION

Full name : Nanri Botes

Student Number : 16080344

Degree/Qualification: MMus Music Therapy

Title of thesis/dissertation/mini-dissertation:

The therapeutic use of choir participation in Music therapy

I declare that this thesis / dissertation / mini-dissertation is my own original work. Where secondary material is used, this has been carefully acknowledged and referenced in accordance with university requirements.

I understand what plagiarism is and am aware of university policy and implications in this regard.

  
\_\_\_\_\_  
**SIGNATURE**

04/12/2021  
\_\_\_\_\_  
**DATE**

## **Acknowledgements**

I would like to acknowledge and thank the following people for their continuous support during this degree:

My supervisor, Carol Lotter, for your continued support, wisdom, encouragement, and patience. You have gone above and beyond!

My lecturer, Andeline Dos Santos, for holding all my questions and concerns and always broadening and stretching my thinking.

My friends and family, for the continuous support, messages of encouragement, and patience.

My two classmates, who have been a constant source of support, validation, and humour. I would not have made it through without you.

## **Abstract**

This qualitative study explored the perceived efficacy of a choir as a therapeutic tool in music therapy by exploring the experiences of music therapists working with therapeutic choirs. In this study, a therapeutic choir is seen as a group of people singing together to experience therapeutic benefits alongside the musical aspects of a choir. Five music therapists from various countries participated in online semi-structured interviews. The participants shared their experiences of working with a therapeutic choir. The study aimed to ascertain the value of a therapeutic choir as well as the various experiences and challenges of these choir leaders. A detailed thematic analysis yielded three themes: Conceptual Framework and Structures, Resource-oriented Benefits, and Belonging and Collaboration.

The emerging themes facilitated a comprehensive discussion on the functions of a therapeutic choir based on the experiences of the five participants. The first theme revealed valuable insights into the structure of a therapeutic choir, specifically the roles and training of the choir leaders and the value of performance within the therapeutic choir framework. The findings provided an overview of the underpinning values of a therapeutic choir such as flexibility, adaptability, and providing access to therapeutic care. A noteworthy finding from the second and third themes demonstrates how the therapeutic choir can function as a strengthening mechanism and a vehicle for socialisation and community collaboration. Furthermore, the challenges and affordances of online and in-person therapeutic choirs, as articulated by the participants, are discussed. By exploring the experiences of the choir leaders, valuable insights and implications for the use of therapeutic choirs were revealed.

*Keywords:* choir, therapeutic choir, choral conducting, group singing, music therapy, choral singing therapy

# Table of Contents

<b>1</b>	<b>Introduction .....</b>	<b>1</b>
1.1	Background and context .....	1
1.2	Aims/purpose of the study .....	1
1.3	Research questions .....	1
1.4	Dissertation outline summary .....	1
<b>2</b>	<b>Literature review.....</b>	<b>3</b>
2.1	Music therapy.....	3
2.1.1	What is music therapy? .....	3
2.1.2	Singing in music therapy .....	3
2.1.3	Community music therapy.....	4
2.2	Benefits of choral singing.....	5
2.2.1	Social benefits .....	5
2.2.2	Effects on attention and cognition .....	6
2.2.3	Psychological and emotional benefits.....	7
2.3	Choir as a therapeutic tool in music therapy .....	8
2.4	Conclusion .....	9
<b>3</b>	<b>Research methodology .....</b>	<b>10</b>
3.1	Research paradigm.....	10
3.2	Qualitative research approach.....	10
3.3	Research design .....	11
3.4	Selection of participants.....	11
3.5	Data collection techniques.....	12
3.6	Data analysis and interpretation .....	13
3.7	Ethical considerations.....	14
3.7.1	Informed consent.....	14
3.7.2	Storage of data .....	14

3.7.3	Confidentiality .....	14
3.7.4	Non-maleficence.....	14
3.8	Research quality .....	14
<b>4</b>	<b>Data Analysis .....</b>	<b>16</b>
4.1.	Interview context .....	16
4.2	Introducing the participants.....	16
4.2.1	Participant A .....	16
4.2.2	Participant B .....	18
4.2.3	Participant C .....	19
4.2.4	Participant D .....	20
4.2.5	Participant E .....	21
4.3	Data Preparation.....	22
4.3.1	Transcription .....	22
4.3.2	Coding.....	23
4.4	Thematic analysis .....	24
4.4.1	Level-one coding .....	24
4.4.2	Level-two coding.....	25
4.4.3	Organising data into categories .....	25
4.4.4	Identifying emerging themes .....	26
4.4.5	Introducing the themes .....	28
4.5	Conclusion .....	28
<b>5</b>	<b>Discussion .....</b>	<b>29</b>
5.1	Theme 1: Conceptual Framework and Structures .....	29
5.1.1	Structure of a therapeutic choir .....	30
5.1.2	Underpinning values of a therapeutic choir.....	33
5.1.3	Roles of the choir leader .....	40
5.2	Theme 2: Resource-oriented Benefits.....	44

5.2.1	Strengthening inner resources .....	44
5.2.2	Invested member participation .....	46
5.2.3	Therapeutic affordances.....	47
5.3	Theme 3: Belonging and Collaboration .....	50
5.3.1	Socialising and belonging.....	50
5.3.2	Honouring diversity and inclusivity .....	52
5.3.3	Partnering with the community .....	55
5.4	Implications for practice .....	57
5.4.1	Personal reflections of choir leaders .....	57
5.4.2	TC as a music therapy placement opportunity .....	60
5.5	Conclusion .....	60
<b>6</b>	<b>Conclusion .....</b>	<b>61</b>
6.1	Aim of the study .....	61
6.2	Summary of findings .....	61
6.3	Limitations .....	62
6.4	Recommendations for future research .....	62
6.5	Conclusion .....	63
	<b>References .....</b>	<b>64</b>



## Tables

<b>Table 1.1:</b> Participant A: Biographical details linked to therapeutic work with choirs...	17
<b>Table 1.2:</b> Participant A: Details of therapeutic choirs .....	17
<b>Table 2.1:</b> Participant B: Biographical details linked to therapeutic work with choirs...	18
<b>Table 2.2:</b> Participant B: Details of therapeutic choirs .....	19
<b>Table 3.1:</b> Participant C: Biographical details linked to therapeutic work with choirs ..	19
<b>Table 3.2:</b> Participant C: Details of therapeutic choirs .....	20
<b>Table 4.1:</b> Participant D: Biographical details linked to therapeutic work with choirs ..	20
<b>Table 4.2:</b> Participant D: Details of therapeutic choirs .....	21
<b>Table 5.1:</b> Participant E: Biographical details linked to therapeutic work with choirs...	21
<b>Table 5.2:</b> Participant E: Details of therapeutic choirs .....	22

## Figures

<b>Figure 1:</b> Example of transcription of interview .....	23
<b>Figure 2:</b> Example of layout of the coding spreadsheet .....	724
<b>Figure 3:</b> Example of level-one coding.....	24
<b>Figure 4:</b> Example of level-two coding .....	25
<b>Figure 5:</b> Organising data into categories .....	26
<b>Figure 6:</b> Overview of data analysis process .....	27
<b>Figure 7:</b> Continuum for various choir practices (Balsnes, 2014) .....	39
<b>Figure 8:</b> The Matrix Model (Wood, 2006) .....	41
<b>Figure 9:</b> Summary of themes .....	61

## **Appendices**

<b>APPENDIX A:</b> Letter of information .....	70
<b>APPENDIX B:</b> Letter of informed consent .....	72
<b>APPENDIX C:</b> Semi-structured interview schedule .....	73
<b>APPENDIX D:</b> Example of interview transcript.....	75
<b>APPENDIX E:</b> Data Analysis .....	92

# **1 Introduction**

## **1.1 Background and context**

As a part-time choir conductor and aspiring music therapist, I have been curious about the intentional therapeutic use of a choir to achieve clinical goals. While immersing myself in the literature on this topic, I found that although studies have been conducted, the research is quite sparse. While talking to music therapy lecturers and supervisors, I found that many music therapists have used a choir as a therapeutic tool but have not published their work. Furthermore, most studies that have been published on the use of a choir as a therapeutic tool focus on the participants' experience thereof but provide limited information with regard to the framework of the choir or the role and approach of the music therapist. I am, therefore, curious about how such music therapists employed choir work as a clinical tool, and how they might reflect on their respective experiences.

## **1.2 Aims/purpose of the study**

The study aimed to explore the experiences of music therapists in a range of settings, who have used a choir as a therapeutic tool. In doing so, the study aimed to ascertain the value of choir participation as a therapeutic tool.

## **1.3 Research questions**

- What role can choir participation play as a therapeutic intervention in music therapy as perceived by music therapists?
  - What are the challenges experienced by music therapists using choral work as an intervention?
  - What approaches did the respective music therapists employ when using choral work as an intervention?
  - What are the perceived benefits of using a choir as a therapeutic tool when working with different client groups?

## **1.4 Dissertation outline summary**

The second chapter, the literature review, provides an overview of existing literature pertaining to the research questions. The literature review is divided into three main sections. Firstly, what is music therapy and how are singing and vocal work used in music

therapy? Secondly, what are the benefits of choir participation? Lastly, how can a choir be used as a therapeutic tool?

In the third chapter, I explain my research methodology which contextualises the research paradigm and methodology used in the study. This chapter also discusses data collection, data preparation and analysis, ethical considerations, and the quality of the study.

The fourth chapter provides the results of the study which emerged from analysis of the data.

In the fifth chapter, I discuss and elaborate on the findings of my study.

The sixth chapter includes my conclusionary remarks as well as a summary of my findings. Furthermore, this final chapter mentions the study's limitations and recommendations for future research.

## **2 Literature review**

In this literature review, I discuss what music therapy is, as well as the role that vocal work (singing) can play in therapeutic settings. Furthermore, I discuss the benefits of choral singing by discussing psychological, emotional, and social benefits, as well as the effects of choral singing on cognition and attention. The last section deals with the use of a choir as a therapeutic tool.

### **2.1 Music therapy**

#### **2.1.1 What is music therapy?**

Music therapy is a is the “clinical and evidence-based use of music interventions to accomplish individualised goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program” (Maloy & Peterson, 2014, p. 329). Another definition states:

Music therapy is a reflexive process wherein the therapist helps the client to optimize the client’s health, using various facets of music experience and the relationships formed through them as the impetus for change. As defined here, music therapy is the professional practice component of the discipline, which informs and is informs by theory and research. (Bruscia, 2014, p. 37).

Music therapy focuses on using the elements of music in therapeutic applications to address clinical goals. Music is a form of human expression and can therefore act as a communicative tool. In many cases, when people express themselves through music, they are sharing a personal and real view of who they are in the world. This type of communication forms a platform for clients to connect with themselves as well as with others. The communicative capacity of music surpasses that of verbal language and can help communicate that which cannot be put into words. Music forms a bridge for communication and understanding – one that can cross many socially constructed boundaries such as culture, disease or disorders, and race (Heiderscheit & Jackson, 2018).

#### **2.1.2 Singing in music therapy**

The use of singing in music therapy is extensive. Singing can provide many cognitive, emotional, physiological, and social benefits (Austin, 2008; Barrett & Vermeulen, 2019; Nordoff & Robbins, 2006). The voice is a person’s most natural instrument: When we

sing, our body becomes the instrument and singing is a direct extension of ourselves (Austin, 2008; Nordoff & Robbins, 2006). When we sing, our bodies' perceptive, expressive, and cognitive capacities are working together, making it a "whole" experience (Nordoff & Robbins, 2006). Diane Austin built a model of music therapy on this notion of singing and using the voice, called *vocal psychotherapy*. Vocal psychotherapy uses the breath and vocal improvisations as well as primitive and natural sounds to promote interpersonal healing, change, and growth (Monti & Austin, 2018). In Austin's (2008) book, *The Theory and Practice of Vocal Psychotherapy*, she describes many different vocal psychotherapy techniques such as vocal improvisation, vocal toning, and free-associative singing. Most of these techniques stem from the basis of vocal improvisation. In vocal improvisation, the client is encouraged to use the voice to enable free vocal expression and spontaneity. This can provide a release of the client's most authentic self (Cohen, 2018). Vocal toning is a form of vocal improvisation which is not linked to a set structure of rhythm or melody. Rather, the voice is used freely to make sounds with a specific therapeutic goal in mind. This is often in the form of open vowel sounds, humming, or making sounds on the full exhalation of the breath (Austin, 2008; Snow et al., 2018). Lastly, free-associative singing is a process where the client sings any words that come to mind. The therapist can support the client by using any of the previous techniques discussed (Cohen, 2018).

In music therapy, vocal techniques are also used with clients in the more traditional individual therapy settings, such as in the Nordoff-Robbins approach (Nordoff & Robbins, 2006). However, as the field of music therapy has developed and progressed, the clinical practice of group music therapy has become well established. It has been found that group work offers a more cost-efficient platform which provides several social and interpersonal benefits as well. Voice work is an important element in music therapy, employed notably in Community Music Therapy (CoMT) in the form of community choirs (Pujol, 2018). Due to the physical benefits of singing for breathing and speech, group singing has also become a popular intervention in the Neurological Music Therapy (NMT) approach (Monroe et al., 2020). Subsequent benefits of group singing (particularly choirs), will be discussed in section 2.2.

### **2.1.3 Community music therapy**

Community Music Therapy (CoMT) is a model of music therapy that values personhood and empowerment. According to Kirkland (2013), CoMT is a "broad international movement and perspective that emphasise human connectedness, wellbeing, and social

change in and through music” (p. 27). It represents a way of thinking about music therapy practice that has a greater emphasis on community, community music, context, and culture. CoMT promotes the collaborative, context-sensitive, and sociocultural nature of *musicking* (O’Grady & McFerran, 2007). Musicking, as defined by Christopher Small (1998), describes music as a verb rather than a noun: the act of making music in any capacity. This term places emphasis on the collaborative activity that is making music. It does not only include those who are actively making the music (the performers), but also those who engage with it (the listeners).

CoMT promotes the idea that there is a connection between the individual and the broader community. Therefore, if music therapy is implemented in a context-sensitive manner, music therapy interventions reach the wider community beyond the individual as well (Ansdell & Stige, 2016). Furthermore, CoMT shows quite a shift in thinking from the consensus model of music therapy. Firstly, the role and identity of the music therapist is more fluid. The music therapist can move between multiple roles that are often negotiated by the community and clinical goals. Secondly, in CoMT there is less of a focus on confidentiality, privacy, and individual boundaries since it is not always possible to find and work in spaces that facilitate those conditions. Lastly, CoMT can include the very public element of performance. The musical performance can act as both a performance of social systems as well as a performance of the self (Ansdell & Stige, 2016; Baker et al., 2017; Enge, 2015; van Rooyen & Dos Santos, 2020).

CoMT aims to identify and mobilise people’s strengths and resources, and in this way create a space in which all voices are heard and valued. It is a collaborative way of working that places the emphasis on the empowerment of the community as a whole (Ansdell & Stige, 2016; Baker et al., 2017; Enge, 2015; van Rooyen & Dos Santos, 2020).

## **2.2 Benefits of choral singing**

### **2.2.1 Social benefits**

A choir consists of a group of singers whose success in creating music depends on the work that they do together. According to Moss et al. (2018), a choir is a "social equaliser" where everyone’s contribution is seen as equally valuable. Furthermore, their article, "Exploring the perceived health benefits of singing in a choir: An international cross-sectional mixed-methods study", states that singing connects people and that many choristers form close relationships with other members of the choir. Clift et al. (2010)



expanded on this statement by explaining that a choir is a type of social support, and that choral participation helps to alleviate feelings of loneliness, exclusion, and isolation. Choir participation is believed to help people develop friendships, feel understood, and attain a sense of belonging. Stewart and Lonsdale (2016) found that physical synchrony may be one of the main contributing factors to these benefits that choristers experience. They explain that when a group sings together, their heartbeats and breathing synchronise and they become "one body". This leads to a phenomenon called "self-other merging". During this merging, the conceptual boundaries between choristers are broken or blurred. This primes the chorister to think in a "we-perspective" rather than their conventional egocentric "I-perspective" (Stewart & Lonsdale, 2016, p 1242).

### **2.2.2 Effects on attention and cognition**

In a study by Clift et al. (2010), singing is described as a whole-body experience that requires focused attention. Because of the high levels of concentration and focus needed while engaged in choral activities, choristers often dissociate from the stresses of life, which promotes relaxation. The study found that many choristers experience this focused attention and the benefits that come with it (Clift et al., 2010). One of the participants in this study said: "Singing in a choir puts troubles 'on hold', as concentrating on the music requires all one's attention" (p 90). Another participant in the study expressed that the choir helped her to 'switch off' her concerns and enhances her to concentrate in general.

Partaking in musical activities, especially singing, can help to prevent cognitive decline linked to ageing, traumatic brain injuries, or pathology. Choral singing is multifaceted and involves both education and learning, which keeps the mind active (Clift et al., 2010). Participating in a choir at least once every two weeks is associated with improved attention, concentration, memory, and other executive functions (Moss et al., 2018). Choristers who took part in the study carried out by Clift et al. (2010) also expressed that choir gives them a sense of achievement and makes them feel purposeful and relevant in the world.

Livesey et al. (2012) describe how the cognitive and cerebral stimulation attained through choral activities provide optimal conditions to experience *flow*. Flow is a clinical term coined by Csikszentmihalyi (1975) that is used to describe a state of mind and hyper focus – what we experience when time seems to stop. In this state, the choristers are fully engaged in the activity and all their concentration goes into the act of making music.

When people experience flow, they learn to focus all their attention on the activity, and they can avoid negative thoughts or thoughts distracting them from the present moment.

### **2.2.3 Psychological and emotional benefits**

Choral singing is associated with many positive psychological and emotional conditions (Dingle et al., 2017). Singing has been found to alleviate negative moods and reduce anxiety and depression. It was also found that singing can encourage positive feelings as well as give the participant a sense of self-control and achievement (Livesey et al., 2012). Singing in a choir can increase motivation, self-efficacy, and self-esteem. Motivation is easily attained when a chorister is successfully able to concentrate on the music during rehearsals thereby increasing their awareness of singing with others. The increase in self-efficacy and self-esteem is due to the successful mastery of choral singing techniques as well as the positive feedback from audiences and mentors such as conductors (Livesey et al., 2012).

In a study by Clift et al. (2007) participants expressed that participating in a choir "restored their self-belief". Other participants expressed the satisfaction they gained just from singing and being a part of the choir. Kreutz et al. (2003) wrote "singing was often found emotionally rewarding, mentally refreshing, or supporting self-awareness in various ways" (p. 219). Choristers often express how the choir is a valuable and worthwhile activity, and that it can be used as a motivational tool to restore one's feeling of purpose. Many singers also express that choir participation has substantial relaxation benefits (Clift et al., 2010).

The findings in the aforementioned studies are supported by a South African study by Barrett and Vermeulen (2019). They conducted a study with an amateur university choir exploring the singers' experience thereof, and found four main themes in their data. These four themes are musical value, personal value, resilience value, and social value. For this literature review, I am most interested in the social, personal, and resilience values. They found that choir participation promoted the health and well-being of the singers, gave them a sense of achievement and excellence, and taught them about commitment, time management, and accountability. The social value of the choir was the most prominent in the data from the students. The data showed that participating in the choir provided the singers with a sense of belonging and support. The singers experienced the choir as a family where friendships were generated, and social barriers were surpassed.

All these studies looked at the benefits that singers experienced from joining a choir. However, none of the choirs mentioned in these specific studies were established and used specifically for the therapeutic benefits.

### **2.3 Choir as a therapeutic tool in music therapy**

In this section, I focus on research that has been done on therapeutic choirs (TCs). The literature shows that TCs are established with various client groups and contexts.

The field that has utilised the therapeutic possibilities of choirs the most is CoMT. An example of this is a study by Cohen (2009), who compared the well-being of prison inmates singing in a choir with those not singing in a choir. Well-being was measured according to five subscales, namely emotional stability, sociability, joviality, self-esteem, and happiness. She found that those who sang in the choir tested higher in all the categories. Furthermore, she concluded that the public performance she had with the choir had a significantly positive effect on these scores. The performance had been very uplifting for many of the inmates, and they expressed that it had had a lasting effect on them. This study shows that in this type of intervention, the product is just as important as the process of the therapy.

In another study by Eyre (2011), a therapeutic choral group was established for persons with chronic mental illness. These illnesses included schizophrenia, bipolar disorder, borderline personality disorder, depressive disorders, and anxiety disorders. Members of the choir were expected to participate in weekly choir rehearsals as well as regular performances for at least eight weeks. During this time, the participants were asked to complete a questionnaire to assess the impact of the choir on their quality of life. The study concluded that choir membership holds meaningful impact on the participants' self-esteem, emotional expression, mood, comfort level in the group, and establishment of a regular routine. One of the noteworthy results in this study was that the participants did not only view themselves in a more positive light, but expressed that others shared this view. Another outcome was an increased sense of empowerment which is linked to positive outcomes in rehabilitation and proactive prevention of relapse. Furthermore, the participants expressed that singing helped them to express their emotions, maintain a good mood, and positively alter their state of mind. Again, the performance was an important aspect of the therapeutic process since the performance induced feelings of liberation, pride, and empowerment. The performance also taught them to deal with pre-

performance anxiety and stress – a skill that can be applied in other areas of their lives (Eyre, 2011).

Additionally, a study by Talmage et al. (2013) provides a new framework of therapy known as the *Choral Singing Therapy* (CST). This framework provides an accessible approach to communication rehabilitation and aims to improve the life quality for those living with neurological conditions. Similar choirs have also been established for speech and language deficits, and Parkinson's disease –both of which have observed positive outcomes. The CST protocol includes warm-up exercises, vocal exercises, and repertoire. Membership and performances also form a valuable part of this therapy.

Furthermore, a study by Fogg-Rogers et al. (2016) reports using CST for patients who have had a stroke or who suffer from Parkinson's disease. The study aimed to assess the effectiveness of CST to improve mood, language, and voice symptoms, as well as to act as a tool for patients to self-manage their conditions. The therapy was found to be successful in reaching the aims of the study and also providing an enjoyable intervention. Other significant findings of the study included positive hormonal and immune-related changes, improved sense of control over their lives, and boosted self-esteem (Fogg-Rogers et al., 2016).

The research done using the theoretical framework of CST clearly shows that a choir can be a valuable therapeutic tool and intervention. The choral structure can be effectively used to achieve predetermined clinical goals while participants still enjoy the previously mentioned conventional benefits experienced by choirs with non-therapeutic intentions. However, this field is still growing, and further research and data are needed for using this approach with other client groups and pathologies.

## **2.4 Conclusion**

Vocal work and singing have been well established as valuable tools in music therapy (Austin, 2008; Ansdell & Stige, 2016; Nordoff & Robbins, 2006). Within this division of practice, group singing and especially choir participation holds many benefits. These benefits include being more cost-efficient than individual therapy sessions, promoting social skills, as well as yielding positive effects on clients' overall well-being (Clift et al., 2010; Livesey et al., 2012; Pujol, 2018). The use of a choir as a therapeutic tool has been established by the theoretical framework of CST used in several studies (Eyre, 2011; Fogg-Rogers et al., 2016; Fogg & Talmage, 2011; Talmage et al., 2013) and future research can follow a similar model.

### **3 Research methodology**

In this section, I explain my research approach and design, as well as motivate why I have chosen the specific methodology. I also outline how I conducted the research, and how I analysed and interpreted the data.

#### **3.1 Research paradigm**

This section discusses philosophical elements of research, which include the research paradigm and related ontology and epistemology, as well as constructivism within research.

Research is built on the researcher's worldview or paradigm. A paradigm is the lens through which the researcher conceives and executes his/her research. It is a philosophical foundation that guides the research. A research paradigm includes the researcher's ontology and epistemology (Leavy, 2017). Ontology is guided by the concern with the nature of reality; it is our philosophical belief system about the nature of the social world. Epistemology is our philosophical belief system about what knowledge is and how research happens; it is concerned with the nature of knowledge and how it is attained (Creswell & Plano Clark, 2017; Leavy, 2017).

My research was conducted from an interpretivist viewpoint and is therefore situated in the constructivist paradigm. Constructivists believe that reality and knowledge come from communication, practice, and interaction – by way of explanation, that it is socially constructed. In a constructivist's opinion, human activity is not something that can be measured but rather something that should be analysed and interpreted. The goals and focus of research situated in this paradigm are to make sense of not only behaviours but of intentions, emotions, and stories. It provides a platform to hear the participant's voice and to understand the "why" and "how" of the experience (Tracey, 2020). Furthermore, Leavy (2017) explains that working in this paradigm means that you prioritise multiple meanings and subjective understandings of the participants' experiences.

#### **3.2 Qualitative research approach**

In my study, I used the qualitative research approach. Qualitative researchers focus on people's subjective experiences and are interested in how people construct their worlds (Creswell & Creswell, 2018). Furthermore, qualitative researchers are concerned with the qualities and features that contribute to a phenomenon (Eatough, 2012). Leavy

(2017) explains that another focus of qualitative research is to generate and unpack the meaning people attribute to events, situations, or an activity (in this instance, singing in a choir). She continues by explaining that qualitative research is the best approach to employ when the purpose is to explore, describe or explain.

### **3.3 Research design**

My research is designed as a case study. According to Yin (2018), a case study is an empirical method that investigates a phenomenon in depth and within its true context. This research method focuses on “how” and “why” questions. Case studies are a popular research technique in various disciplines including psychology, sociology, social work, and education since they give a more rounded and wide-ranging view of the events under observation (Yin, 2018). Case studies are commonly used for research questions that require a comprehensive and holistic investigation of a social phenomenon (Yin, 2018). In the context of this study, the case is seen as the TC itself and is therefore explored through the different perspectives provided by various participants.

Case studies offer insights into real-life experiences and can provide an extensive understanding of a community, individual, event, and other social structures. However, there are certain concerns when using a case study. The researcher needs to manage his/her biases throughout the research process. The generalisation of findings is also limited. Although these are legitimate concerns, if the researcher is aware of them and takes them into account, a case study can be a very useful methodology (Yin, 2018).

### **3.4 Selection of participants**

This study focuses on the experience of music therapists using choir work as a therapeutic tool. Owing to the accessibility of technology, I was able to interview five local and international music therapists who have/are working with choirs as a therapeutic tool. The selection of participants happened in two stages. In the first stage, I used *purposive sampling* and in the second stage, I moved to *snowball sampling*. I initially hoped to interview up to ten participants and therefore contacted fourteen participants by email. However, only five participants agreed to partake in the study. For a master's degree this sample size is adequate due to volume of data that was gathered through the in-depth interviews.

In the first stage, I used purposive sampling methods, meaning that my sample participants were selected based on predetermined criteria. This sampling method is

commonly used to explore that of which there is little information available (Tracey, 2020). This sampling method is suited to my study as the selection of participants was limited. The selection criteria included the following:

- A professional who is a qualified music therapist, having obtained the required accreditation by their respective country's health professionals' statutory body.
- A music therapist who has worked/is working with choirs as a music therapy intervention.

In the second stage of sampling, I used snowball sampling methods. Snowball sampling is used to reach hidden or difficult-to-access participants (Tracey, 2020). In this method of sampling, participants (identified in stage one) suggested others who would be a good source of information, who fell within the desired sample group, and who met the necessary inclusion criteria (Leavy, 2017). This sampling method is applicable to my study since some of the work done with choirs (as a music therapy intervention) has not yet been published, which makes it difficult to find suitable participants for the study. However, music therapists working in this way may be aware of or know other music therapists who are also working with choirs. Snowball sampling thus enabled me to find more suitable participants.

Despite the practical possibilities offered by snowball sampling, Tracey (2020) acknowledges that there are some difficulties when using this method. She explains that this method can easily become overwhelming for the researcher and can sometimes skew the data to only represent a specific demographic, group, or clique. This happens since the participants often suggest others who are like themselves. I actively worked to avoid this by including participants from different demographical backgrounds, who worked with a range of client groups. The different demographical backgrounds represented include South Africa, United States of America, New Zealand, Ireland, and Israel.

### **3.5 Data collection techniques**

Data were gathered through semi-structured interviews via online conferencing platforms which were recorded for data analysis purposes. I started the interview with a structured set of interview questions. Thereafter, I moved into a semi-structured interview style. A primary advantage of interviews is that the researcher can collect very rich data that

includes not only detailed descriptions and examples, but also the participants' individual viewpoints and language devices (Leavy, 2017).

The structured part of the interview comprised questions which yielded information such as TC experience, choir leader training, composition of choir, music therapy approach and genres included in rehearsals (detailed in Section 4.2). However, since these highly structured questions can often lack flexibility and depth, I continued with a semi-structured approach. Semi-structured interviews are a method of data collection that is flexible and contains open and closed format questions. The advantages of this method are that the researcher has a flexible list of questions and can probe the participants. This leads to a more in-depth discussion on the topic, which includes additional complex viewpoints and emotions (Tracey, 2020).

This approach was valuable to my research since it provided a clear picture of the data while simultaneously being flexible enough to hold the range of experiences and approaches of the respective music therapists.

### **3.6 Data analysis and interpretation**

The data, in the form of recordings of the online interviews, were analysed using thematic analysis. Methods and steps for analysing qualitative data include segmenting and taking apart the data and then putting the dataset back together again. The following steps were taken to analyse the data, adopted from the model by Creswell & Creswell (2018). This process of the data analysis and interpretation will be elaborated on in chapters 4 and 5.

**Step 1:** Organising and preparing the data for analysis. This included transcribing interviews from online recordings and arranging the data into different types.

**Step 2:** Working through all the data to find the main ideas, the depth of the information, and the overall tone of the data.

**Step 3:** Starting to code the data. This entailed organising the information into chunks or categories and then labelling these categories with an identifying term.

**Step 4:** Generating a description of the categories or themes by using the coding process. This enabled me to create overall categories or themes.

**Step 5:** Deciding on how the data would be presented. This could be done via visual figures or tables, and usually contains a chronological order.



**Step 6:** The last step was to interpret the data and capture the essence of the ideas presented. In this step, the data gathered could be compared to data from other literature or other data from my study.

### **3.7 Ethical considerations**

#### **3.7.1 Informed consent**

Informed consent was obtained from all research participants before commencement of the study (Appendices A and B). All matters pertaining to ethical considerations were adhered to and approval for the study was granted by the Research Ethics Committee of the Faculty of Humanities (HUM008/0321).

#### **3.7.2 Storage of data**

The data of the study will be kept at the University of Pretoria for a minimum period of fifteen years and will be accessible to the participants of the study. The data stored will only include the transcribed interviews of the participants.

#### **3.7.3 Confidentiality**

The identity of all participants is kept confidential. They are referred to, in the document, by a pseudonym.

#### **3.7.4 Non-maleficence**

Participants were informed that they could withdraw from the study whenever they want. There were no risks of harm to the participants known to the researcher.

### **3.8 Research quality**

Tracey (2020) identified eight criteria for excellent qualitative research:

1. **Worthy topic:** The topic of the research should be relevant, significant, timely, and interesting. I believe that my topic is very applicable since using a choir as a therapeutic tool can make music therapy more accessible and affordable for many people.
2. **Rich rigor:** The study should contain abundant data that includes sufficient contexts, samples, as well as data collection and analysis processes. In my study, I interviewed music therapists from different countries working with various client groups and in multiple contexts.

3. **Sincerity:** The study should contain transparency about challenges experienced. The researcher ought to engage in self-reflexivity to show an understanding of own biases, subjective values, and inclinations. My approach as researcher is to see my participants as the experts in their fields and to demonstrate an open and humble view of their experience.
4. **Credibility:** The researcher should aim to gather data through multiple lenses to achieve credibility. I aimed to achieve this by using different sampling strategies, thus ensuring to have a broad sample group that embodies different cultural groups and showcases work with various client groups. In this way, I also hoped to achieve multivocality.
5. **Resonance:** The researcher should aim for transferability and naturalistic generalisation to enable the reader to resonate with the research. Transferability is achieved by communicating the exact parameters of the research findings to the reader. Naturalistic generalisation happens when a reader can intuitively apply the findings to their unique situations.
6. **Significant contribution:** This research aims to be heuristically significant (meaning that it sparks curiosity in others, enabling them to investigate the use of choral work in their therapy practices) as well as practically significant (so that it provides useful and helpful insight in using choirs as a therapeutic tool).
7. **Ethical:** The researcher must consider procedural, situational, and relational ethics. I have made sure to thoroughly consider the necessary ethical aspects throughout my research.
8. **Meaningful coherence:** The study achieves its stated aims and uses methods and procedures that support these aims. I have made every attempt to plan and execute my research to achieve meaningful coherence.

## **4 Data Analysis**

The primary research question for my study was: What role can choir participation play as a therapeutic intervention in music therapy?

The three sub-questions were:

1. What are the challenges experienced by music therapists using choral work as an intervention?
2. What approaches did the respective music therapists employ when using choral work as an intervention?
3. What are the benefits of using a choir as a therapeutic tool when working with different client groups?

In this chapter, I will provide an overview of the interview context in which the data was collected. I will also describe the data preparation phase of the study. Lastly, the steps of coding, categorising, and identifying themes from the data will be presented.

### **4.1. Interview context**

Interviews with five music therapists were conducted online using the Zoom platform. The five participants represented five different contexts as per their countries: South Africa, Israel, the United States of America, New Zealand, and Ireland. In the case of four of the participants, the interviews were video recorded, while the one participant's interview was audio recorded. All the interviews were conducted within a time frame of 45 minutes to an hour. Conducting the interviews online did pose the risk of disruptions due to poor connectivity. Fortunately, no severe connectivity problems were experienced and those that were experienced were minor and easy to solve.

The semi-structured interviews focused on the following questions: context and demographic details of the participant and their respective choir, client group, and music therapy approach employed; as well as the choir leaders' role, their experience in working in choral settings, and reflections on working with a Therapeutic Choir (TC). For the full interview schedule, please see Appendix C.

### **4.2 Introducing the participants**

#### **4.2.1 Participant A**

Participant A has been working with TCs for more than twelve years. She works mainly with adults, aged 50-80, with neurological conditions such as Parkinson's, dementia, and

brain injuries. Although this participant draws from the models of CoMT and NMT, she does not refer to herself as a neurological music therapist. Her work is also strongly influenced by neuroscience as well as speech and language rehabilitation. She has participated in singing workshops and choir conferences to improve her choral skills. She also sang in choirs during her schooling years. At the time of the interview, Participant A was running two TCs, with one choir comprising 35-50 members and the other 10-20 members. Participant A sees the choirs as slow semi-open groups that rehearse weekly for an hour and a half to two hours. The choirs perform regularly and use a variety of music. Participant A also has experience in working with online choirs since she worked in this way during strict levels of the Covid-19 lockdown.

**Table 1.1**

*Participant A: Biographical details linked to therapeutic work with choirs*

<b>Years worked with choir(s)</b>	12+
<b>Previous choral experience</b>	1 Sang in school choirs 2 Singing workshops 3 Choir conferences
<b>Model(s) of music therapy</b>	4 CoMT 5 NMT

**Table 1.2**

*Participant A: Details of TCs*

<b>Client group</b>	Adults (aged 50-80) living with a neurological condition E.g.: Parkinson's, dementia, brain injury
<b>Type of group</b>	Slow semi-open group
<b>Size of choir(s)</b>	Choir 1: 35--50 members Choir 2: 10-20
<b>Frequency and duration of rehearsals</b>	Choir 1: Weekly; one and a half hours Choir 2: Weekly; two hours
<b>Performances</b>	Yes, multiple performances
<b>Genre(s) of music used</b>	1 Popular music (1950-current) 2 Show tunes

	3 Musical theatre songs
	4 Seasonal celebration songs
	5 Protest songs
	6 Hymns
	7 Folk songs

#### 4.2.2 Participant B

Participant B has also worked with TCs for more than twelve years. This work started during his music therapy training when he was placed at a TC as one of his clinical placements. He is a self-taught choral director, working through materials and resources found on the internet. He has sung in school and university choirs and reported also having been a member of a Gay Men’s Health Choir. At the time of the interview, Participant B was working with a choir of older adults with a range of age-related conditions. The choir originally functioned as a closed group for the purposes of research, but currently functions as a semi-open group. The choir comprises approximately twenty members, and they rehearse weekly for an hour to an hour and a quarter. The choir participates in multiple performances during a year in which they perform a variety of music. Participant B’s work is situated within the CoMT framework and is informed by person-centred care and humanistic psychotherapy.

**Table 2.1**

*Participant B: Biographical details linked to therapeutic work with choirs*

<b>Years worked with choir(s)</b>	12+
<b>Previous choral experience</b>	<ul style="list-style-type: none"> <li>• School and university choirs</li> <li>• Self-taught</li> </ul>
<b>Model(s) of music therapy</b>	<ul style="list-style-type: none"> <li>• CoMT</li> <li>• Person-centred care</li> <li>• Humanistic psychotherapy</li> </ul>

**Table 2.2***Participant B: Details of TC*

<b>Client group</b>	Older adults with age-related conditions
<b>Type of group</b>	<ul style="list-style-type: none"> <li>• Originally a closed group for the purposes of research</li> <li>• Following that research period, the choir functioned as a semi-open group</li> </ul>
<b>Size of choir(s)</b>	20
<b>Frequency and duration of rehearsals</b>	Weekly; one hour to an hour and a quarter
<b>Performances</b>	Yes, multiple performances
<b>Genre(s) of music used</b>	<ul style="list-style-type: none"> <li>• Music indigenous to the country</li> <li>• Popular Jazz Songs</li> <li>• Musical Theatre Songs</li> <li>• Music from Films</li> <li>• Music from related age group (1940-1970)</li> <li>• Hymns</li> <li>• Classical pieces: Simple Arias</li> <li>• Songs in different languages (Zulu, Māori, Italian, French)</li> </ul>

### 4.2.3 Participant C

Participant C has worked with TCs for six years. Her own singing experience includes musical theatre and participation in various choral and acapella groups. She has also had extensive voice training and participated in a choral conducting course. Her TC comprised adult patients at a rehabilitation with a range of psychiatric diagnoses. The choir consisted of 8-12 members, and they rehearsed twice a week for one hour. The choir was a semi-open group, and they partook in multiple performances as frequently as every three months. Participant C situates her work within the CoMT framework, as well as within the model of therapeutic voicework.

**Table 3.1***Participant C: Biographical details linked to therapeutic work with choirs*

<b>Years worked with choir(s)</b>	6
<b>Previous choral experience</b>	<ul style="list-style-type: none"> <li>• Sang in various choral and acapella groups as well as in musical theatre contexts</li> </ul>

	<ul style="list-style-type: none"> <li>• Extensive voice training</li> <li>• Choir conducting course</li> </ul>
<b>Model(s) of music therapy</b>	<ul style="list-style-type: none"> <li>• Therapeutic voicework</li> <li>• CoMT</li> </ul>

**Table 3.2**

*Participant C: Details of TC*

<b>Client group</b>	<ul style="list-style-type: none"> <li>• Adults with psychiatric conditions within the rehabilitation program at a psychiatric hostel</li> <li>• Common diagnoses: schizophrenia, intellectual impairment, OCD, personality disorders</li> </ul>
<b>Type of group</b>	Semi-open group
<b>Size of choir(s)</b>	8-12
<b>Frequency and duration of rehearsals</b>	Twice a week; one hour
<b>Performances</b>	Yes, multiple performances
<b>Genre(s) of music used</b>	<ul style="list-style-type: none"> <li>• Music indigenous to the country</li> <li>• Jewish holiday songs</li> <li>• Popular songs (music from the radio)</li> </ul>

#### 4.2.4 Participant D

Participant D has been working with choirs for approximately twelve years. Her own choral experience is extensive: she has sung in school and university choirs and holds a master's degree in choral conducting. Participant D works in a behavioural approach that is rooted in humanism. Her TC functions as a closed group; a registration process opens before every semester and then closes once the semester starts. The TC she discussed during the interview comprised young adults, aged 18-35, with developmental delays. The choir consists of 35-45 members, and they rehearse weekly for an hour. The choir performs at least once a year and their repertoire include a variety of music.

**Table 4.1**

*Participant D: Biographical details linked to therapeutic work with choirs*

<b>Years worked with choir(s)</b>	12+
-----------------------------------	-----

<b>Previous choral experience</b>	<ul style="list-style-type: none"> <li>• Sang in school and university choirs</li> <li>• Master's degree in choral conducting</li> </ul>
<b>Model(s) of music therapy</b>	A behavioural approach rooted in humanism

**Table 4.2**

*Participant D: Details of TC*

<b>Client group</b>	<ul style="list-style-type: none"> <li>• Young adults (aged 18-35) with developmental delays</li> <li>• Common diagnoses: CP, Cognitive Delay, ASD</li> </ul>
<b>Type of group</b>	Closed group
<b>Size of choir(s)</b>	35-45
<b>Frequency and duration of rehearsals</b>	Weekly; one hour
<b>Performances</b>	Yes, at least once a year
<b>Genre(s) of music used</b>	<ul style="list-style-type: none"> <li>• Variety of music used</li> <li>• Popular/familiar music from the radio</li> <li>• Pop country music</li> </ul>

#### **4.2.5 Participant E**

Participant E has worked with choirs for more than nine years. The TC she discussed in our interview consisted of primary school children from a disadvantaged socioeconomic context. The choir size ranged between 20 and 50 members, and they rehearsed once a week for an hour to an hour and a half. Her work with this choir was situated within the CoMT model and the choir was a semi-open group. The choir sang a variety of music with an emphasis on singing songs in the languages of most of the choir. Participant E's own choral experience includes singing in choirs throughout her schooling as well as in a chamber choir as an adult. She also completed a choral conducting course as part of her music training.

**Table 5.1**

*Participant E: Biographical details linked to therapeutic work with choirs*

<b>Years worked with choir(s)</b>	9+
-----------------------------------	----



<b>Previous choral experience</b>	<ul style="list-style-type: none"> <li>• School Choir</li> <li>• Chamber Choir</li> <li>• Conducting course Master's degree in choral conducting</li> </ul>
<b>Model(s) of music therapy</b>	CoMT

**Table 5.2**

*Participant E: Details of TC*

<b>Client group</b>	Primary school children from a disadvantaged socioeconomic context
<b>Type of group</b>	Semi-open group
<b>Size of choir(s)</b>	20-50
<b>Frequency and duration of rehearsals</b>	Weekly; one hour to an hour and a half
<b>Performances</b>	Yes, one annual concert
<b>Genre(s) of music used</b>	<ul style="list-style-type: none"> <li>• Variety of music used</li> <li>• Songs in the language of the majority of the choir</li> <li>• Traditional primary school choir songs</li> <li>• Popular music</li> </ul>

## 4.3 Data Preparation

### 4.3.1 Transcription

The first step of the data preparation was to transcribe the interviews. I used an online speech-to-text transcription software called Temi (<https://www.temi.com>) to transcribe the interviews. Since these transcriptions were done using computer software, the transcripts needed to be perused a second time to remove or correct any transcription errors. An example of a transcription can be found in Appendix D. To ensure that the identity of the participants remains confidential, specific geographical details and names of institutions, places, or choirs have been blacked out as seen in Figure 1 on the next page.

## Figure 1

### Example of transcription of interview

<p>Participant A:</p> <p>Interviewer (00:00): So, um, in what years and duration that you work with a choir,</p> <p>Participant A (00:08): Um, since 2009 till the present.</p> <p>Interviewer (00:14): Okay. And the, a specific choir, if you, if you think of a specific choir, how long would you work with one group?</p> <p>Participant A (00:21): So if I name the choir, will that be...</p> <p>Interviewer I won't use the name.</p> <p>Participant A Okay. So I work with the [REDACTED] at the university [REDACTED] center for brain research, which is a choir for people living with, well adults, living with a neurological condition, such as stroke or Parkinson's or dementia or brain injury. So it's quite like a aphasia choirs and Parkinson's choirs that exist in other places, but we'd bring everybody together in one group. And then also in 2017, I started another group that's called [REDACTED] as a place, um, at the request of some former choir members who had moved to another area, and it was too far to travel. So, I have set up another, another group there and that's called a community music therapy group, but it's really based on the same choir model.</p> <p>Interviewer (01:23): So it's also a more neurological music therapy model. Can we say?</p> <p>Participant A (01:29):</p>	<p>Yeah. Well, I think they'd probably be both quite, quite similar. I'm not, yeah. I don't refer to myself as a neurologic music therapist.</p> <p>Interviewer (01:41): Okay. Okay. Um, so, okay. Um, what was the size of the choir or did it vary?</p> <p>Participant A (01:50): Um, the, the first time we met, we had one participant who never returned because it was too far to travel and a big bunch of speech scientists who'd come to check me out. Um, but it grew quite quickly. It it's, it does vary. It's been up to about 50, it's a little bit lower at the moment, but that includes, when it was 50, it was about 35 people with a neurological diagnosis, plus some cares or partners and volunteers. And the other group is smaller. That's ranged between about 10 and 20.</p> <p>Interviewer (02:33): Okay. That's not for the [REDACTED] choir that you're referencing. Okay. Um, how often, and for what duration that the choir rehearsed?</p> <p>Participant A (02:44): So the first one is every week, except for occasional holidays. Usually at Christmas, we usually don't take breaks during the, um, school or university holidays. And there's a public holiday. We tend to have a catch-up session because they don't like missing out and they meet for one and a half hours, including a tea break. And the second group meets for two hours, including a longer tea break and they meet weekly during the school terms.</p> <p>Interviewer (03:25): Okay. I, that's very interesting. Um, did you do any performances with these clients?</p> <p>Participant A (03:32): Yeah. With the, um, the bigger one, primarily. So sometimes within the university, if they've had public events or also, um, internal celebrations of like, we started at the same time as the center for brain research. So we've sometimes been invited to their anniversary dinners to saying, um, and we quite often go to rest homes or retirement villages. And when, when we perform there, we tend to invite</p>
--	--

### 4.3.2 Coding

An Excel spreadsheet was prepared for the coding process. The spreadsheet was organised according to participants (vertically indicated) and interview questions (horizontally indicated). A column was inserted after each question to provide space for coding. Figure 2, on the next page, shows the layout of the spreadsheet. Each participant was assigned a colour for ease of identification. The codes were assigned labels first by participant (A, B, C, D, E) and then by the question number (1, 2, 3, etc) and lastly by the number of codes per question for the participant (1, 2, 3, etc). A code label example is A3.4 (Participant A, question 3, 4th code in question). Clients participating in the respective choirs are referred to as choir members and the five research participants will hereafter be referred to as choir leaders. The following key was developed to create shorthand for commonly used words in the coding process:

- TC: Therapeutic Choir
- P: Performance
- CL: Choir leader / Main facilitator / Choir director / Choir conductor
- MT: Music therapy
- CH: Challenges
- OC: Online choir

**Figure 2**

*Example of layout of the coding spreadsheet*

	Question 1 .1	Codes
	In what year(s) and duration did you work with the choir?	
Participant A		
Participant B		
Participant C		
Participant D		
Participant E		

## 4.4 Thematic analysis

The thematic analysis process followed four steps: Level-one coding, level-two coding, organising data into categories, and identifying themes emerging from the data.

### 4.4.1 Level-one coding

The first level of coding was done by assigning a code to each segment within the question block. As mentioned in the data preparation section, the codes were kept in the colour that was assigned to each participant to ease the identification of codes pertaining to each participant. Figure 3 shows an example of level-one coding.

**Figure 3**

*Example of level-one coding*

	Question 5	Codes
TC: Therapeutic Choir P: Performance CL: Choir leader / Main facilitator / Choir director / Choir conductor MT: Music therapy CH: Challenges OC: Online choir	What was your role within the choir?  Participant D (18:41): Yup. Conductor, um, arranger. I, we co collaborated on the theme. Like we would pick a theme and then picks the music for it. Um, and then we would coordinate the rehearsals, um, plan the concerts. Um, I think that's everything. Interviewer (19:04): Do you think that your music therapy training changed the way in which you engage? Um, as an, a choral director with them? Participant D (19:17): Um, I mean, I, it as if versus me as a choral conductor. Interviewer (19:29): So how did your approach change, um, considering now that you're doing the choir more for therapeutic reasons, then just creating a choir for the sake of singing and, Participant D (19:41): Yeah. Uh, obviously I don't think that I would have, I wouldn't have probably considered doing a choir that way. Um, because typically the goals for a conductor are musical. Um, first and the goals in this choir were not musical. Um, they were very much, um, process oriented. Um, the, the knowledge that I gained from my training, um, especially like developmental, um, it just the expectations of what people are able to do developmentally, um, the knowledge of specific diagnosis and diagnoses, um, how to set individuals up for success instead of, um, setting goals first. So I have goals in mind. Um, and then what can I do as the therapist to make sure that those goals are achievable, um, and that those, those goals are achievable through the music with, um, success in mind. And then if the goal that I have in mind is not achievable, how can I adapt it within, in a very, like in the moment kind of way to make it successful for them? Um, so I definitely think that with my choral conducting, um, background gave me a lot of tools. And then my music therapy background gave me a lot of other tools, too. Um, and with both of those things combined, I was able to really successfully lead a group like that.	D5.1 D and co-leader picked music and coordinated rehearsals D5.2 Differences between engaging with choir as choral conductor vs MT D5.3 Goals are more developmental D5.4 Understanding how to work with clients based on knowledge in MT training D5.5 The types of goals, and how to go about achieving these goals D5.6 Choral and MT training provided a good foundation to work with TC successfully
Participant D		

#### 4.4.2 Level-two coding

Due to the volume of data gathered, a second level of coding was needed to refine the mass of codes. Similar level-one codes were arranged together in different columns and each of these columns was then given a new label (as shown in red row in Figure 4) which became the level-two codes.

**Figure 4**

*Example of level-two coding*

Pressure/anxiety caused by TC P	Development Musical Skills	Repertoire choice	Music related challenges of TC	Spectrum of Accompaniment in TC
B1.6.4 P can add pressure for participants	A1.7.10 Imparting musical skills (singing in harmony)	A9.1 CH: repertoire choice	A9.5 CH: Time consuming musical tasks (transposing)	A1.9.1 TC mostly sings with accompaniment
C1.6.4 Benefits experienced in P outweighs performance anxiety	A1.9.3 Accompaniment helps with musical elements (staying in time/with melody)	B10.4 Repertoire choice for new therapist working in this way is very important	B1.9.6 Support in terms of extra vocal facilitation is helpful (singing in harmony)	A1.9.4 Accompaniment is guitar or piano
C9.2 Behavioural CH: performance stress/excitedness	E1.9.4 TC sang in unison	C1.7.1 TC chooses own repertoire	B1.9.7 Secondary support helpful: Leader and accompanist	A1.9.5 Guitar is more mobile
C9.3 Rehearsals were attributed to just prepare members for performance related feelings	E1.9.5 New children every year made continuation of musical skills difficult	C1.7.2 Choosing of repertoire is part of therapeutic process	C2.5 Having neurotypical community members in TC could have been helpful for integration/promoting normalizing/musical aspects	B1.9.1 TC sang with accompaniment
	A1.10.14 Songwriting as TC activity	D9.1 CH find appropriate repertoire that works with client preferences	C9.1 Musical CH: harmonizing, tuning, giving space for solos	B1.9.2 Accompaniment: piano
		D10.2 Repertoire is a big predictor for the success of the choir	C13.3 Doing OC P via zoom and using recording software is possible but creates a lot of extra work for the CL	C1.9.2 C - would accompany on guitar/piano/various drums

#### 4.4.3 Organising data into categories

The level-two codes were then organised into categories by grouping similar codes together in columns. Each of these columns was assigned a label (as seen in the yellow row in Figure 5 on the next page) and these groupings now represent twelve categories. The twelve categories are therapeutic affordances, honouring diversity and inclusivity, role of music and performance in TC, underpinning values, role of choir leader, partnering with community, challenges and opportunities of online choir work, administration and staff assistance, challenges experienced by the choir leader, invested members participation, strengthening inner resources, and socialising and belonging.

**Figure 5**

*Organising data into categories*

Therapeutic affordances	Honouring Diversity and Inclusivity	Role of music and performance in therapeutic choir	Underpinning Values	Role of Choir Leader	Partnering with community	Challenges and opportunities of online choir work	Administration and staff assistance	Challenges experienced by choir leader	Invested member participation	Strengthening inner resources	Socialising and Belonging
Value of TC/ Therapeutic Singing	Suggested Client Groups for TC	Repertoire choice	Traditional choir vs TC	CL Role(s)	Community Exposure to TC brings in membership	Challenges of OC for certain client groups	TC Logistics	Behavioural Challenges of Choir Members	Choir member investment	Source of Motivation	Platform for social experiences
Cognitive stimulation	TC Size	Spectrum of Accompaniment in TC	Consensus MT vs TC	Co-facilitation of TC	Advocacy for TC and MT	Benefits/possibilities of OC	Staff Assistance	CH specific to Client group with in TC	Choir Member: Self-set goals	Control/Agency	Belonging and Connection
Regulation and expression of emotions	Inclusivity of TC members	Role of audio recordings	TC provides access to therapeutic care	Personal Reflections of CL	TC Promoting Community Engagement	Technical problems of OC	Administrative assistance	TC attendance challenges	Alternative ways for members to engage in TC	Resilience	Extra social activities
Improvement in physical symptoms	Cultural Diversity	Development Musical Skills	Rehearsals as Sessions	Extra therapeutic services offered	Giving back to community		Criteria for participation in TC	Music related challenges of TC		Confidence building	TC as safe space
Quality of life	Normalizing through integration	Range of P	Assessment/Reports	Combining MT and Choral Skills	TC as MT Placement opportunity					Experiences of joy	Isolation
Communication through vocal participation			Referrals for membership	CL Attunes to TC	Community and Family Pride					Resource Building	
Pressure/anxiety caused by TCP			Product and process								
			Ritual and structures in TC								

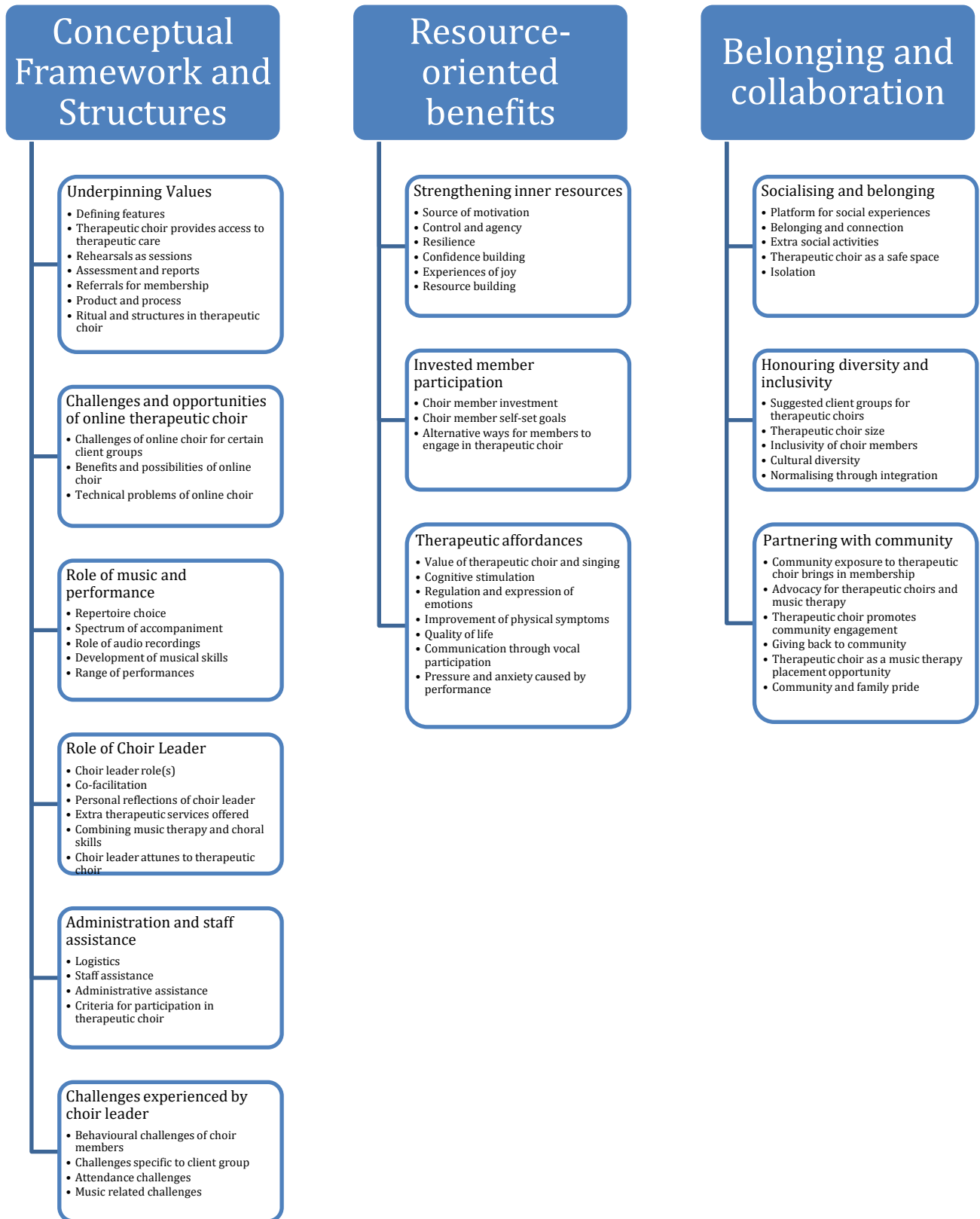
#### 4.4.4 Identifying emerging themes

In the final step of the data analysis, similar categories were grouped, and themes were identified. Three themes emerged from the data analysis, namely Conceptual Framework and Structures, Resource-oriented Benefits, and Belonging and Collaboration. Figure 6, on the next page, provides an overview of the data analysis process, showing the three themes, twelve categories, and the corresponding level-two codes.

[This space was intentionally left open]

**Figure 6**

*Overview of data analysis process*



#### 4.4.5 Introducing the themes

The **first theme**, Conceptual Framework and Structures, describes the conceptual framework and structures of a TC by referring to three main aspects, namely the structure of a TC, the underpinning values of a TC, and lastly, the roles of the choir leader. This theme provides an understanding of how the respective choir leaders went about creating a TC. In the way that they responded and talked about the framework of the TC, certain underpinning values emerged and were discussed. Lastly, this theme highlights the various roles of, and challenges experienced by the respective choir leaders.

The **second theme**, Resource-oriented Benefits, highlights various benefits offered by a TC. These include strengthening inner resources, such as motivation and building resilience and confidence among the choir members, as well as choir member investment. Lastly, the theme presents the therapeutic affordances of a TC which include cognitive stimulation, emotional regulation, and communication.

The **third theme**, Belonging and Collaboration, articulates how a TC can promote feelings of belonging and facilitate collaboration, as expressed in three aspects. Firstly, by providing a platform for social experiences and the creation of a community, a TC promotes socialising and belonging. Secondly, a TC honours diversity and inclusivity by promoting and valuing multiculturalism and providing a normalising experience to the choir members. Lastly, the TC partners with the community to enable collaboration, sharing of resources, and growing social capital.

#### 4.5 Conclusion

During the data analysis process, five interviews were transcribed and coded. The data analysis process comprised four steps. From the first two levels of coding twelve categories were identified. The categories were then sorted into three themes, namely Conceptual Framework and Structures, Resource-oriented Benefits, and Belonging and Collaboration. This process was recursive rather than linear. Appendix E shows the full data analysis process. The following chapter will discuss the themes in relation to the research questions.



## 5 Discussion

This chapter will discuss the findings of the study with reference to the three themes that emerged from the data analysis. The three themes address the main research question and corresponding sub-questions:

- What role can choir participation play as a therapeutic intervention in music therapy as perceived by Music Therapists?
  - What are the challenges experienced by music therapists using choral work as an intervention?
  - What approaches did the respective music therapists employ when using choral work as an intervention?
  - What are the perceived benefits of using a choir as a therapeutic tool when working with different client groups?

The first theme, Conceptual Framework and Structures, explores the overall structure of a therapeutic choir with regard to the rehearsal program, repertoire choices, administration and staff assistance, performances, and the criteria for participation. This theme also describes the training of choir leaders, challenges associated with running a TC, and the underpinning values of the TC. This theme addresses the following sub-questions:

- 1 What approaches did the respective music therapists employ when using choral work as an intervention?
- 2 What are the challenges experienced by music therapists using choral work as an intervention?

Please note that the participants of the study will be referred to as both participants and choir leaders – these terms are used interchangeably.

### 5.1 Theme 1: Conceptual Framework and Structures

This theme describes the conceptual framework and structures of a TC by referring to three main aspects, namely (i) structure of a TC, (ii) underpinning values of a TC, and (iii) the roles of the choir leader. This theme provides an understanding of how the respective choir leaders conceptualised and managed their therapeutic choirs.



### **5.1.1 Structure of a therapeutic choir**

The data highlights the following structural elements as integral to running a TC: the rehearsal program, repertoire choice, accompaniment, and performance; criteria for TC membership; and administration, staff assistance and volunteers.

#### **5.1.1.1 Rehearsal program**

The data suggest that most choir leaders followed a similar rehearsal program. The components of the rehearsals include greeting rituals, social activities, warm-up, working on repertoire, and creating audio recordings.

The rehearsals would typically start and end with a greeting ritual, much like the concept of a "hello and goodbye song" that is used in other group and individual music therapy sessions. This prompts the choir members to move into a space of focus for the work that is to come, but also acts as a container for the content of the rehearsal. The participants explained that the greeting rituals bring "some sense of structure" and "a sense of safety and predictability" (E1.10). It also enables the choir leader to attune to the choir and intervene when necessary, explaining that "...some of them [referring to the greeting rituals] are quite quiet and reflective. So that's quite useful in terms of matching their [referring to the choir members] mood or sometimes shifting their motive" (A1.10). The participants share that they would also create spaces for socialisation by allowing time for tea in the middle of a rehearsal or providing a space for choir members to share personal reflections and experiences at the beginning of rehearsals.

Many of the TC rehearsals featured choral warm-ups associated with traditional choir routines, including a physical and vocal warm-up, as well as breathing exercises. They explain that both the physical and vocal warm-ups prepare the choir members for vocal work. Talmage et al. (2013) describe a similar rehearsal program that was followed with their TC. The main component of the rehearsal was working on the repertoire. In the case of some participants, they prioritised learning new musical material at the beginning of the rehearsal. Participant B elaborated on how they approached working on the repertoire.

So usually, the first half of the repertoire, the first say 20 minutes of that, would be learning. So, we'd definitely be working on two or three songs that we were learning. And then the second half of the session would be more familiar songs that they knew so they could relax and sing. (B1.10)

As part of her rehearsal program, Participant C utilised audio recordings to provide additional support to the choir members. The support that the recordings provided included assistance with learning repertoire and providing feedback to the choir members and choir leader, which promoted self-improvement. Although Participant C was the only participant to mention the use of audio recordings, the benefits of its use are noteworthy.

...we would...also record the session, which would be important for them [referring to choir members] to give themselves feedback and it...gives them a lot of motivation to give it their best during the rehearsal and to listen back and check themselves: if they were in time,... how they sound, if they were heard or if they were dominating the... choir, which sometimes also we had... (C1.10)

#### **5.1.1.2 Repertoire choice, accompaniment, and performance**

All the TCs referred to in this study participated in performance events at least once a year. These performances happened in various settings and contexts such as annual concerts, remembrance concerts, conferences, and seasonal celebrations. Participant B commented on one of the functions of the performances as "...it [referring to the performance] also gave us...a goal for the music, you know, that we were preparing for a concert. So, I think that gave the music kind of.... direction, a goal" (B1.6). Clements-Cortes (2015) found, in her TC for older adults, that performances were highly motivating to choir members and provided a sense of mutual purpose.

According to the data, most TCs were accompanied by either guitar, piano, or percussion. Participant A explained that the choir members liked the piano; however, "the guitar is much more mobile" (A1.9). In most TCs, either the choir leader or the co-facilitator would accompany the choir; in some TCs, volunteers and choir members also fulfil the role of accompanist. Talmage et al. (2013) describe how volunteers with musical skills can also assist the choir leader through helping with the accompaniment of the TC. Participant A elaborated on how accompaniment is useful since it helps the TC members with musical elements like staying in time and with hearing and learning the melody. The data suggests that singing in the TC contributes to the development of musical skills; however, some participants did mention that the constant fluctuation of the size of the TC made the continuation of learning musical skills difficult.

The data indicates that repertoire choice is important and that it can be challenging for the choir leader to find appropriate music for the various choir members, as well as having enough repertoire to be able to work towards a performance. Participant D believes that repertoire choice is a predictor of the success of the TC. Participant B echoed this by emphasising the importance of choosing the right repertoire, especially for a new therapist wanting to work in this way. Gosine and Travasso (2018) found that repertoire can assist with achieving the TCs goals since the choice of music can afford choir members different physical, emotional, and social experiences. They explained that songs can encompass the broad experience of life and thereby promote different experiences.

### **5.1.1.3 Criteria for TC membership**

Another structural element that emerged from the data refers to criteria for participation in the TC. Some TCs in this study had no criteria for inclusion in the choir. Other TCs criteria, depending on the context and client group, included being behaviourally fit for TC work. This would include considerations of the choir members' sensitivity to noise, tolerance to group work, ability to follow the program, motivation to attend rehearsals, and their love for singing. Participant A acknowledged that a TC will not be beneficial for individuals who do not like singing. Furthermore, Participant C explained that since the institutional goal for her TC was to perform, choir members had to audition to be part of the choir. In other words, among other criteria, Participant C emphasised the technical vocal abilities of the choir members. Eilat and Raichel (2016) also elaborated on the debate of inclusion criteria for a TC in their study: Some participants in their study felt the only criteria should be the choir members' love for singing, while others felt that the choir members' abilities to sing and singing quality should be considered. The data from my study indicates that the criterion for inclusion depends on the overall goals of the choir as well as the philosophy of the choir leader.

### **5.1.1.4 Administration, staff assistance, and volunteers**

The final structural element indicated by the data is the role of administration and staff assistance. Participants detailed the value of practical assistance in terms of setting up the physical space as well as helping to coordinate the choir members. Furthermore, most of the choirs had assistance from volunteers (often friends and family of choir members), music therapy students, and staff from the residences where the choir members stayed. Participant A mentioned the varied roles that volunteers played in her

TC: Volunteers would contribute musically, assist with administrative tasks, and provide companionship to the choir members. Volunteering provided benefits to the volunteers as well, since in some cases the TC provided connection to their loved one in the choir, especially if the loved one had passed: "Two of the current community volunteers used to bring someone from their family to the choir, and they [referring to the family member] wanted to remain connected when that person died, so they became a volunteer" (A2). The participants mentioned a need for administrative assistance since the administrative logistics could be time consuming and difficult to manage in certain contexts. Participant E explained that due to the disadvantaged socioeconomic context, organising rehearsal spaces, concerts, and transportation for the children was challenging. From an administrative point of view, it was time consuming; she elaborated that "quite a lot of...administrative...time was spent around making it happen every week and making it work" (E9). Additionally, many choir leaders noted the need for musical assistance, such as secondary support in terms of musical accompaniment, vocal facilitation, and transposing or arranging music. Gosine and Travasso (2018), in their study which explored the efficacy of a therapeutic hospice choir, also acknowledged the need for additional musical support to enable the choir leader to focus more on the needs of the choir members.

## **5.1.2 Underpinning values of a therapeutic choir**

The data revealed critical points that speak to the underpinning values of a TC. These include theoretical framework, distinguishing features, access to therapeutic care, and product and process.

### **5.1.2.1 Theoretical framework**

The data indicated that, in the case of each participant, their TC work was governed by a specific theoretical framework or music therapy model as seen in section 4.2. These include person-centered care (Rogers, 1951), humanistic psychotherapy (Maslow, 1970), therapeutic voicework (Newham, 1998), NMT (Thaut, 2005), and CoMT (Ansdell, 2002).

Person-centered care, often referred to as Rogerian Therapy is a model of psychotherapy that promotes the belief that clients have the desire and capacity for personal growth and change to fulfill their own potential (Rogers, 1951). Like person-centered care, humanistic psychotherapy values a holistic view that supports the potential of an individual to form their own life (Scovel & Gardstrom, 2012). The model

of therapeutic voicework, as defined by Newham (1998), describes a method of voice movement therapy where the voice is used as means of self-exploration and creativity. Lastly, NMT is the use of music as a therapeutic medium to address developmental, cognitive, rehabilitative, and adaptive goals in various areas of brain functioning (Thaut & Janzen, 2019).

Most noteworthy is that all participants listed CoMT as one of the theoretical models governing their TC practice. Ansdell and Stige (2016) describe the following important qualities and principles of CoMT: participatory, resource-oriented, ecological, performative, activist, reflective, and ethics driven. Participant E considers working within the CoMT framework as very important since it enables her to work in a context-sensitive and resource-orientated manner which emphasises the "social-ecological ways of thinking around musicking" (E6). This meant that the choir was constantly "adapting and shifting" (E6) to meet the needs of the community. Ansdell (2002) explained that community music therapy rests on ecological assumptions – that the individual is never seen as separate from the context and the community.

#### **5.1.2.2 Distinguishing features**

Five distinguishing features emerged from the data which reflect the underpinning values of a TC. These features include (i) being adaptive and flexible, (ii) placing psychosocial needs before the musical proficiency, (iii) providing companionship and support, (iv) being a contained space, and (v) a more directive and balanced approach.

##### **5.1.2.2.1 Being adaptive and flexible**

Firstly, participants explained that they had to adapt the music to fit the needs of the choir members. This included moving away from "traditional" choral repertoire and using music that was both accessible to and preferred by the choir members. Participant A explained that they needed to adapt the traditional choral warm-up for its use in a TC. She described their warm-up to be "like a regular choir, just modified, slowed down...and simplified" (A1.7). Tamplin et al. (2013) also valued being adaptive and flexible with regard to music choice and modified the lyrics of the repertoire to minimise confusion for the choir members.

Another aspect that required flexibility was with regard to choir attendance. Participant E explained that due to the disadvantaged socioeconomic context of choir members, children had to often forgo the choir rehearsal to take care of siblings or a sick parent.

Eilat and Raichel (2016) assert that poor choir rehearsal attendance can result in diminished self-confidence in choir members, which can cause a choir member to leave the choir. Participant E explained that since she worked in a context-sensitive manner, she had to reframe and adapt her approach to choir attendance to make it more inclusive to the needs of the children.

So, we realised that...(it) wasn't really sustainable and it was kind of defeating the purpose. And we were, in a way, then punishing children who actually really needed the space and wanted to be there. So, I think it moved to a more... open group. Sometimes we had children who joined the choir two weeks before the concert, and we would actually just allow that. (E1.8)

#### **5.1.2.2.2 Placing psychosocial needs before musical proficiency**

Secondly, participants highlighted the psychosocial aspects of a TC as being prioritised above musical aspects. Participant E explained that the TC "wasn't a purely musical...performance-based choir, but we were focusing on the psychosocial aspects...of the choir" (E4). Most participants emphasised that there was no focus on musical skill or ability – the choir members "didn't have to demonstrate any musical skill or inclination to singing" (E1.9). Participant D emphasised that the "goals in this choir were not musical" (D5) but that it was about the choir members experience and growth during the process. This is iterated by Gosine and Travasso (2018) who emphasise that in a TC the primary goal of the choir leader is not the quality of the sound, but rather to promote the development and well-being of the choir members.

#### **5.1.2.2.3 Providing companionship and support**

Thirdly, the role of the TC in providing companionship and support for choir members emerged from the data. Participant B noted the importance of accompanying, acknowledging, and supporting the choir members. He explains his approach as "I'm not an expert, they're the expert, you know. I'm accompanying them on this journey together and they're sharing their life story, they're sharing their experience" (B7). Participant A explained that she provided support in multiple ways, one of which is that she has "occasionally written letters of support...(if) somebody wanted funding for something, and I said that they were a member of the choir and what they've been doing and their commitment to it and that kind of thing" (A7).

This value will be elaborated on further in section 5.3.1.

#### **5.1.2.2.4 Being a contained space**

The fourth distinctive feature highlighted by the data was that the TC is regarded as a contained space. One participant stated her preference for the term "session" over the term "rehearsal". This preference is due to her philosophy of a TC as a self-contained space that exists for all constituents.

I don't usually call them rehearsals unless we're specifically rehearsing for something, because...I like the idea that it's self-contained and it's for us. I know that a lot of people do use...the word rehearsal because it's just quite normalising, but just personally, I always call it a session. (A1.10)

Furthermore, Participant B also highlighted a TC as a contained space. He shared that when he first started working with TCs, there was "some commentary from some music therapists who were a lot more senior than I, who said, 'Well, this is great, but it's not therapy" (B7). However, he believed in the therapeutic value of his work with the TC, explaining that "in (his) eyes it was therapy...and it was very, very much a contained space" (B7). Similarly, Pavlicevic and Ansdell (2004) found that initially, many therapists questioned the sites and boundaries in which CoMT happens, questioning if it can still be considered therapy if the required containing environment is not present. They explain that working in non-traditional spaces is not an affront to the therapeutic norms of the consensus model of music therapy. Rather, it was seen as a way to "challenge and grow beyond the constraints which might limit the usefulness and effectiveness' of practice" (p. 219). Their explanation shows that even though the TC is practiced in non-traditional spaces, it can still be a contained and therapeutically valuable space.

#### **5.1.2.2.5 A more directive and balanced approach**

The last distinguishing feature focuses on the individual choir leaders' approaches in running a TC. Participants B and D explained that due to the larger group and role of leader that the music therapist must fulfil, a more directive approach is needed. The larger group compelled the choir leaders to place less emphasis on individual grievances, journeys, and expressions of choir members: "It's much more about how the group's functioning as a whole" (A7). Participant E explained that focussing on the group as a whole and "balancing the individual needs versus the group goals and group needs...could be tricky" (E9). Talmage et al. (2013) describe balancing group and individual needs as one of the key tasks of the choir leader. They list various ways to achieve balance, including being aware of the choir members' needs and strengths as

well as managing group dynamics. They explain that by being aware of individual needs, the choir leader can assist the members in setting realistic goals. However, the choir leader needs to be aware of dominant personalities and sensitive topics to maintain and promote group cohesion.

### **5.1.2.3 Access to therapeutic care**

The third underpinning value that emerged from the data is the role a TC plays in providing access to therapeutic care. This section will discuss access in relation to both an in-person TC and an online TC. Ansdell, (2014) explained that "music has power and benefit only to the extent that we can appropriate what it affords" (p. 236). It lies in the hands of the music therapist to find ways of bringing music and musicking within reach of clients. The data from the current study suggests that a TC can be a useful mechanism to provide access to music and therapeutic care.

Firstly, with regard to in-person TCs, Participant E explained that, especially in disadvantaged socioeconomic contexts, a TC can help provide therapeutic care to a larger group of people.

...that was part of us starting with choir...the [country] context where... children might be faced with a whole range of adversities, but there aren't [sic] always therapeutic support available. Creating this choir, not that it's a therapeutic process, but it almost creates another kind of safe space...for children that they could access. So... it's a tool to use that can...you know, include a bigger group of participants. (E12)

Other participants commented on how the TC can provide access to care even with limited resources, and that the TC easily adapts to various contexts, client groups, and choir members' needs, "because it can be very open and anyone can come" (B10), and "it can be tailored to meet the needs of the group" (B12). Pujol (2018) found that group work can offer a more cost-efficient platform for therapy that still provides a variety of interpersonal and social benefits. Although Pujol is referring to group work within the consensus model of music therapy, his statement supports how group spaces, such as a TC, can provide access to therapeutic care. However, some participants explained that although there is great value in creating a TC, logistics such as venues, transport, finding an accompanist, and advertising the choir can "sometimes...prohibit, or at least maybe intimidate people" (D12) and in this way diminish the accessibility of a TC. Eilat and



Raichel (2016) supported this statement by explaining that from an organisational point of view, a choir needs a lot of resources including a venue, schedule, transport, and staff.

Secondly, due to the global Covid-19 pandemic, the need for telehealth and other online resources emerged. This included the offering of online choir spaces. Participant A commented that an online TC can provide access to musical participation and therapeutic care by providing an online musical space that provides social and emotional support. An online TC can overcome some of the logistical challenges, such as the rehearsal space or transport problems, that were previously mentioned. However, Participant E reported that in certain contexts, an online choir could be deemed inaccessible due to limited resources (internet, data, devices). During the interviews, I asked the participants to elaborate on the role that they think an online TC can play in telehealth. Participant A, who had worked with an online TC during the lockdown elaborated on the socialising purpose that it can fulfil: "I think it [referring to the online choir] was quite a lifeline for some people who were very isolated" (A12). A study on the experience of a virtual choir by Daffern et al. (2021) also found that the virtual choir was seen as a "lifeline" for many of their choir members. However, the choir members in the study by Daffern et al. also acknowledged that an online choir is a poor substitute for the in-person experience. Moreover, in the interviews, three participants voiced their concern about the audio delay that often occurs on online platforms and how this makes singing together almost impossible. The study by Daffern et al. (2021) confirmed these concerns of the participants: The choir members found the audio delay frustrating since it impeded their ability to sing together. Participants in this study did not regard an online TC as a sufficient replacement for the synchrony and sense of togetherness that is experienced in person. Stewart and Lonsdale (2016) explain that the physical synchrony experienced in choirs is one of the main contributing factors in creating the sense of belonging and togetherness that choristers experience.

#### **5.1.2.4 Product and process**

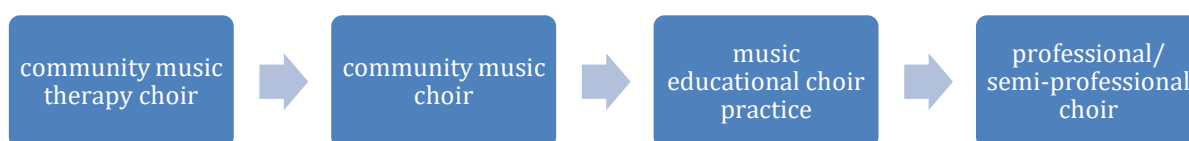
The role of "product and process" featured prominently in the interviews since all the TCs in this study performed at least once a year. The process refers to the various components of the rehearsal program, while the product represents the performance(s) that the TC participated in. The CoMT model, from which most participants approached their TC work, regards both product and process as an important and valuable part of therapy. Maratos (2004) explains that product and process become inseparable since the product is a consequence of the process. Gosine and Travasso (2018) acknowledge

the role of performance but emphasise that the essence of the choir lies within the importance of the relationships that are built with the facilitators, volunteers, and choir members throughout the process. The data collected in my study indicates that the beauty of the TC is working towards the product whilst working on the process: "...within each rehearsal, you're also getting the process" (D1.11). Participant E explained that her therapeutic decisions were based on reflections on the process. She explained that she "strongly relied on process to guide the decisions (she) made" by focussing on "being responsive to the specific child in the specific context" (E7). Ansdell (2016) explains that performances can provide a "site, focus, tool or occasion for music therapy to work with both individual and socio-cultural dimensions of human need" (p. 165). Furthermore, he explains that the role of performance in music therapy can be quite substantial as it can keep the focus on the process while working on the therapeutic goals. Several participants in the current study agreed that the performance gave the choirs something to work towards, but acknowledged that much of the therapeutic work happens within the process of the TC *while* they are working towards the goal of performance. Therefore, choir leaders should "rather focus on what their [the choir members] needs are and let that drive the process and the product" (E10).

In Figure 7, Balsnes (2014) describes a continuum that suggests the degree of importance that is placed on the product. In the first block, which would include a TC, less emphasis is placed on the product and more on the therapeutic needs of the clients. Going further to the right, more emphasis is placed on the product and less on the process. This continuum is consistent with the data found in the current study. The data indicate that the overall emphasis is placed on the process rather than the product since that is where most of the therapeutic work happens. It is important to note that although the overall emphasis is placed on the process, the product is still deemed important and valuable. This is evident in Participant E's explanation that "there was a stronger focus on...the musical product than there would have been in a music therapy session" (E7). Her explanation emphasises the framework of CoMT and how different types of musicking can be valuable in different contexts (Wood, 2006).

### Figure 7

*Continuum for various choir practices* (Balsnes, 2014)



The data I collected revealed that the underpinning values guiding a TC include the theoretical framework, the distinguishing features of a TC, providing access to therapeutic care, and lastly the role of product and process.

### **5.1.3 Roles of the choir leader**

This section includes a discussion on the multifaceted roles of the choir leaders, the choir leader's role in referring choir members for additional support, the role of delegation, and the training of choir leaders.

#### **5.1.3.1 Multifaceted roles**

The data revealed that the choir leader often assumes various roles within the TC. These roles include leading the choir, setting and addressing the therapeutic goals, creating suitable musical arrangements of the repertoire, delegating tasks between facilitators and volunteers, and planning the rehearsal program. A study by Tamplin et al. (2013) supports my findings in its reference to the multiple roles that a choir leader fulfils such as compiling the music, conducting assessments, planning choir performances, conducting the choir, and liaising work between volunteers and other staff members. The juggling of these roles is reported by the choir leaders as challenging: "I think just juggling all the different roles is really tricky" (A9). Participant E also mentioned the mental and physical energy that is required to take on these various and multifaceted roles:

I think the challenge...was probably around [needing]...quite a lot of...energy, physically and mentally, to contain a group where you are not just focusing on the musical skills, but you're also allowing space for the psychosocial...the emotional and...social challenges that the children are dealing with – and behaviour challenges. (E9)

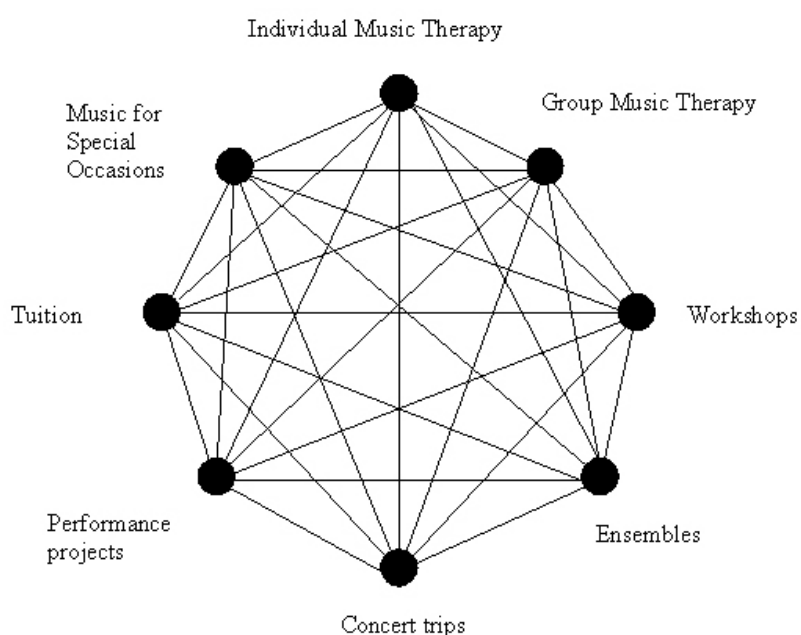
#### **5.1.3.2 Referral system**

Also indicated by the data, is that choir leaders are in an opportune position to refer choir members for additional therapeutic support when deemed necessary. Participant E explained, when she observed that a child "needed more one-on-one attention, then [she] might refer them to other...music groups or to music therapy sessions" (E5). Gosine and Travasso (2018) explain that one of the advantages of having a music therapist running a choir is that the therapeutic relationship can be sustained by providing emotional support when needed. Stuart Wood (2006) developed the *Matrix Model*, as

seen in Figure 8, to demonstrate that therapeutic work in music therapy can look different for different people in different contexts. However, all formats of work carry the same therapeutic impact. This model shows how all formats of music therapy are connected and how, as the needs of clients change, the format of work might change. The Matrix Model is a helpful framework to consider when looking at a TC. As Participant E explained, the needs of a child might change and therefore the type of support they require may need to be adjusted. Therefore, the TC and the choir leader can provide a framework that includes multiple avenues of therapeutic services.

**Figure 8**

*The Matrix Model (Wood, 2006)*



### 5.1.3.3 Role of delegation

Two participants mentioned the importance of delegation and how it can be a predictor for the sustainability of a TC. Participant E said: "It's a big job that you take on. So, if you can share some of the responsibility and if you have a team that supports you...that just makes it... sustainable... in the long run" (E10). Participant A explained that delegation might be difficult, but it is necessary:

I think because I've had to do a lot...myself, I'm sometimes reluctant or just don't think about that delegating, whereas often if it's a volunteer rather than a paid staff member, they're often really willing to do things to help...It's something that I have to remember really, that I don't have to do it all myself. (A9)

Some participants reported co-facilitating the TC with a fellow music therapist. Although the choir leaders acknowledged the benefits of co-facilitation in terms of managing their workload and sharing the multiple roles required to lead the TC, they also raised challenges that they had experienced. Participant A indicated that additional administration is required when sharing leadership because all information needs to be shared and communicated effectively. Participant E explained that in her TC, there were regularly multiple music therapists and community musicians at the choir rehearsals. This called for the main facilitator (Participant E) to balance work roles between the multiple facilitators.

#### **5.1.3.4 Training of choir leader**

While the social and psychological benefits of a traditional choir are well documented by authors such as Barrett and Vermeulen (2019), this study explores how these existing benefits can be enhanced and adapted by a music therapist in order to meet therapeutic goals within the context of a TC. There is a scarcity of literature that focusses on the skills and value that a music therapist can contribute to a TC. This section will explain the choir leaders' training by referring firstly to the importance of both therapeutic and choral training.

Multiple participants in this study highlighted the therapeutic role that a music therapist must play in the TC.

Well, I think the important role I'd highlight... I suppose it's the therapeutic role. ...I mean, obviously, choirs are facilitated by music directors, by music teachers, by community musicians, by arts... and health practitioners, by music therapists – but certainly working with this age group, I think, and in any clinical session...I think having music therapy training is really important because there were lots of times when... people really responded to music maybe negatively or it brought up a lot of emotions. And I think having the ability to contain that and to...therapeutically connect with the person was very important in facilitating. (B5)

Participant B explained that he felt his therapeutic training added to the quality of the TC experiences for his choir members. Therapeutic skills that participants highlighted include holding, containing, understanding group dynamics, and being flexible. Talmage et al. (2013) described the need for flexibility in three areas: flexibility to work in a 'person-centred, music-centred model of therapy' (p. 34), flexibility in terms of musical facilitation (tempo and key), and flexibility to meet both individual needs and cultural interests. Further, from the data emerged how imperative it is that a choir leader can attune to their group as a whole and to individuals within the choir. Participant B describes the importance of "reading the energies of the people in the room, knowing when to stop or knowing when to introduce something more familiar or something more comfortable" (B9). Participant A highlighted the need for a variety of greeting songs for the purposes of attunement as it is "useful in terms of matching their mood or sometimes shifting their motive" (A1.10). The data indicate that the choir leader needs to be attuned to the TC to change the rehearsal program, repertoire, or facilitation approach where needed. Participant E also details the role of interpersonal attunement by allowing space at the beginning of each rehearsal for children to share "what was happening in the community". She explained that "often the children would share about whether there was any...incidents of violence or anything (that) had happened at school" (E1.10).

Some participants emphasised their therapeutic role by explaining that they prioritise their therapeutic training over their choral training when working with a TC. This is especially important considering that the facilitation of a TC involves setting and achieving therapeutic goals such as enhancing communication and social skills, promoting quality of life, and supporting emotional regulation. Choir leaders also require the knowledge and insight to work with the diversity of needs, levels of functioning, and clinical populations that may be present within a TC. The participants expressed that they experienced challenges regarding behavioural difficulties expressed by choir members (regulating, clashing individual expectations and agitation), as well as challenges specific to the client group (unpredictability of psychiatric disorders, fluctuating energy levels in older adults, working with bereavement, and regression in older adults). Once again, these challenges highlight the importance of therapeutic training when working with a TC.

In addition to the therapeutic functions expected of the choir leader, the musical facilitation role is still prominent. Participant D felt that some choir knowledge and choral training is needed to manage a TC successfully.

I do think it's important for them, for people to have at least some choral knowledge. If you've never sung in a choir and you want to...do a choir... That seems like a really big undertaking to just sort of like go from no knowledge to trying to start your own choir. I also think at least having a conducting class would probably be important so that you know conducting patterns – not that, you know, it would make or break you. (D10)

Having discussed the structure and underpinning values of a TC, along with the roles of the choir leader, the second theme will discuss the resource-oriented benefits provided by a TC.

## **5.2 Theme 2: Resource-oriented Benefits**

This theme discusses resource-oriented benefits offered by a TC. These include strengthening inner resources like motivation, resilience, control, and self-esteem. In this theme I will also discuss the benefits of choir member investment. Lastly, the theme presents the therapeutic affordances of a TC which include cognitive stimulation, emotional regulation, and communication.

This theme addresses the third sub-question: What are the perceived benefits of using a choir as a therapeutic tool when working with different client groups?

### **5.2.1 Strengthening inner resources**

The data indicate that participation in a TC, especially the performance aspect thereof, leads to the strengthening of inner resources. The section will describe a TC as a source of (i) motivation, (ii) resilience, (iii) empowerment, (iv) confidence, and (v) self-regulation. This section will also explain the use of a TC as a capacity-building tool (strengthening and enhancing the resources already present) for the community.

#### **5.2.1.1 Motivation**

One of the greatest motivators for the choir members was the performances since they provide a sense of achievement. Participant E explained that the performances were a "really important part of the process...because it gave the children something to look forward to – an event where they could showcase the work that they've done" (E1.6). Furthermore, Participant C explained how audio recordings can act as a source of motivation for the choir members since it is a way for them to concretely experience their improvement.

### **5.2.1.2 Resilience**

Secondly, the TC promoted and strengthened resilience. Participants found that performances offered the choir members and the broader community a sense of hope and in this way, fostered resilience.

Performance offers resilience. That was really important, especially in this community where parents are often confronted with challenges surrounding their children's education and.... Generally...it's quite difficult...to raise children in a context that's so under-resourced... I think that we always saw the concert as a really important event to also...impact the broader community. (E1.6)

Correspondingly, van Rooyen and Dos Santos (2020) found that participating in a TC can help choir members to access their inner strength, and for most choir members this resulted in renewed feelings of hope which promoted resilience.

### **5.2.1.3 Empowerment**

Thirdly, the TC was described as fostering feelings of empowerment. A TC provides opportunities to experience control – something that is often very inaccessible for many client groups. The performances also gave "an opportunity for them to take pride in their appearance. To dress; to invite those that they wanted to impress; to learn how to stand on a stage, and how to present themselves and how to make themselves heard" (C1.6). These are a few of the ways in which participation and performing in a TC promotes feelings of empowerment. This resonates with Eyre's (2011) finding that performance is an important aspect of the therapeutic experience which choral singing can provide, since it encourages feelings of empowerment, pride, and liberation.

### **5.2.1.4 Confidence**

The TC promoted and strengthened feelings of confidence in choir members. The participants explained that successfully learning the music and then performing it promoted the self-esteem of choir members. The performances facilitated a significant growth in the choir members' sense of self and self-worth. It allowed them to see themselves in a different light. Participant D explained that the choir members "got to be really proud of something that they produced...and [got to] perform in front of people that they loved" (D1.6). Zanini and Leao (2006) agree that singing in a TC can instil self-confidence and promote self-valuing and self-esteem.



### **5.2.1.5 Capacity building**

Lastly, the TC can provide a space for capacity building. Participant A explained that the TC provided the volunteers a space to acquire valuable resources: "They get a little bit of coaching along the way about...supported communication and that sort of thing" (A2). Moreover, Participant E explained that their approach to resource building was more purposeful than just responding to the needs of their immediate choir members. As part of their TC structure, they would enhance and promote the skills of their staff.

We were working with the community musicians and music therapists and...not all of these...facilitators were comfortable with running a choir. So we also saw it as a capacity-building opportunity for our staff. So, to share the role of...main choir facilitator and to build the skills and the capacity. (E2)

Rolvjord (2016) describes the resource-oriented approach to music therapy as nurturing the strengths, potentials, and resources of people. Therefore, resource-oriented music therapy promotes the collaborative and flexible use of music as a health resource. In this way it strengthens the resources that individuals already have or can access.

### **5.2.2 Invested member participation**

Choir member investment in a TC was evident in the way the participants spoke about their respective choirs. This was especially apparent in Participant A's experience as she reported that they "tend to have a catch-up session because they [referring to the choir members] don't like missing out" (A1.5). It is clear from her statement that the TC meant a great deal to the participants.

Furthermore, the investment of choir members is evident in the personal goals they set for themselves. Some choir leaders actualise these personal goals by providing a space, like a membership form, where clients can share their goals. Some of these goals included "having fun or being with other people, specific speech and language goals; but often there is [*sic*] social goals that they have for themselves" (A1.11). Other goals include "listening to others, tuning their voice to others, getting the emotional expression, raising their voice, working on volume, working on any vocal aspects which might be relevant there" (C6). The choir leaders valued these goals and helped the choir members to work towards them. Some of the participants explained that identifying the choir members' personal goals is part of their intake process. Tamplin et al. (2013) discussed the importance of knowing and clarifying personal goals of the choir members to promote a sense of group cohesion and ownership.

An unexpected finding of this study was that the choir provided alternative ways for members to participate musically in the TC – ways other than through singing. In some TCs, choir members fulfilled various roles; for example, holding the role of a singer as well as an accompanist. Participant A explained that some choir members participated in the choir with the main goal of sustaining their instrumental skills: "It was something really different to think about because most people are there to sing. ...But for those people, part of the purpose of coming along is to sustain their instrumental skills" (A1.9).

### **5.2.3 Therapeutic affordances**

The data highlighted the following therapeutic affordance of a TC: (i) working with symptoms, (ii) cognitive stimulation, (iii) emotional expression and regulation, and (iv) improving communication.

#### **5.2.3.1 Working with symptoms**

Participant C indicated that participating in the TC provided a distraction from the psychiatric symptoms many of her choir members experienced.

They had a lot of symptoms – hearing voices, it included having delusions...and also difficulty concentrating. I mean there were many different symptoms there, that just as the very act of singing seemed to help because it distracted them because they were listening to their own voice...or they were focusing on something that was important to them and had emotional value to them. (C1.11)

In the case of Participant C, she found that some of the symptoms, like avoidance of eye-contact, could be addressed within the TC. As an example, participant C shared the experience of a choir member who struggled with looking up and maintaining eye contact. The struggle was to such an extent that the choir member couldn't cross the street alone since she would not look up to watch for cars. However, after experiencing the effect of her voice being heard, she started "raising her head to sing outwards, and making eye contact while doing so" (C6). This experience holds the potential to transfer into her everyday functioning and, in that way, have a profound impact on her life. The possibility of transfer is supported by Van Rooyen and Dos Santos (2020) who found that choir members reported that skills learned in the choir transferred into other aspects of their lives.

### **5.2.3.2 Cognitive stimulation**

Participants reported that one of their goals for the TC was cognitive stimulation. They explained that learning a new skill, such as singing in a choir, provides cognitive stimulation to members. Participant B described that in his TC, "as a kind of a stimulus for cognition, [they] would often do songs in different languages" (B1.7). Clift et al. (2010) found that singing can help keep the mind active and prevent cognitive decline. Van Rooyen and Dos Santos (2020) also found that participation in a TC, learning new songs and vocal skills, increased the activation of concentration. Participant B elaborated that the goal of cognitive stimulation should not be underestimated.

And I think learning was a huge part too; and actually, learning new songs was a really...a chosen...outcome that a lot of them picked because it felt like they were using their brains – learning something new, learning new skills. And I think that's, can't be underestimated either. (B11)

### **5.2.3.3 Emotional expression and regulation**

Singing in a TC can provide several emotional regulation and expression benefits. The participants revealed that singing in the choir reduced members' depressive symptoms, decreased emotional difficulties, and promoted positive mood experiences for them. Furthermore, the participants explained that the repertoire often held emotional significance for the choir members and therefore promoted reminiscing. Overall, the participants observed a significant change in mood as well as enhanced self-expression within their choir members. This is supported by Livesey et al. (2012) who found that singing can reduce anxiety, alleviate negative moods, and produce more positive feelings.

Aligned with this, the TC also provided a space where choir members could learn to manage difficult emotions like anxiety and stress. The participants explained that although the choir members experienced many benefits related to performance, the choir members often experienced stress and anxiety in connection with performances. Participant C explained that she would attribute some rehearsals to prepare the choir members for the adverse performance-related feelings that they might experience: "we will always have a session to calm them down before that and to prepare them" (C9). Eyre (2011) described that performance anxiety can be a therapeutically valuable experience for choir members: When the anxiety is actively worked with, as Participant C suggests, it provides the choir members with the skills to manage the anxiety which

can then be applied in other areas of their lives as well. What is important to note is that even though these feelings are present, the participants felt that the benefits of performing outweigh these feelings of stress and anxiety.

#### **5.2.3.4 Improving communication**

Lastly, as mentioned in section 5.2.2, many of the choir members had a self-set goal of improving communication. The participants described that the TC supported communication abilities such as language, memory, and physical qualities of the voice. Participant A advised that when thinking about the goal of enhancing communication, it is important to familiarise yourself with "theory about speech and language rehabilitation" (A6). She also explained that collaboration with a speech and language therapist can be advantageous. A study by Fogg-Rogers et al. (2016) supported these findings: they found that a TC can improve voice and language symptoms, much like the participants in this study described. Van Rooyen and Dos Santos (2020) also found that TCs can provide a space for choir members to discover their natural ability to use their voice.

Another element of communication is vocal expression. Participant C explained that when the choir members have a connection to the music, it can support vocal expression while singing and, in this way, reduce monotonic speaking patterns.

[We did] lots of work on vocal expression. Some of these patients spoke in a monotonic manner and also sang in that manner. And the expression really was a lot of what it [referring to TC participation] was about for them. And the connection to the song, which would help them. (C1.10)

These therapeutic affordances support the participants' statements that a TC is a feasible and versatile intervention that can improve choir members' quality of life: "I think that this is an idea that should be adopted and far more widely applied. I think it can be applied to many different populations. ...I think that it's not applied enough and that it holds great potential" (C12).

This theme discussed how a TC can strengthen various inner resources such as motivation, resilience, empowerment, confidence while also providing a space for capacity building. Secondly, the theme detailed the choir members' investment in the TC and lastly the various therapeutic affordance of TC participation such as working with symptoms, cognitive stimulation, emotional expression and regulation, and improving communication. The next theme will elaborate on how a TC can promote belonging and collaboration.

### **5.3 Theme 3: Belonging and Collaboration**

This theme discusses how a TC promotes belonging and collaboration, both internally and externally. This is presented with reference to: (i) facilitating opportunities for socialising and belonging, (ii) honouring diversity and inclusivity, and (iii) partnering with the community.

This theme also addresses the third sub-question: What are the benefits of using a choir as a therapeutic tool when working with different client groups?

#### **5.3.1 Socialising and belonging**

The data indicate that a TC provides a platform for social experiences by offering spaces for socialisation within rehearsals and performances. Some of the participants explained that even though they did not incorporate any purely social activities within their rehearsal programs, many of the choir members would arrive early or stay late in order to socialise. Participant A explained that in her choir, a "few people [would] intentionally come a little bit early so that they can have a chat with friends" (A1.10). Furthermore, a TC provides a space in which choir members can practice social skills and, in this way, reduce social difficulties. Participant D detailed the social benefits of the TC as providing a space in which choir members can get to know new people and learn new ways of engaging with others. Cliff et al. (2010) found that a choir can provide a form of social support that can help to alleviate loneliness, isolation, and exclusion. Participant C describes similar social benefits that she has observed, such as reducing isolation, promoting positive interactions with others, and learning to listen to others and yourself.

The social aspect was definitely a very... important goal...because these patients felt very isolated. Many of them did not have much that they could contribute or any way of interacting with others, which was positive. And this [referring to the TC] gave them that opportunity. Also, them listening to themselves, listening to others, being part of something that was larger than themselves...was also very important for them. (C1.11)

Participant A explained that during the Covid-19 lockdown, there was a great need for socialisation. She conducted the TC online and adapted the rehearsals to include more opportunity for socialising. She elaborated that she "saw them twice a week instead of once a week, just a shorter catch-up session – just really for the social contact" (A13). This illustrates the significance the choir leader placed on the socialising aspect of a TC. Barrett and Vermeulen (2019) found in their study with a university choir, that the social

value of the choir was important to choir members. They found that the choristers experienced each other as family and that the choir provided a space where many friendships were created. Similarly, Stewart and Lonsdale (2016) found that choir participation might satisfy needs of belonging, togetherness, and relatedness. The data indicated that the TC provided a space for the choir members to build social networks and therefore, establish new friendships. Through these social interactions, a community was built within the choir which promoted feelings of belonging and connection amongst choir members. Establishing these feelings was one of the goals of Participant E's TC. She explained that she "hope[d] that this could be...a space for belonging, and a group that they [referring to the choir members] felt that they belong to" (E1.11).

Participant A explained that she thinks the choir members "have made friendships through the choir and they see each other at other times or will telephone one another" (A3). This shows that the social network that is formed within the choir can also provide additional support in other aspects of the choir members' lives. Gosine and Travosso (2018) found that the friendships that were created within the TC provided considerable practical and emotional support in the choir members' lives. Participant B explained that the synchrony felt in singing may contribute to the sense of belonging within a TC. What was very notable in the collected data related to this topic, is that every participant mentioned the belonging and connection that choir members experienced within the TCs. This is also seen in the literature surrounding TCs. For example, one of the main aims of the TC in the study by Gosine and Travosso (2018) was to promote the creation of friendships and social networks.

Some choir leaders organised extra social activities to promote this sense of belonging and connection. Participant E shared that the music therapy organisation that funded her TC also provided 'an annual camp... for all the children from the choir and some of the other music groups' (E3). These camps were important for achieving the social goals of the choir. Participant A shared that they had had informal social outings such as going to concerts or going 'out for a coffee' (A3). These experiences suggest that a TC can provide social support beyond the formal rehearsal structure.

The TC needed to be perceived as a safe and protected space for all choir members. Due to the context of community violence that the children in Participant E's choir experienced, it was important to her that the TC also served a protective function. She explained that they worked closely with the surrounding community as well as social services to help support and protect the children. Furthermore, the TC provided a "safe

space for [the children] to [go] to every week" (E11), and in this way provided relief for the family members since they knew that at least once a week their children were in a safe and protected space. Although Participant E was referring to a physical safe space, Aigen, (2009) describes how emotional safety can also be experienced in music. He details how the music can act as a container to provide feelings of safety to clients.

### **5.3.2 Honouring diversity and inclusivity**

This section discusses how a TC can honour diversity and inclusivity by referring to three main aspects: (i) a TC as an inclusive entity, (ii) normalisation through integration, and (iii) cultural diversity.

#### **5.3.2.1 TC as an inclusive entity**

The participants believed that a TC can apply to a wide variety of client groups and settings. The participants' opinion about this matter, along with the various contexts in which the participants worked, speaks to the inclusivity of the TC structure "I can't think of a context where it's not possible to actually have a choir. So, I think it's applicable to any age group, [and] to people with a range of abilities or disabilities" (E12).

The adaptive and flexible structure of a TC, explained in section 5.1.2.2.1, can provide a space of inclusivity by adapting to the needs of the community. In this way, the structure accommodates the various levels of functioning of the choir members. Participant B explains that the TC enabled choir members to "participate[d] at their own...level" (B4).

The various TCs in this study illustrate how a TC can be inclusive of neurodiversity. For example, Participant A explained that her choir was open to "adults, living with a neurological condition, such as stroke or Parkinson's or dementia or brain injury" (A1.1); Participant D explained her TC included a range of diagnoses including "Down's syndrome, CP (Cerebral Palsy), various cognitive delays, autism...I would say those are the biggest ones and then obviously within the spectrum on all of them" (D1.3). Talmage et al. (2013) found that in their TC, which was also inclusive of neurodiversity, the choir members expressed strong support for the inclusive nature of the choir: The choir members wanted to focus on singing together and therefore the diagnosis did not matter – the emphasis was on the person.

#### **5.3.2.2 Normalisation through integration**

Apart from promoting and valuing inclusivity, the TCs provided experiences of normalisation through community integration. Since the various TCs were inclusive of



neurodiversity, the concept of ability and disability is central to the work. Many of the choir members in this study experience stigma due to their diagnoses. Participant C explained that people with psychiatric disorders are often "shunned from society; not accepted", that people would "look at them strangely [or] be afraid of them", and in many cases would treat them as "lesser human beings" (C1.6). The TC structure can provide a normalised experience for the choir members. Participant A explained that "they [referring to the choir members] liked belonging to a choir and not a therapy group"; "people like the word 'choir', because it's...something that a lot of people do. That's normalising, and it really does help their self-esteem, I think" (A11). Rickson (2014) explains that "communities decide what is 'normal', based on the characteristics, behaviour, and beliefs of the majority of its members. People who look or behave differently are often judged to be 'abnormal', and [are] frequently oppressed". Rickson's explanation highlights the stigma surrounding disability and accounts for the normalising experience that accompanies singing in a choir.

However, the concept of "normalisation" has been debated by many authors like Metell (2019), Whitehead-Pleaux and Tan (2016), Gross (2018), Straus (2011), and Tsiris (2013). In some cases, normalisation can imply that disability needs to be "cured" and in this way marginalises these groups of people (Metell, 2019). However, what the participants in the current study are referring to is how the TC promoted "normative" experiences through integration with the community – for example, in a TC performance. Such experiences enable a community to see the participants in a different light and confront their own biases in relation to disability. This then addresses some of the stigma confronting these marginalised groups. The performances provided an opportunity for the choir members to be seen in a different light – especially by their family members, but also by the community and staff that interacted with them daily.

It [referring to the performances] would also be a source of self-esteem for them – of normalisation. It was...part of them feeling...that they have something to give back to the community; that they have something to show their families and for their family and friends (C1.6)

### **5.3.2.3 Cultural diversity**

The data indicates that a TC values cultural diversity. The participants explained that singing songs from different cultures and in different languages broadens the cultural perspectives of choir members. Barrett and Vermeulen (2019) found that in a multicultural setting, interaction through music led to a better understanding and respect



of different cultures. They found that singing songs in languages of other cultures allowed the choir members to learn about cultures that may be unfamiliar to them. Stige (2016) describes music as a situated activity since "music as resource offer[s] possibilities for action and participation, through appropriation in a situation" (p. 544). He explains that what matters is not the resource itself, but rather the use and access of it. Participant E explains how "music is such a vibrant...resource" (E12) and that it can be a powerful resource to utilise. She describes music as "already thriving and sitting there and [it] just needs someone to kind of bring it all together" (E12). The structure of a TC becomes the driving force that enables the use of music as a resource for the community. Participant E used the already established resource of music to "break[ing] down barriers...that might've existed between different groups of children" (E11). She explained that within the context of her work, there was tension between different cultural and racial groups. The TC provided a space to alleviate the tension by embracing diversity. One of the strategies put in place to promote cultural diversity was to ensure the repertoire represented the languages of most choir members: "One of the drivers for deciding...what's on the repertoire was around...the cultural context of the children" (E1.7). In this way, the TC provided the choir members with a space to learn about, and respect, each other's cultures.

There were [*sic*] quite a lot of... racial tension between...the different racial groups. So...we found the choir to be a really helpful space, to help the children to get to know one another, to share in songs and learn each other's languages. So we placed quite a strong focus and we were quite explicit about that as well. (E1.11)

Hadley and Norris (2016) highlight the importance of therapists being aware of how cultural identities inform song choices. They explain that musical choices can destabilise or reinforce class, racial, sexual, gender, and ability politics. The example given by Participant E shows how their choices in repertoire destabilised the racial politics of the community and helped the choir members work toward integration.

The aspects of inclusivity, normalisation, and cultural diversity discussed in this section speak to the importance of culture-centred music therapy practice. Culture-centred music therapy, as defined by Stige (2016), is a practice that mobilises resources through health musicking. He explains that it is built on an ecological perspective where culture is related to "possibilities for action" (p. 540). Hadley and Norris (2016) explain that race, social class, economic status, health status, ethnicity, religion, gender identity, political

affiliation, sexual orientation, and ability are all cultural identifiers that are socially constructed concepts. They emphasise the role of multicultural sensitivity in music therapy, and the importance to strive towards cultural awareness. Only then will we be able to provide an inclusive service that honours diversity and moves against oppression and stigma.

### **5.3.3 Partnering with the community**

This section will describe how a TC can partner with the community by explaining (i) community as a resource and (ii) performance as connection and advocacy.

#### **5.3.3.1 Community as a resource**

Most participants placed their work with the TC within the frame of CoMT. They expressed that a TC is an inclusive tool that can address community problems but also provides a space for a community to come together. Participant E described that one of her main goals within the TC was to create social cohesion in the choir and the wider community. She explained that her key focus was to be "responsive to the context of the specific child in their specific context" (E7). Ansdell (2014) describes how collaborative musicking can allow "people to come out of their isolation and to face outwards into a shared social world again". In this way, collaborative musicking can build community through the act of music making. This can often be achieved through collaboration with the community. Participant E's experience emphasises how performances can benefit the community as well as the choir members.

And the other aspect would be to absolutely look at how you can work collaboratively, either with other musicians or facilitators, or with community members. If it's children, then with parents or siblings; or, you know, wherever it is – school, the school community. Because I think it then leads to a much richer process for everyone involved if there is collaboration. (E12)

Ansdell (2014) describes that when working with a community-based framework, there is often a broad range of social and cultural resources to draw on. He explains that just like the therapist, the client brings their own resources. Furthermore, he clarifies that it is the therapist's role to work with and activate these resources. Participant E explained that their work with the TC was context-sensitive and resource-oriented. Therefore, much like Ansdell, she explained that a TC should be driven by the community's needs and the choir leader should also aim to support and enhance resources already present in the community. She described how significant it was to establish a TC in a community where

there were already strong musical traditions. She explained that 'it's a [*sic*] very powerful' (E12).

Procter (2011) explains that social capital is "a way of conceptualising the resources between us on which we draw in our everyday lives, including our sense of community, shared values and trust" (p. 6). He then goes on to describe musical capital which is defined as resources that are jointly produced in the music. Musical capital can then be used to generate social capital which is beneficial to both parties in the future.

### **5.3.3.2 Performance as connection and advocacy**

As previously mentioned in section 5.3.2, the performances provide a space in which the choir members can be viewed in a different light. However, this is valuable for the community as well. Ansdell (2016) suggests that one of the functions of performance can be to sustain social networks and relationships in communities. The data demonstrate this by highlighting that performances help the community gain a "whole new perspective on the potential of their children [choir members]" (E11) and provide them with a space to take pride in what the TC has created and achieved.

Participants explained that the choir members valued performances since it provided a way to feel connected to the community. The choir members described it as a way to give back to the community. This notion of "giving back" is quite empowering since the choir members are "not always on the receiving end of the help" (A1.6), but they are actively contributing and advocating for themselves.

I guess it's about their social capital and the contribution they can make to the community – to do something nice for those particular people, but also to advocate for more choirs and more music therapy and more services in general, really for...people like themselves. (A1.6)

As shown by the data, the role of the community is very prominent within the TC. The participants explained that the performances were often, unintentionally, a recruitment tool for the TC. They explained that they frequently received a considerable number of new applicants or interest in the choir after a performance. In this way, the performances were also an advocacy tool for both music therapy and the choir members. It can thus be said that TC performances can advocate for the needs of the choir members. The role of performance as advocacy is also supported in a study by Gosine and Travasso (2018). They explained that public performances can help to create a better understanding of the client group as well as the organisation (hostel, community, group

home) which houses the clients. The performance provides a space where the choir members can address misconceptions about their own lives and the organisation, they function in.

This theme detailed the significance of a TC in addressing social goals and providing a sense of belonging. The TC also honours diversity and promotes inclusivity of its members. Lastly, the TC and the wider community act together in a mutually beneficial system in which both sides provide support and resources to each other. The following section will draw from the themes and the data to provide an overview of implications for practice for other music therapists wanting to work in this way.

## **5.4 Implications for practice**

Two second-level codes were kept separate from the three themes as they pertained to practical implications for practice: personal reflections of choir leaders, and TC as a music therapy placement opportunity. The data from these codes along with additional data from the three themes comprised the implications.

### **5.4.1 Personal reflections of choir leaders**

The reflections of the participants show implications for (i) training, (ii) facilitation, (iii) choosing repertoire, and (iv) therapists wanting to do TC work. I will discuss these four sections by referring verbatim to the words of the participants.

#### **5.4.1.1 Implications for training**

As described in section 5.1.3.4, the participants indicated that choir leaders should have both therapeutic and choral training. The participants advised that choir leaders should focus on the following training components

##### *Choral background and training*

- upskilling on maybe aspects of choral direction (B10)
- Think at least...that, like, intro to conducting would give you some, some knowledge of how to present yourself in front of a group – because, I guess, going back to your other question, it goes a little bit different to stand in front of a choir versus standing in front of a...music therapy group...in that you are teaching versus sort of guiding and leading...a group of...clients and...in a music therapy way. In a choir you're, you're very specifically teaching them something with this very specific goal of 'at one point we need to perform this'. (D10)
- I do think it's important for them, for people to have at least some choral knowledge. ... I also think at least having a conducting class would probably be

important so that you know conducting patterns – not that... it would make or break you. (D10)

#### *Vocal training*

- First of all, that they themselves undergo...some sort of vocal experience; whether it's singing in a choir or vocal development in order to know how to work through the voice. (C10)

#### *Experiential learning explorations*

- And I think if you can sit there within the group and have an experience of what it's like to be a member and watch what the music therapist is doing and think about why and whether you would do something similar or different, I think that's quite helpful. (A10)

### **5.4.1.2 Implications for facilitation of a TC**

#### *Confidence*

- I would say one of the main things you need to do is, is confidence. I really do because the rest of it can be learned, you know; the direction piece and the music piece and the piano, or...however it's being accompanied, and...the warmups, all of that. But I think the confidence thing is huge. (B10)

#### *Recording rehearsals*

- I think it's important to also to record...the sessions. Have them get that feedback and hear themselves because, from my experience in singing, with singing within the choir, um, patients don't always hear themselves. Sometimes they hear others around them, and you try something and then you think, 'Oh, that didn't work', but it's not always that it didn't work. It's this, that, oh, well maybe this didn't work this one time. (C10)

#### *Creating cohesion in the choir*

- Sometimes they're not as self-aware...so that also... I felt that was a very important aspect and to creating, creating the cooperation among the choristers and the feeling of unity and togetherness, I think is one of the most important tasks here and also one of the goals. (C10)

#### *Ground rules for choir*

- And I think it's quite helpful for everybody to have some ground rules. So sometimes we would just say, 'We don't talk about those things here'. But I also had a look at the university code of conduct and also had a big brainstorm with the choir about what our values are. And so we now have a printed sheet, which has our, our values and, you know, it's, it's, it's very, um, it's in a lay person's language and it's very supportive, but it's quite useful to have that to give to people when they join and say, 'This is what we value'. And then we've, I've never had to speak to anybody else about those things since, because we just feel like we're all on the same page. So I think those, sort of setting the tone of the group. (A10)

*Do not approach TC as a traditional choir*

- I think would be to not hold on too dearly to your ideas around what a choir is and how, what a choir should sound like. (E10)

#### **5.4.1.3 Implications for choosing repertoire**

*Repertoire should not be too difficult*

- I think repertoire is obviously a huge component of the success of your choir. So picking things that are going to help them be successful as well...that's gonna be...the biggest component of success. I think...if you pick something that's too complicated...nobody's going to want to rehearse because it's too hard...and also just let yourself experiment with...whatever you decide. (D10)

*Repertoire should be enjoyable or tolerable for choir leader*

- There's gotta be something in it for you as the music therapist too. You can't, you know, you can't continuously do repertoire that you hate; you have to find things, like, that you can tolerate or enjoy as well. (A10)

*Repertoire choice might not always work the first time*

- If something doesn't work one week, take a break from it the next week and then try it again in a couple of weeks and see if it just needed time or if you needed to...you needed time away from it. Because I think a lot of times, um, especially in rehearsals...to have experience[d] with a population that you're going to be working with as a choir. (D10)

#### **5.4.1.4 Implications for music therapists who want to do TC work**

*Immersing oneself in the field*

- I'd say even talking to somebody who has experienced, so talking to a colleague or...somebody that has experience, you know, I think that's, that's an important thing. (B10)
- Reading music therapy literature around choirs and...therapy. (B10)

*Have experience with specific client group(s)*

- I think it's very important to have...to have experienced working with a population that you're going to be working with as a choir. (C10)

*Start with repertoire choices that have a simple structure*

- So I think in choosing something very simple, then if I suggest to them, 'Right, I'm going to get you to lead something you know inside out', then you see them – they can use their hands, they don't need the lyric sheet. They can look around the group. (B10)

*Ensure TC size is manageable for you as choir leader*

- Don't take on more than you can handle. 35 is a lot of people. (D10)

#### **5.4.2 TC as a music therapy placement opportunity**

As indicated by the data, a TC can be a very accessible, inclusive, and flexible medium for therapeutic work in a variety of contexts and with various client groups. Therefore, providing a TC as a placement opportunity during music therapists' training could promote the use of choir as a therapeutic tool, and provide the training and additional skills music therapists require for TC practice. Some of the participants in this study described their TC as filling this training role for music therapy students who come to work with the TC under the participants' supervision. Furthermore, participant C elaborated on the value of having music therapy students as members of the choir; not only as part of their training, but it would help to improve the TC's musical and social outcomes. Participant B was assigned to a TC as part of his training and has been working with TCs ever since.

### **5.5 Conclusion**

This chapter discussed the three themes that emerged from the thematic analysis, along with the implications for practice that were evident in the data. The themes gave a substantial overview of the conceptual framework and structure of a TC. Furthermore, this section discussed the various benefits that a TC can afford communities and choir members. The section concluded by referring to various implications for practice by referring to the personal reflections of the choir leaders, as well as to the use of a TC as a music therapy placement opportunity.

## 6 Conclusion

### 6.1 Aim of the study

The aim of this qualitative study was to explore the efficacy of a choir as a therapeutic tool in music therapy. The data was gathered through five virtual/online interviews with registered music therapists (representing five different countries: South Africa, New Zealand, United States of America, Israel, and Ireland) who have used a choir as a therapeutic tool with various client groups (neurological conditions, old age, psychiatric diagnoses, cognitive disorders, and children from a disadvantaged socioeconomic context). The study aimed to not only explore the benefits that a TC contributed to the participants, but to also explore the respective music therapists' experiences and approaches to this type of work.

### 6.2 Summary of findings

As described in chapter 4, the transcripts of the interviews were analysed, and three themes emerged from the data.

#### Figure 9

##### *Summary of themes*

<b>1. Conceptual Framework and Structures</b>	<b>2. Resource-oriented Benefits</b>	<b>3. Belonging and Collaboration</b>
<ul style="list-style-type: none"><li>• Underpinning values</li><li>• Challenges and opportunities of an online TC</li><li>• Role of music and performance</li><li>• Challenges experienced by choir leader</li></ul>	<ul style="list-style-type: none"><li>• Strengthening inner resources</li><li>• Invested member participation</li><li>• Therapeutic affordances</li></ul>	<ul style="list-style-type: none"><li>• Honouring diversity and inclusivity</li><li>• Socialising and belonging</li><li>• Partnering with community</li></ul>

Through the five interviews, rich data that discussed the conceptual framework of the choir was gathered. A TC is a flexible, adaptive, and inclusive structure that can be applied to a wide range of contexts, diagnoses, abilities, or disabilities. The conceptual framework details the underpinning values of a choir which includes the theoretical framework, the distinguishing features, providing access to therapeutic care, and valuing both product and process in the TC. This framework also describes the multifaceted roles of a choir leader as well as the importance of choral and therapeutic training needed for working with a TC.



The TC afforded many benefits to its members while also addressing the goals that the choir members set for themselves. The TC fulfilled a strengthening role to the choir members while also affording members cognitive stimulation, space for emotional expression and regulation, as well as improving communication. The data revealed that one of the most prominent features of a TC is that it promotes socialisation and fosters belonging and connection. However, the implication of the TC goes beyond the choir membership and influences the wider community as well. Through concerts, choir members were able to present themselves in a different light and, in that way, break down some of the stigmas surrounding disability. The data also provided valuable information and insights pertaining to the involved therapist in terms of the training required, their needed facilitation skills, and the importance of choosing appropriate repertoire for a TC.

### **6.3 Limitations**

My research only shows the personal experience and subjective views of the selected individual therapists who have employed the use of a choir as a therapeutic tool. The research does not provide a guide on how to use a choir as a therapeutic tool; it only explores the experiences of music therapists who have worked in this way. Further limitations of my study are that my sample size consists of five music therapists. This means that my data only shows the opinions of this very limited sample size. Some of the music therapists I interviewed are not working in this way currently but referred to a project with a choir they did in the past. The elapsed time might have influenced the accuracy and quality of the data they provided. With this being said, some of the therapists who have published their work might have a very good recollection of their work since it might be very thoroughly documented. Lastly, this study discusses the work done by music therapists only from their point of view; no recordings or other data from the actual choirs and the therapeutic process were used.

### **6.4 Recommendations for future research**

The practice of working with a TC displays great potential and therefore holds several avenues for further research. However, I will provide three main avenues for further research based on the findings of this study.

Firstly, a number of the participating therapists explained that they were not necessarily formally trained in choral conducting and management – that their vocal and choral resources were self-taught through academic articles and internet sources such as

YouTube. Some participants also mentioned that they attended various workshops aimed at choral conducting, vocal work, and singing pedagogy in pursuit of acquiring knowledge and skill in the field of choral work. Future research can aim to provide choral resources specifically aimed at music therapists working with TCs.

Secondly, this study alluded to the therapeutic framework of a TC. Further research is needed to provide a comprehensive framework of TC work, referring specifically to the TC structure and values.

Lastly, further research can aim to provide specific facilitation and rehearsal techniques aimed at a TC for different client groups and contexts.

## **6.5 Conclusion**

Due to the international representation and wide variety of client groups, this study contributes significantly to the body of research surrounding the use of TCs in music therapy. Furthermore, as mentioned in previous sections, literature regarding the approaches and roles of the choir leader in therapeutic contexts is sparse. However, this study includes information surrounding the framework, structure, underpinning values, and logistics of a TC. It provides an overview of the choir leader's role, training needed, and approaches to the TC work. This study also offers evidence of the various affordances and benefits of a TC for both the choir members and the community. Lastly, the study demonstrates several implications for practice which can help promote the use of TCs and make this way of working more accessible to music therapists.

## References

- Aigen, K. (2009). Verticality and containment in song and improvisation: An application of schema theory to Nordoff-Robbins music therapy. *Journal of Music Therapy*, 46(3), 238–267. <https://doi.org/10.1093/jmt/46.3.238>
- Ansdell, G. (2002). Community music therapy & the winds of change. *Voices: A World Forum for Music Therapy*, 2(2). <https://doi.org/10.15845/voices.v2i2.83>
- Ansdell, G. (2010a). Musical ritual. In *Where music helps: Community music therapy in action and reflection* (pp. 233–244). Ashgate.
- Ansdell, G. (2010b). Reflection: Where performing helps: Processes and affordances of performance in community music therapy. In B. Stige (Ed.), *Where music helps: Community music therapy in action and reflection* (pp. 161–185). Ashgate.
- Ansdell, G. & Stige, B. (2016). Community music therapy. In J. Edwards (Ed.), *The Oxford handbook of music therapy* (pp. 595–621). Oxford University Press.
- Austin, D. (2008). *The theory and practice of vocal psychotherapy: Songs of the self*. Jessica Kingsley Publishers.
- Baker, F. A., Jeanneret, N. & Kelaher, M. (2017). Musomagic: Artist-led personal development programmes for youth as viewed through a community music therapy lens. *International Journal of Community Music*, 10(2), 157–169. [https://doi.org/10.1386/ijcm.10.2.157\\_1](https://doi.org/10.1386/ijcm.10.2.157_1)
- Balsnes, A. (2014). Choral singing as health musicking. A discussion on music, education and health. *Nordic Research in Music Education*, 15, 153–177.
- Barrett, M. & Vermeulen, D. (2019). Drop everything and sing the music: Choristers' perceptions of the value of participating in a multicultural South African university choir. *Muziki*, 16(1), 31–60.
- Bruscia, K. (2014). *Defining music therapy* (3rd ed.). Barcelona Publishers.
- Clements-Cortes, A. (2015). Singing for health, connection and care. *Music and Medicine*, 7(4), 13–23.
- Clift, S. & Hancox, G. (2010). The significance of choral singing for sustaining psychological wellbeing: Findings from a survey of choristers in England, Australia and Germany. *Music and Health*, 3(1 Special Issue), 79–96.
- Clift, S., Hancox, G., Morrison, I. & Hess, B. (2007). Choral singing and psychological

- wellbeing: Findings from English choirs in a cross-national survey. *Journal of Applied Arts and Health*, 1(1). <https://doi.org/10.1386/jaah.1.1.19/1>
- Cohen, N. (2018). *Advanced methods of music therapy practice: Analytical music theory, the Bonny method of Guided Imagery and Music, Nordoff-Robbins music therapy, and vocal psychotherapy*. Jessica Kingsley Publishers.
- Creswell, J. W., & Creswell, D. J. (2018). *Research design: qualitative, quantitative, and mixed methods approaches* (5th ed.). SAGE Publishing.
- Creswell, J. W., & Plano Clark, V. L. (2017). *Designing and conducting mixed methods research* (3rd ed.). SAGE Publishing.
- Csikszentmihalyi, M. (1975). *Beyond boredom and anxiety*. Jossey-Bass Publishers.
- Daffern, H., Balmer, K. & Brereton, J. (2021). Singing together, yet apart: The Experience of UK choir members and facilitators during the Covid-19 pandemic. *Frontiers in Psychology*, 12(February), 1–16.  
<https://doi.org/10.3389/fpsyg.2021.624474>
- de Oliveira Zanini, C. R. & Leao, E. (2006). Therapeutic Choir – A music therapist looks at the new millenium elderly. *Voices: A World Forum for Music Therapy*, 6(2).  
<https://doi.org/10.15845/voices.v6i2.249>
- Dingle, G. A., Williams, E., Jetten, J. & Welch, J. (2017). Choir singing and creative writing enhance emotion regulation in adults with chronic mental health conditions. *British Journal of Clinical Psychology*, 56(4), 443–457.
- Eatough, V. (2012). Introduction to qualitative methods. In G. M. Breakwell, J. A. Smith, & D. B. Wright (Eds.), *Research Methods in Psychology* (4th ed., pp. 272–292). SAGE Publishing.
- Eilat, Y. & Raichel, N. (2016). An inclusive school choir for children with autism in Israel: Using grounded theory to explore the perceived benefits and challenges. *Voices: A World Forum for Music Therapy*, 16(1).  
<https://doi.org/10.15845/voices.v16i1.849>
- Enge, K. E. A. (2015). Community music therapy with asylum-seeking and refugee children in Norway. *Journal of Applied Arts & Health*, 6(2), 205–215.  
[https://doi.org/10.1386/jaah.6.2.205\\_1](https://doi.org/10.1386/jaah.6.2.205_1)
- Eyre, L. (2011). Therapeutic chorale for persons with chronic mental illness: A descriptive survey of participant experiences. *Journal of Music Therapy*, 48(2),

149–168.

- Fogg-Rogers, L., Buetow, S., Talmage, A., Mccann, C. M., Leão, S. H. S., Tippett, L., Leung, J., Mcpherson, K. M. & Purdy, S. C. (2016). Choral singing therapy following stroke or Parkinson's disease: An exploration of participants' experiences. *Disability and Rehabilitation*, *38*(10), 952–962.
- Fogg, L., & Talmage, A. (2011). The CeleBRation Choir: Establishing community group choral singing for people living with neurological conditions. *Psychomusicology: Music, Mind and Brain*, *21*(1–2), 264–267. <https://doi.org/10.1037/h0094030>
- Gosine, J. & Travasso, R. (2018). Building community through song: The therapeutic hospice choir. *British Journal of Music Therapy*, *32*(1), 18–26. <https://doi.org/10.1177/1359457518759960>
- Gross, R. (2018). The social model of disability and music therapy: Practical suggestions for the emerging clinical practitioner. *Voices: A World Forum for Music Therapy*, *18*(1), 1–11.
- Hadley, S. & Norris, M. S. (2016). Musical multicultural competency in music therapy: The first step. *Music Therapy Perspectives*, *34*(2), 129–137. <https://doi.org/10.1093/mtp/miv045>
- Heiderscheit, A. & Jackson, N. (2018). *Introduction to music therapy*. Barcelona Publishers.
- Kreutz, G., Bongard, S., Rohrmann, S., Grebe, D., Bastian, H. G. & Hodapp, V. (2003). Does singing provide health benefits? In R. Kopiez, C. Wolf, I. Wolther & A. C. Lehmann (Eds.), *Proceedings of the 5th Triennial ESCOM Conference* (Issue September, pp. 216–219). Hanover University of Music and Drama.
- Kirkland, K. (Ed.). (2013). *International Dictionary of Music Therapy*. Routledge.
- Leavy, P. (2017). *Research design*. Guilford Press.
- Livesey, L., Morrison, I., Clift, S. & Camic, P. (2012). Benefits of choral singing for social and mental wellbeing: Qualitative findings from a cross-national survey of choir members. *Journal of Public Mental Health*, *11*(1), 10–26.
- Maloy, M. & Peterson, R. (2014). A meta-analysis of the effectiveness of music interventions for children and adolescents with attention-deficit/hyperactivity disorder. *Psychomusicology: Music, Mind, and Brain*, *24*(4), 328–339.

- Maratos, A. (2004). Whatever next? Community music therapy for the institution. In M. Pavlicevic & G. Ansdell (Eds.), *Community Music Therapy* (pp. 131–146). Jessica Kingsley Publishers.
- Maslow, A. (1970). *Motivation and personality* (2nd ed.) Harper & Row.
- Metell, M. (2019). How we talk when we talk about disabled children and their families: An invitation to queer the discourse. *Voices: A World Forum for Music Therapy*, 19(3), 1–12. <https://doi.org/10.15845/voices.v19i3.2680>
- Monroe, P., Halaki, M., Kumfor, F. & Ballard, K. J. (2020). The effects of choral singing on communication impairments in acquired brain injury: A systematic review. *International Journal of Language and Communication Disorders*, 55(3), 303–319. <https://doi.org/10.1111/1460-6984.12527>
- Monti, E. & Austin, D. (2018). The dialogical self in vocal psychotherapy. *Nordic Journal of Music Therapy*, 27(2), 158–169. <https://doi.org/10.1080/08098131.2017.1329227>
- Moss, H., Lynch, J. & O'Donoghue, J. (2018). Exploring the perceived health benefits of singing in a choir: An international cross-sectional mixed-methods study. *Perspectives in Public Health*, 138(3), 160–168.
- Newham, P. (1998). *Therapeutic voicework: Principles and practice for the use of singing as a therapy*. Jessica Kingsley Publishers.
- Nordoff, P., & Robbins, C. (2006). *Music therapy in special education* (2nd ed.). Barcelona Publishers. <https://doi.org/10.1017/CBO9781107415324.004>
- O'Grady, L. & McFerran, K. S. (2007). Community music therapy and its relationship to community music: Where does it end? *Nordic Journal of Music Therapy*, 16(1), 14–26. <https://doi.org/10.1080/08098130709478170>
- Pavlicevic, M. & Ansdell, G. (2004). *Community music therapy*. Jessica Kingsley Publishers.
- Procter, S. (2011). Reparative musicing: Thinking on the usefulness of social capital theory within music therapy. *Nordic Journal of Music Therapy*, 20(3), 242–262. <https://doi.org/10.1080/08098131.2010.489998>
- Pujol, I. (2018). Group vocal improvisation as a music therapy technique in mental health settings: A narrative synthesis systematic review. *Journal of Applied Arts & Health*, 8(3), 375–398. [https://doi.org/10.1386/jaah.8.3.375\\_1](https://doi.org/10.1386/jaah.8.3.375_1)

- Rickson, D. J. (2014). The relevance of disability perspectives in music therapy practice with children and young people who have intellectual disability. *Voices: A World Forum for Music Therapy*, 14(3). <https://doi.org/10.15845/voices.v14i3.784>
- Rogers, C. (1951). *Client centered therapy* (1st ed.). Constable and Company Limited.
- Rolvjord, R. (2016). Resource-oriented perspectives in music therapy. In J. Edwards (Ed.), *The Oxford handbook of music therapy* (pp. 557–576). Oxford University Press. <https://doi.org/10.1093/oxfordhb/9780199639755.001.0001>
- Scovel, M. A. & Gardstrom, S. C. (2012). Music therapy within the context of psychotherapeutic models. In R. F. Unkefer & M. H. Thaut (Eds.), *Music therapy in the treatment of adults with mental disorders: Theoretical bases and clinical interventions*. Barcelona Publishers.
- Snow, S., Bernardi, N. F., Sabet-Kassouf, N., Moran, D. & Lehmann, A. (2018). Exploring the experience and effects of vocal toning. *Journal of Music Therapy*, 55(2), 221–250. <https://doi.org/10.1093/jmt/thy003>
- Stewart, N. A. J. & Lonsdale, A. J. (2016). It's better together: The psychological benefits of singing in a choir. *Psychology of Music*, 44(6), 1240–1254.
- Stige, B. (2016). Culture-centered music therapy. In J. Edwards (Ed.), *The Oxford handbook of music therapy* (pp. 538–556). Oxford University Press.
- Straus, J. (2011). *Extraordinary Measures: Disability in Music*. Oxford University Press.
- Talmage, A., Ludlam, S., Leao, S. H. S., Fogg-Rogers, L., & Purdy, S. C. (2013). Leading the CeleBRation Choir: The choral singing therapy protocol and the role of the music therapist in a social singing group for adults with neurological conditions. *New Zealand Journal of Music Therapy*, 11, 7–50.
- Tamplin, J., Baker, F. A., Jones, B., Way, A. & Lee, S. (2013). 'Stroke a chord': The effect of singing in a community choir on mood and social engagement for people living with aphasia following a stroke. *NeuroRehabilitation*, 32(4), 929–941. <https://doi.org/10.3233/NRE-130916>
- Thaut, M. H. (2005). The future of music in therapy and medicine. *Annals of the New York Academy of Sciences*, 1060(1), 303–308.
- Thaut, M. H. & Janzen, T. B. (2019). Neurologic Music Therapy. In R. D. Rieske (Ed.), *Handbook of interdisciplinary treatments for Autism Spectrum Disorder* (pp. 375–395). Springer. [https://doi.org/10.1007/978-3-030-13027-5\\_20](https://doi.org/10.1007/978-3-030-13027-5_20)

- Tracey, S. (2020). *Qualitative research methods* (2nd ed.). Wiley Blackwell.
- Tsirir, G. (2013). Voices from the 'ghetto': Music therapy perspectives on disability and music (A response to Joseph Straus's book *Extraordinary measures: Disability in music*). *International Journal of Community Music*, 6(3), 333–343.  
[https://doi.org/10.1386/ijcm.6.3.333\\_1](https://doi.org/10.1386/ijcm.6.3.333_1)
- van Rooyen, A. & Dos Santos, A. (2020). Exploring the lived experiences of teenagers in a children's home participating in a choir: A community music therapy perspective. *International Journal of Community Music*, 13(1), 81–101.  
[https://doi.org/10.1386/ijcm\\_00011\\_1](https://doi.org/10.1386/ijcm_00011_1)
- Whitehead-Pleaux, A. & Tan, X. (Eds.). (2016). *Cultural intersections in music therapy: Music, health, and the person*. Barcelona Publishers.
- Wood, S. (2006). "The Matrix": A model of community music therapy processes. *Voices: A World Forum for Music Therapy*, 6(3).  
<https://doi.org/10.15845/VOICES.V6I3.279>
- Yin, R. K. (2018). *Case study research and applications: Design and methods* (6th ed.). SAGE Publishing.



## APPENDIX A: Letter of information



School of the Arts  
ARTS THERAPIES

Faculty of Humanities

School of the Arts

Date

### Letter of information

To whom it may concern,

My name is Nanri Botes. I am a student at the University of Pretoria, and I am currently enrolled for a master's degree in Music Therapy.

**Research topic:** The study is entitled: The therapeutic use of choir participation in music therapy

**Rationale/Aims of the study:** The study aims to explore the experiences of music therapists from different cultures and contexts, who have used a choir as a therapeutic tool. It aims to ascertain the value of choir participation as a therapeutic tool.

**What will be expected of the participants?** The participant will be expected to participate in a semi-structured interview of 45 minutes, set at a convenient time for both the researcher and the participant. This interview will take place via a virtual conference platform like Zoom, Google Hangouts, or Skype, and will be recorded for data analysis purposes.

**Approval:** The study will only begin after ethical approval by the Research Ethics Committee of the Faculty of Humanities, University of Pretoria, has been obtained.

**Risks and benefits:** By participating in the research, you will advance in knowledge/understanding of the therapeutic use of a choir. Participation in the study is completely voluntary and you are free to withdraw at any time. There are no risks or direct benefits in participating in this project. If you decide to withdraw there will be no negative consequences to you, nor will you need to explain your reason. You are encouraged to ask any questions you might have about the study.

**Who will have access to the results of the study?** The research will be conducted by myself as the principal researcher, and my supervisor. It will be used for academic purposes only. The data will be archived at the Department of Music for a minimum of 15 years. If any other researchers would like to use this data during this time they may only do so with your consent.

**Confidentiality:** The identity of all participants will be kept confidential. They will be referred to, in the research, by a pseudonym of their choice.

Please feel free to contact me, or my supervisor, if you require more information about the study.

Kinds regards

Nanri



UNIVERSITEIT VAN PRETORIA  
UNIVERSITY OF PRETORIA  
YUNIBESITHI YA PRETORIA

Researcher name: Nanri Botes

email: botes.nanri@gmail.com

Tel.: 0711 061 986

## APPENDIX B: Letter of informed consent



School of the Arts  
ARTS THERAPIES

Faculty of Humanities

School of the Arts

### LETTER OF INFORMED CONSENT: REPLY SLIP

**FULL NAME:** \_\_\_\_\_

**RESEARCH TOPIC:** The study is entitled: The therapeutic use of choir participation in music therapy

I hereby give my consent to participate in the aforementioned research project and acknowledge that the data may be used in current and future research. Furthermore, I give consent that the interview may be recorded for analysis purposes. I am aware that I will be referred to by a pseudonym of my choice in the research. I confirm that I understand what is required of me in the research project. I am aware that I may withdraw from the study at any time, should I wish to do so.

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of student/principal researcher

## APPENDIX C: Semi-structured interview schedule

1. Please provide me with more information surrounding your choir.
  - a. What was the project/choir called?
  - b. In what year(s) and duration did you work with the choir?
  - c. Describe the context in which the choir work took place
  - d. For which client group was the choir intended?
  - e. What was the size of the choir?
  - f. How often and for what duration did the choir rehearse?
  - g. Did you do performances with the choir?
  - h. What genre of music did you use?
  - i. Was the choir an open, semi-open, or closed group?
  - j. Did you have accompaniment or did the choir sing acapella?
  - k. What did a typical rehearsal consist of?
  - l. What were your goals for the choir?
2. Did you have assistance in leading the choir?
  - a. If so, was the assistance a) musical facilitation, b) administrative, c) assistance with management of rehearsals?
3. Were there any purely social activities organized, or did most of the social interaction happen at the rehearsals?
4. What elements, traits or factors did you consider in your selection of participants for the choir?
5. What was your role within the choir?
6. In which model of music therapy would you situate your work?
7. How did your approach differ from working with the choir versus working with individuals or groups?
8. What is your experience surrounding working with choirs?
  - a. Did you sing in a choir yourself, if so when and for how long?
  - b. Do you have any formal choral education?
9. Which music therapy techniques did you use in the choir?
  - a. How did you adapt these techniques in order to use them with a choir?
  - b. If you used songs, what was your process/criteria for choosing these songs?
10. What are some challenges you experienced while working with the choir?

- a. How would you approach these situations differently given your experience?
  - b. How did you overcome these challenges?
  - c. What would your advice be for other music therapists to avoid these challenges?
11. What are the perceived benefits the choir members experienced?
- a. What benefits did you observe?
  - b. What was the feedback that you got from the staff/families of the participants?
  - c. What was the feedback that you got from the participants?
12. In your opinion, how widely applicable is the use of a therapeutic choir for different client groups?
13. Given the global Covid-19 pandemic, do you think an online choir could be a valuable resource in telehealth? If yes, how?

## APPENDIX D: Example of interview transcript

Interviewer ([00:00](#)):

So, um, in what years and duration that you work with a choir,

Participant A ([00:08](#)):

Um, since 2009 till the present.

Interviewer ([00:14](#)):

Okay. And the, a specific choir, if you, if you think of a specific choir, how long would you work with one group?

Participant A ([00:21](#)):

So if I name the choir, will that be...

Interviewer

I won't use the name.

Participant A

Okay. So I work with the [REDACTED] at the university of [REDACTED] center for brain research, which is a choir for people living with, adults, living with a neurological condition, such as stroke or Parkinson's or dementia or brain injury. So it's quite like a aphasia choirs and Parkinson's choirs that exist in other places, but we'd bring everybody together in one group. And then also in 2017, I started another group that's called [REDACTED], [REDACTED] as a place, um, at the request of some former choir members who had moved to another area and it was too far to travel. So I have set up another, another group there and that's called a community music therapy group, but it's really based on the same choir model.

Interviewer ([01:23](#)):

So it's also a more neurological music therapy model. Can we say?

Participant A ([01:29](#)):

Yeah. Well, I think they'd probably be both quite, quite similar. I'm not, yeah. I don't refer to myself as a neurologic music therapist.

Interviewer ([01:41](#)):

Okay. Okay. Um, so, okay. Um, what was the size of the choir or did it vary?

Participant A ([01:50](#)):

Um, the, the first time we met, we had one participant who never returned because it was too far to travel and a big bunch of speech scientists who'd come to check me out. Um, but it grew

quite quickly. It it's, it does vary. It's been up to about 50, it's a little bit lower at the moment, but that includes, when it was 50, it was about 35 people with a neurological diagnosis, plus some cares or partners and volunteers. And the other group is smaller, that ranged between about 10 and 20.

Interviewer ([02:33](#)):

Okay. That's not for the [REDACTED] choir that you're referencing. Okay. Um, how often, and for what duration that the choir rehearsed?

Participant A ([02:44](#)):

So the first one is every week, except for occasional holidays. Usually at Christmas, we usually don't take breaks during the, um, school or university holidays. And there's a public holiday. We tend to have a catch-up session because they don't like missing out and they meet for one and a half hours, including a tea break. And the second group meets for two hours, including a longer tea break and they meet weekly during the school terms.

Interviewer ([03:25](#)):

Okay. I, that's very interesting. Um, did you do any performances with these clients?

Participant A ([03:32](#)):

Yeah. With the, um, the bigger one, primarily. So sometimes within the university, if they've had public events or also, um, internal celebrations of like, we started at the same time as the center for brain research. So we've sometimes been invited to their anniversary dinners to saying, um, and we quite often go to rest homes or retirement villages. And when, when we perform there, we tend to invite people to sing along to it. So that it's experiential more like a workshop rather than a concert because, um, yeah, it just gives people more insight into what we do. I think

Interviewer ([04:16](#)):

That's wonderful. What do you think is the, um, value of, um, working in this way? I mean, in specifically now performing or doing these experiential experiences that you're talking about?

Participant A ([04:28](#)):

I think the participants have said to me that they like to be able to give something back to the community so that they're not always on the receiving end of the help. So I guess it's about their social capital and the contribution they can make to the community to, to, to do something nice for those particular people, but also to advocate for more choirs and more music therapy and more services in general, really for, for people like themselves.

Interviewer ([05:02](#)):

Oh, that's wonderful to hear. Um, so what genre of music that you use with these choirs?

Participant A ([05:09](#)):

Oh, that's interesting because I've just been doing some analysis of that. So the participants are mostly aged between 50 and 80, which is quite a wide age group anyway, but at the greatest, it was about 35 to 90. I have a couple of participants who had a stroke, quite young. Um, so we sing a lot of popular music from the fifties onwards, particularly from the sixties and seventies, and then some show tunes and music theatre songs, some seasonal celebrations like Christmas. And we also, um, commemorations of other things like we have Anzac Day, which is, um, our sort of war Memorial commemorations once a year. So there's a bunch of war time songs that we usually sing then. And then a lot of songs that are broadly cultural. So [REDACTED] is a very multicultural place now, but we have indigenous people, [REDACTED], and we, we sing quite a lot of their songs.

Participant A ([06:31](#)):

And then we also have, um, a lot of people of British descent. And we have a lot of folk songs that are from England and Scotland and Ireland, particularly, but some other songs from around the world or that people suggest because, um, it means something to them. We've got one South African song that we are singing, I haven't been able to find out the composer. You might be able to help me with that. I sent a recording of, I think it's called the diamond choir or something like that. And it's think of me, forget me. Not remember me wherever you go.

Interviewer ([07:12](#)):

Oh, that does ring a bell, but I am not sure.

Participant A ([07:16](#)):

Yeah. If I could send you the link, you might have some ideas that would, and yeah.

Interviewer ([07:24](#)):

Yes, of course you can definitely do that. Um, and I'll see if I can, if I can find it, but we also have a lot of folk type songs that nobody really knows who composer. So it might be one of those as well.

Participant A ([07:36](#)):

It's become really popular as one of our good bye-bye songs.

Interviewer

That's lovely.

Participant A

Yeah. I, I think that's broadly what we are singing. Some, we have a, uh, quite a lot of rounds and echo songs and things like that, which I guess part of our warming up, um, but that's an accessible way for them to sing in harmony. Um, we have a few protests songs, a few hymns, um, and some warmups songs. Um, some of them are folk songs that we've added actions to or something like that. And a few that I've written myself, mainly because some of the participants



hate doing warm-ups and exercises of any, any kind. So I made up some songs that incorporate some of the things that we needed to do so that I would think they were doing a warm-up, but they would think they were just,

Interviewer ([08:45](#)):

This is not vocal warmup, but trying to warm up the body as well.

Participant A ([08:49](#)):

Yeah. Well, I tend to warm up the body and then do some breathing. And then before S

Interviewer ([08:55](#)):

That's a complete, like coral type warmup. Yeah.

Participant A ([08:59](#)):

Uh, it is very like a regular choir, just modified, slowed down, I would say, and simplified.

Interviewer ([09:09](#)):

Okay. So interesting. Um, so was the choir, if we talk about, um, group structure, was it an open semi open or closed group?

Participant A ([09:19](#)):

Uh, but it's, it's slow semi-open so it's, I would call it semi-open because it's self-referral. Um, we also have visitors like yesterday, somebody brought along a friend who was staying with them, and I didn't know that they were coming, but we have that sort of open community music therapy ethos, and it's a slow group in that people can join at any time. We have an ongoing group, rather than I know that some groups operate like term by term and you have to join at the beginning of the term. And then you can join again at the beginning of the next term, but we have this kind of rotating membership.

Interviewer ([10:06](#)):

Okay. That's interesting. Um, did you use any accompaniments for the choir or that they mostly sing acapella

Participant A ([10:14](#)):

No, mostly accompanied sometimes acapella, if it's a round or something like that, where I really want them to hear the harmony, but I find that they need some form of accompaniment to, um, to keep them in time as much as anything. And, but to help with the melody as well, but particularly to keep them in time when it's a bigger group. Um, I generally play the guitar, sometimes play the piano. We do have a nice piano and they like the piano, but the guitar is much more mobile. And, um, I've also got two volunteers who play, one plays the Viola and one plays the trombone. Um, so the trombonist is a student actually, and she can't come very often at the moment, but they really enjoy hearing those other instruments. And it helps with

supporting the melody, or if we're singing in parts to put different instruments on different parts to help.

Participant A ([11:26](#)):

And then I also have a guitarist who has a diagnosis of primary progressive aphasia. So he doesn't really talk anymore, but he's retained his guitar skills so he plays chord sheets and things. And we also have a member, although she's not coming so much now who used to be a piano teacher. And she quite often used to accompany some of the well-known songs that she knew. So a little bit harder now, she seems to be able to pick out the melody, but her harmony is, um, unpredictable. She is this, I usually invite her to accompany, just a couple of songs and we do it like a piano duet. And I sit at the bass end so I can hammer out some chords and she plays over the top of it. So that's a way of people making a contribution. And it was something really different to think about because most people are there to sing. And so it's quite a lot to manage different things like that. But for those people, part of the purpose of coming along is to sustain their instrumental skills. That's something I hadn't anticipated.

Interviewer ([12:44](#)):

Yeah. I have to say in all of the readings that I've done about this, I've never encountered that before. And I, I can think that's quite an often occurrence, and it's not something that you think about, but the way you talk about it, it sounds wonderful.

Participant A ([12:58](#)):

I think the next stage of my own research, I'm going to do some interviews with participants and families. And I think that would be an interesting thing to look at. And also what the other participants think about that we've also had some money given to us and we've just bought some percussion. Well, I should say we've ordered some percussion, at the moment with them shipping. So, um, I'm not quite sure when they're going to arrive, I've got a tambourine and a few things, and I use percussion a lot more in the smaller group actually. Um, just to make a bit more noise or to just make it fun or to take the pressure off some people who haven't got so many words that they can join in that way.

Interviewer ([13:52](#)):

That's wonderful. Um, so can you talk a bit about what a typical rear, so it's consistent, like almost if you think about it, like a session plan, um, yep.

Participant A ([14:04](#)):

Yeah, I do call them sessions. Actually. I, I think I need to write about this at some time. I, I don't usually call them rehearsals unless we're specifically rehearsing for something, because I like the, I like the idea that it's self-contained and it's for us. I know that a lot of people do use the rehearsal, the word rehearsal, because it is just quite normalizing, but just personally, I always call it a session. Um, so we set up beforehand and the volunteers helped me with that. Um, people sort of, their arrivals are staggered and a few people intentionally come a little bit early

so that they can have a chat with friends, we do our warmups. If I've got some notices or you we usually have a song at the beginning, even though we haven't warmed up, because that gives everybody a focus. So a familiar welcome song, then we warm up and if I've got any notices, I try to get like announcements.

Participant A ([15:13](#)):

I try to do that near the beginning to get it out of the way before I forget. But also, um, in case there are questions so that we don't forget to, to address them. Um, and then, so our warm ups just depends really. They're probably about 15 minutes. And then we typically sing some things that we're working on, or we're doing some songwriting at the moment, and then something that we know really well and then have our tea break. And then in the second half, I tend to do more of a sing along of things that we know really well. Sometimes I swap it, like yesterday we had some songwriting to do, and we did it later. But, um, I think usually if there's any work in progress, it's quite good to do that in the first half when people are fresher. And then, yeah, I think if they have a good old sing after tea, then they go away thinking that they've had an uplifting time.

Interviewer ([16:25](#)):

That's that sounds wonderful. Um, and then you mentioned that you have a certain closing song as well. That's also familiar, so, okay. Um, so you've yeah,

Participant A ([16:37](#)):

No, I was just going to say about the opening and closing songs, each group, in the two groups that I have, each of them has, uh, an opening song that we nearly always sing, but there are also a few other welcome songs that we sometimes add. Um, but with the closing songs, we've got quite a list now, and I just keep the list on my sheet and give people a choice each time. Um,

Participant A ([17:09](#)):

Rather than me always deciding I tried to negotiate the repertoire with them, but obviously I have to make some decisions, but that's quite an easy place to give them a choice just to say, what shall we close with?

Interviewer ([17:27](#)):

Yeah, that's lovely. And it's lovely to have some variety in there. Um, because I think that opening and a closing song, especially if you're working so long term, um, can become quite rigid, um,

Participant A ([17:39](#)):

Yeah, some are quite jolly. And some of them are quite quiet and reflective. So that's quite useful in terms of matching their mood or sometimes shifting their motive. We've sometimes somebody passed away and everyone's a bit subdued. Some might have a quiet, end a session on a quieter song, but then do something a little bit more rousing to leave them on a positive note when we go.

Interviewer ([18:06](#)):

Yes. Okay. That's great to know that, um, all the functions that that can have, um, you've mentioned this a bit talking about volunteers, but I would like to ask you a bit more about the assistance you had in leading this choir. Um, whether this was insistence in musical facilitation or administrative or management of resource or sessions. Um, can you maybe talk a bit about that? Um,

Participant A ([18:34](#)):

They might, they mostly assist with practical things like setting up and prepping up the room and serving the refreshments. Sometimes they bring lovely baking along, but as I said, I've got a couple who help with the music and as time allows the others sit in with, with the choir and sing with everybody, and then they, um, just chat and get to know them generally. And I've also got, um, a confidential list of choir members who need particular assistance. Um, when the, this is always an ongoing discussion, how much the volunteers need to know about people. But for example, there's a man with low blood pressure who has to be very careful about going from sitting to standing. So if everybody knows that he has to be a little bit careful when he stands up, we can all watch out for him, um, that kind of thing. And, um, like they don't have any specific training, actually, the volunteers, but I guess they get a little bit of coaching along the way about, um, supported communication and that sort of thing.

Interviewer ([19:52](#)):

Okay. That's fair. So where does this, um, volunteers come from outside a year about you? Is that students from the university or, uh,

Participant A ([20:02](#)):

Some of them are students and some of them are from the community. They are often students who are interested in doing a master of speech-language therapy. And, um, so I'm, I'm, uh, I'm not a speech-language therapist, but I work very closely with that department as well as with music. And, um, so often the lecturers will get an inquiry from a student saying, how can they get some experience with people with disabilities and they'll get sent to me. And then we've got to application process, sometimes word of mouth, one, one student to another. Um, and then this year I advertised, there's a student volunteer hub online, I advertise there. And one of last year's students, um, was profiled on the website for a student volunteer week feature. Um, and then the one who plays the Viola is a retired friend of mine from orchestra. And, um, she wanted something to do when she retired. So I suggested she came and helped. Um, and others have just known somebody who's connected, two two of the current community volunteers use to bring someone from their family to the choir, and they wanted to remain connected when that person died. So they became a volunteer..

Interviewer ([21:43](#)):

That's very interesting. Um, I just want to, I know time is running out, but I wanted to ask one more question, um, regards to this question. Do you ever get music therapy students that wants to volunteer?,

Participant A ([21:58](#)):

Yea, um. So I should also say that for a few years, I did a job share, um, I for about five years, um, a colleague and I, we weren't funded to work together except for occasionally on special occasions, but we took the quiet alternate weeks, which worked well for us at the time, but really it increased the administration cause we had to share a lot of information. Um, and then, uh, mature, a teacher who wanted to train as a music therapist, contacted me and asked if she could volunteer to find out what we did. So she volunteered for about six months and then went off and did her training and then came back and did one of her practicums with us. And she, and during the lockdown last year with COVID-19, she did volunteer a little bit with us in our, in our zoom sessions. But, um, I'm very cautious about actually using qualified music therapists as volunteers, because I think that sends the wrong message.

Participant A ([23:17](#)):

Really. I know that she was a bit reluctant to leave us when she finished her placement. Um, but I think she needed that experience of closing and saying goodbye, even if she knew she was going to come back as a visitor or whatever. Um, and I think it did push her to go and develop some other work of her own too, but quite often music therapists or other professionals will come and visit us. That that was true during lockdown too. A couple of people who were, we were quite quick off the mark starting online and a few other people were not sure, so they visited a session.

Interviewer ([23:58](#)):

Okay. Um, while we're on that topic of, um, lock down, one of my questions is given the COVID-19 pandemic and I don't know if you know, but we I'm in South Africa is still very much in, um, quite locked down. We have no choirs running at the moment, but I was wondering, um, you know, you've mentioned zoom sessions. So what do you think about an online course choir as a resource for tele-health?

Participant A ([24:26](#)):

Yeah, I think it's an interesting idea. And interestingly, one of my university co-researchers, who's not a music therapist years ago said to me, you could do this online. And I said, no, no, no, I can't do that. And then of course we did end up doing it. Um, it's obviously very different because of the lag and not being able to sit together, but I think it was quite a lifeline for some people who were very isolated. Um, I mean, we were very fortunate in [country] and we, we had one lock down of about seven weeks about March 20, 20, and then we've had in [city], we've had a few short twins of a few weeks, but not quite so, so strep. Um, there were some people who decided not to participate because especially people, some people with dementia who found it really hard to understand what was going on, but they could watch a show on TV

because it was more continuous, but they didn't really understand what was going on when we were stopping and starting and talking and then singing. And so some of them withdrew and I sent them some recordings and some song sheets to use at home. A couple of people didn't have, um, accessible technology and family members were not allowed to visit them. So they couldn't have any assistance doing that. Um,

Interviewer ([26:11](#)):

Yeah, I think that's a problem given your age group.

Participant A ([26:14](#)):

Yeah. I think [REDACTED] is tend to be quite early adopters of technology. And I think because we're so far from everywhere and there are a lot of trends, national families, people like I'm from the [country] originally. So a lot of my family in the [REDACTED], so people are used to using technology to connect. Um, but it's, you know, it's very different sending an email from learning how to use video conferencing. They've amazed me on there, but there were a few that couldn't, um, and they did really feel very lonely and very anxious during that first big lockdown. And I actually saw them twice a week instead of once a week, just a shorter catch up session. So we meet on a Monday usually, and we had an extra zoom capture on a Friday, just really for the social contact. And also because some of them were not using their voices very much.

Participant A ([27:12](#)):

And they were finding that they were getting really croaky. Um, but interestingly, last week we had a zoom session because our room wasn't available and I hadn't been able to organize an alternative. And there was a very, very low turnout. I think they decided, oh, it's just one week. I'm going to have a week off. Whereas, um, I think when people are feeling socially isolated and you can't meet in person, they saw it as a good option. And I think for people in more remote geographical areas, it probably would be a good idea. Um, we had, we have one sort of part time member who used to live here and then moved away to a very rural area. And when we went on zoom during the lockdown, he wrote to me and asked if he could join again online. So, um, but you know, that's quite interesting and it does make me think that probably that there is, um, a need for it really, for people who can't get together or potentially for little groups of people who don't have a music therapist or anybody who can have a, for a little group of people to get together, they might be somewhere and the music therapist might be somewhere else.

Participant A ([28:40](#)):

So they would still have that peer support. Well, you know, once you can meet again. Yeah. I think it's really going to bring quite a lot of long-term changes for the way everybody works really now that we need to doing it.

Interviewer ([28:57](#)):

No, that's very interesting. Okay. So you've mentioned now that you, sometimes that it's second session, not on zoom just for the social or that, but I was wondering in your normal rehearsals

as well, were there any purely social activities organized or was most of the social exaction, like within the tea times that you've mentioned

Participant A ([29:20](#)):

In the, in the regular sessions it's usually beforehand and during the tea times, um, and going back to the zoom, there was a lot of joking about not having a tea break. Um, and we, we did stop and start bit more and chat more, but also we started using the breakout rooms at the end of the session, so people could stay and talk as long as they wanted to. And I, I ha you know, I just logged off and left them to it. And I did hear about some people talking for an hour, but I think some people have made friendships through the choir and they see each other at other times, or we'll telephone one another. Um, and with the [REDACTED] group, we we didn't meet during lockdown, actually, that was a difference between the two groups. And when we were allowed to get together again, there was a delay before our venue was also available.

Participant A ([30:25](#)):

So we all went out for a coffee and we've never done that before. Um, it was like having the tea without having the singing around it, except they burst into song in this cafe. And yeah, you get a few looks and then people start to join in with you. Recently with the [REDACTED] group one of our volunteers sings in a community choir, and I quite often go to her concerts and a few people from the group had also been to her concerts. And we went all together as a group this time, a couple of weeks ago. Um, so I went and another volunteer and, um, I don't know about four participants and another participant's mother. That was a social outing, that I think that sits really well within a community music framework, different sorts of things that you could do. And, um, I don't think I'd ever done that before actually been to a concert with them where we weren't performing. Yeah.

Interviewer ([31:39](#)):

I guess. Are you, do you situate your work more within the community music therapy model?

Participant A ([31:44](#)):

Yes. I think so. Yeah. Theory about speech and language rehabilitation and all of that, um, is strongly influenced by neuroscience and speech science as well as music therapy. The actual format of it is within community music therapy.

Interviewer ([32:08](#)):

Okay. Okay. Um, so I think you've already covered this, but I just want to ask the question in any case, what elements, traits or factors that you consider when with your selection of the participants or that you take anybody that was interested.

Participant A ([32:25](#)):

So we opened it to anybody with, any adults, with a neurological condition who thought they would benefit or enjoy being in a social singing group. Um, so there aren't very many

requirements. People need to be able to cope with a social setting, either independently or with a support person. So for instance, sometimes we've had people who get a bit disinhibited as their dementia progresses and they need to have somebody with them if they're going to continue, because I, I can't, you know, it's a big group, I can't everything. Um, and similarly with personal cares, I, and the volunteers are not there to, to help with that except in an emergency. So they either have to be independent or with a support person. Um, but I would say that about half of our members are people with Parkinson's and, and probably more than a quarter of people with moderate aphasia and then a few with other conditions or dementia. For a while, we had a lot of members with dementia because one person joined, one, one person with dementia and their partner joined. And then they invited everybody from their dementia support group. So we've had about 10 couples who all joined at once. Um, and then some of them didn't cope with zoom and, obviously, because it's a degenerative condition, they actually left as well, but, um, that was quite interesting, like sort of chain migration.

Interviewer (34:32):

Yeah. So very much...uh, word of mouth is a big aspect in your participants.

Participant A (34:38):

Well, going back to the performances as well, we've been invited quite often to sing at conferences, and I think that's encouraged some new members as well. We've been to the diversional therapists conference and the Parkinson's conference and a dementia conference and aphasia conference. And, um, I think those occasions are about spreading the word to other professionals, but also recruiting new members indirectly. Yeah,

Interviewer (35:13):

No, that's wonderful. Um, so I want you to talk a bit about what is your role within the choir? Um, what do you mean exactly. So, um, do you mainly see yourself as leading the choir? Is it mainly, I, I already know that it's not just administrative or, um, planning, but what exactly would you say in the rehearsal? What do you do? Um,

Participant A (35:48):

So most of the time I'm leading the singing, using my voice to sing with them and talking to them about what we're going to do and working on different goals through the songs, but also accompanying at the same time. Um, yeah. Yeah, I guess that's what I do during that time, but I also need to be available to anyone who needs to talk to me usually before or after or in the tea break. I think you don't, you know, sometimes we really want just five minutes break in the middle, cause it's quite tiring with a big group, but somebody will call you and need to talk to you. Um, and there is quite a lot of that, some of which I think could be, it could be done by another person if that, you know, if it was set up that way, there were some minutes, some administrative tasks and correspondence and documentation and photocopying and things like that, which doesn't require a music therapist to do it.

Participant A (36:58):



But, but at the moment, there's nobody else to do it, but some of the volunteers can do things for me. One of them took some song folders and sheets home and, um, filed everything for me so that we could use these new songbooks so that they'll offer to do that. There's, um, some people who will proofread for me cause I'm famous for making typos in my books. Um, and they'll, we, we use a mixture of song folders with printed words and an overhead projector. So, um, often one of the volunteers or a partner of a member will do the projector for me. So then I don't be rushing around or all over the place. Um, I mean there are other things like health and safety policies where I have to make sure that I know the health and safety policy of the host organs. So the university in the case of the choir have to do paperwork if there are any incidents and what one day, quite a long time ago now.

Participant A (38:07):

But we had somebody who had a fall after the session outside when she was transferring from her wheelchair to the taxi. And I was there for two hours with her after the session and not on my own, but till an ambulance came and checked her out and then she went home. Um, so there were those kinds of unpredictable things that you have to do. And then, I mean, I have to go and buy the milk and tea and biscuits and things like that, which theoretically somebody else could do. But actually from the, the way that the funding and the reimbursement works, it's easier for me to do it myself when I'm at the supermarket. I hope that answers your question,

Interviewer (38:56):

No, no, it does, it does. Um, that you are mainly leading and that your actually holding everything together. Um, but I wanted to also ask you, yes?

Participant A (39:07):

No, I was going to say some of the volunteers nag me sometimes actually to give them more things to do like, um, like doing the shopping or doing some filing and that kind of thing. And I, I think because I've had to do a lot to myself, I'm sometimes reluctant or just don't think about that delegating, whereas often if it's a volunteer rather than a paid staff member, they're often really willing to do things to help. Um, so that, you know, it's something that I have to remember really that I don't have to do it all myself.

Interviewer (39:45):

Yeah. Yeah. So, um, if mentioned goals, so what were your goals, um, with these Squires?

Participant A (39:57):

So the overall goals for the, for the group as a whole are about reducing social isolation and improving quality of life. And then, um, supporting people with their communication abilities, whether that's maintaining their voice or recovering some language or, um, finding songs that they can remember so that they're, uh, they're more present. And then, um, we have a membership system rather than a referral system. So there's a member form membership form that people complete themselves, or sometimes a family member on their behalf. And we ask

for their own hopes and expectations so that they have some individual goals. And often, if it often, it's about having fun or being with other people and for quite a lot of people with Parkinson's it's about their voice because it's their voices get quieter and quieter. Um, so sometimes there's specific speech and language goals, but often their social goals that they have for themselves.

Interviewer ([41:14](#)):

Okay. So you, you mentioned that you asked in the membership form about, um, the participants experiencing. So what is some of the feedback that you have received from participants and the family members or the staff at the facilities where they all act about the benefits of it? Like what is their experience? What's the benefits they experienced?

Participant A ([41:41](#)):

So we've, we've done quite a lot of research when one of the student research projects that was done, we've had some psychology students, who've helped with research, they've done some work about quality of life and they used the [type of questionnaire] questionnaire, I don't know if you know, from the world health organization, um, and found much higher responses than you, I mean, it's self-report, much higher responses than you might guess for somebody with quite a significant disability. Um, it has five areas of functioning, which I can never remember off the top of my head. One of them is physical and because these people have a physical disability often, as well as their communication, they tend to score lower there, but in terms of their environment and the other aspects of their life, their scores were comparable with, or even higher than the standardized group. So, um, so I think it really does help with they've said that it, it helps with that enjoyment of life and having friends and social factors.

Participant A ([43:03](#)):

Yeah. I think when we, when we did our first research project, which is about 10 years ago, now we asked them about the mixed group. So the different diagnoses together, not just an aphasia choir. And there was some really nice quotes from people who like said they liked belonging to a choir and not a therapy group. And that was quite interesting because some people really don't like the word choir and they think it's going to be very formal, like the choral society and that we're going to be singing the Messiah or, or whatever. But other people like the word choir, because it is a, it's something that a lot of people do, they belong to a choir that's normalizing and it really does help their self-esteem I think. But they also liked the fact that they weren't there by virtue of their disability, know their specific disability, that they could help one another. And somebody with Parkinson's might have a really quiet voice, but they could go and fetch a cup of tea for some, from somebody who was in a wheelchair and couldn't move very easily. Um, and that kind of thing.

Interviewer ([44:19](#)):

So in a way, a very empowering experience,

Participant A ([44:22](#)):

I think. So they, they do say that it helps with that voice and with their speech and language. And we don't have robust evidence of that. Yeah. But that's self-susception is really important because that's their confidence to communicate. Really.

Interviewer ([44:44](#)):

I see. Um, we already at quarter to, do you mind going a bit over time? Do you have time? I gave a few more questions left.

Interviewer ([00:00](#)):

10 more minutes if we need it. Okay. And is it okay? I'm so sorry. Okay. Um, we'll try and go through these quickly. Um, my next question is, are that your approach differ from working with a choir versus working in the more consensus music therapy model of working with groups and individuals?

Participant A ([00:20](#)):

So I think there are differences at every stage. Really. We, we don't have a formal referral process. So I do sometimes get referrals from speech, language therapists or other people, but it's not a formal referral. It's more about this person is interested in joining the choir. Can they come and see what you do? Um, and then we don't have a formal assessment period. We, they just come along to the choir and see whether they like the look of that. And usually if they come for a visit, they continue, we don't have very many people that visit and say no, unless the journey is really onerous for them. So once they're through the door, they're usually convinced. Um, and we don't have formal evaluation, um, in monitoring individual progress. It's much more about how the group's functioning as a whole. And except if we're doing some research at the time with individual voices.

Participant A ([01:29](#)):

And then so there's no formal reporting either. Um, I mean I do report, I have to report annually to the university, but it's about, um, it's usually the number of people that have been attending or the media and attendance, how many people with Parkinson's, how many people with stroke, having volunteers and similarly for the other group, which is run by a charitable trust. And so we have statutory reporting as well. Um, I have occasionally written letters of support. Um, somebody wanted funding for something, and I said that they were a member of the choir and what they've been doing and their commitment to it and that kind of thing. Um, but yeah, I think it's a very social model as even though we have people who are there because they have a neurological diagnosis, it's not a medical model of treatment and it's also a much bigger group than you would normally have in the consensus, of course.

Interviewer ([02:40](#)):

Yeah. Working with 15 to 20 people, even more that's a lot bigger. Um, so, uh, then I wanted to ask you, um, do you have any experience surrounding choir work yourself? Um, for example, if

you sing in a choir, have you any at any formal choir education or do you run more from a music therapy point of view?

Participant A (03:02):

Um, I do run it more from a music therapy point of view. I sang in choir as all myself all the way through school, but I'm an instrumentalist, mostly myself. So I would like, I, I did join a choir once for about a month. And then I moved to another area. Usually my own social music making has been orchestra and chamber music, which doesn't leave time for doing, um, choir. But I do go to singing workshops sometimes, like if there's a community choir that has, um, a guest presenter and they're doing an open session for people, I really enjoy going along to that sort of thing. And occasionally there's been a conference choir and things that they do. So I joined that, um, and have had a few singing lessons, but I'm mostly not a trained, trained singer. Um,

Interviewer (04:02):

Yeah. Okay. Thank you. Um, then I wanted to ask you, what are some of the challenges that you experienced working with a choir in music therapy?

Participant A (04:17):

Um, I think deciding on the repertoire, which is something I alluded to earlier on, just because of the huge range of references and ages. And I think sometimes managing the dynamics, if there's a personality clash between two people, or we've sometimes had people who've wanted to reminisce a lot after a song and other people get irritated because they're there to sing and they don't really want to listen to all these stories. And I know that that's much harder to manage in the big group than the smaller group. And it's also something to do with our seating because in the big group, we usually sit in rows because we use the projector and occasionally we've sat in a circle, but we need to sit in a, um, like two or three rows, double circle or something, not just a huge circle, whereas the smaller group does sit in a circle.

Participant A (05:17):

And I think I can't pinpoint why it is that the circle helps more, maybe it's that people can hear better where, you know, there's somebody in the front row who's talking, then the person in the back row might not be able to hear them cause their voices away. But I think that they seem to be a little bit more patient with one another when they're in a circle and they've got that eye greater eye contact. And perhaps also the person who's speaking picks up on the mood of the group a little bit more, um, you know, rather than just giving a speech really. Um, yeah, and I think just juggling all the different roles is really tricky sometimes because I've got instrumental volunteers and members, I have to have more documentation and more resources than I normally would. Like I would quite often just play something by memory or by ear, but that the people that I have needed to have the chord sheets or the music, and it's nearly always not published in the key, I want to sing it in. So there's quite a lot of that kind of preparation

Interviewer (06:39):

So what would your advice be to other music therapists wanting to work in this way in a way to avoid these types of challenges? Um,

Participant A (06:51):

I think if I think it's a good idea to observe somebody else working, because you're not necessarily going to do things in it exactly the same way, but I think that I certainly learn well from experiential, um, opportunities. And I think if you can sit there within the group and have an experience of what it's like to be a member and watch what the music therapist is doing and think about why and whether you would do something similar or different, I think that's quite helpful. And I think it's quite helpful for everybody to have some ground rules. Um, actually, I don't know if you know that we had quite a, we had a mass shooting in ██████ for mosques and, um, the choir took part in a university vigil following that, that one of the chaplains organized, they asked if they could do it, but there were a couple of people who decided not to participate and then made some quite racist comments afterwards..

Participant A (08:03):

So we, that it was difficult to address directly without opening kind of rooms. So sometimes we would just say, we don't talk about those things here, but I also had a look at the university code of conduct and also had a big brainstorm with the choir about what our values are. And so we now have a printed sheet, which has our, our values and, you know, it's, it's, it's very, um, it's in a lay person's language and it's very supportive, but it's quite useful to have that, to give to people when they join and say, this is what we value. And then we've, I've never had to speak to anybody else about those things since, because we just feel like we're all on the same page. So I think those sort of setting the tone of the group and yeah. Um, issues and things, practical things too, you know, there's gotta be something in it for you as the music therapist too. You can't, you know, you can't continuously do repertoire that you hate, you have to find things like that you can tolerate or enjoy as well.

Interviewer (09:31):

Yeah. I think that's very important. Um, so my very last question is just in your opinion, how widely applicable do you think is the therapeutic use of a choir, especially for other client groups?

Participant A (09:47):

I think the evidence about the general evidence about community singing and wellbeing for the, you know, the general population is something that we need to remember. You know, it can be good for everybody. And there are not very many people who absolutely hate singing. I mean, it's not going to be a good thing for you if you really don't. But, um, I think, you know, a lot of people who come along really think they're not going to like it and then they do. So I would, I would think within mental health, I know in ██████, there's not much music therapy in the prisons, but there have been some other music initiatives, songwriting projects in prisons, drumming, things like that. I think anywhere that people need to build up a social network and

their own self-esteem, um, I mean, we have those specific speech and language goals too, and there's also some, some nice research in [country], which is not specifically music therapy, but a music therapist is involved with it. Um, singing in primary schools that were affected by some severe earthquakes. That's interesting. And they, the children had a lot of, well I'm the staff, but the children had a lot of anxiety from this.

Participant A ([11:18](#)):

They wanted the general feeling in that city anyway, was that people wanted to do things together. They didn't want to go to individual counselling. They wanted to do group activities. And the arts became really important. And singing has those schools have quite a singing culture now that the teachers have gained confidence to sing with the children and not necessarily a big music lesson, but just to have a little break and sing a song and then go back to what, what to do next. So I think music therapists also have a role and supporting other professionals to use music and that, um, singing should be something that's accessible to everybody really doesn't require you to play the piano. Does it? Or it just requires a bit of confidence yeah,

Interviewer ([12:15](#)):

No, I agree. I, um, that, that's one of the reasons I also, in this specifically in South Africa with, um, uh, economic context, that's in many cases struggling, I think it's a way more accessible way to offer therapy for people, um, and a choir, thank you so much, Allison, I appreciate this so much. I've enjoyed reading all of your articles on the celebration choir. That was sort of what got me going into this field. So, um, I really appreciate your time and all of the information you've given me.

## **APPENDIX E: Data Analysis**

See Excel document attached