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Participatory choral music as a means of engagement in a veterans' mental health and addiction treatment setting

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Background: the purpose of this study was to investigate how participation in a music-based performance and instruction program influenced the sense of engagement experienced by participants at a residential setting for at-risk veterans. *Methods:* semi-structured interviews were conducted with participants in a veterans' choir program conducted at the facility. *Results:* prominent themes that emerged from the interview included (1) the veterans' personal motivations for participating; (2) emotions associated with participation; and (3) perceptions of intragroup dynamics. *Conclusions:* primary conclusions drawn include: (1) opportunities to connect with others through shared interests may contribute to sense of engagement; (2) connections forged with other residents of the facility extended beyond relationships established in the choir through increased recognition associated with performances; and (3) the choir represented a diversion from pressing concerns and may have served as a means of facilitating adjustment to change at a measured pace.

Keywords: vocal music; mental health; substance abuse; rehabilitation; veterans

Introduction

The purpose of the study upon which this article is based was to investigate how participation in a choral group influenced the sense of belonging of veterans recovering from psychiatric disabilities, substance dependence and homelessness. For thousands of years, people have believed that there is healing power in music. In 1939, Dr Edward Podolsky published *The Doctor Prescribes Music: The Influence of Music on Health and Personality*. In his work, Dr Podolsky described ways that earlier cultures, such as the Egyptians, Hebrews and Greeks, used music in their efforts to heal physical and mental illnesses (Frontz, 2013). Historically, music has been used to engage a variety of populations that may be struggling with physical and mental impairments. Research has long documented the benefits of music on promoting health and overall physical, mental and emotional well-being, and is increasingly demonstrating the benefits of active music making for individuals with psychiatric disabilities (Gardstrom, 1999). One study of singing lessons and group music listening showed that, compared to a control group, participants with schizophrenia improved on the Scale for Assessment of Negative Symptoms and required less medication (Tang, Yao, & Zheng, 1994). Furthermore, studies have documented that group music making activities provide joy, improve quality of life and address issues such as coping, anger and low self-esteem (Grocke, Bloch, & Castle, 2009; Silverman & Marcionetti, 2004). Early studies of the use of arts in group

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settings also found that music increases positive feelings toward others in the group while strengthening interpersonal trust and self-expression among participants (Worden, 1998). It also permits individuals to temporarily escape some of the harsh realities of daily life (Storr, 1992). Later studies suggested that singing could be promoted by health practitioners as an effective coping strategy (von Lob, Camic, & Clift, 2010).

A formal practice emerges

Because music was used for therapeutic purposes in a number of different settings, an official practice eventually began to take shape. Physicians started to consider the uses of music in western medicine during the mid-1700s. Richard Brown and Louis Roger were authors of some of the first works addressing the therapeutic effects of music upon the body; Brown published his work in 1729 and Roger followed shortly afterward in 1748 (Crowe, 2004, as cited in Frontz, 2013). Public attitudes steeped in scientific concepts of medicine led to skepticism concerning the belief that music had healing properties in the mid-1800s (Crowe, 2004). Despite this doubt, there was increased use of music in psychotherapies (Boyce-Tillman, 2000). Individuals with psychiatric disabilities and sensory impairments were also treated with music (Solomon, 1981). In the USA, the therapeutic use of music began developing more widely in the 1940s during World War II, and increased after the war ended when soldiers returned (Crowe, 2004).

Symptoms of post-traumatic stress disorder (PTSD) have been treated using therapeutic use of music. Bensimon, Amir, and Wolf (2007) reported that individuals with PTSD who engaged in drumming reported several positive outcomes, including being more open, having greater self-control, feeling a sense of belonging, feeling closer to others, accessing memories and expressing emotions productively. Music has also been used with individuals with mood disorders (Maratos, Gold, Wang, & Crawford, 2009) and with individuals with substance abuse disorders (Dingle, Gleadhill, & Baker, 2008).

The use of participatory music in building communication and community

Trevarthen (2002) suggests that barriers to communication can be ameliorated using music because all communication has musical elements. “(Music) has the capacity to give emotional companionship, and to heal, because it supports intrinsic, neuro-biologically founded needs for qualities of human communication that are organized within musicality, ‘in time’ with the mind” (Trevarthen, 2002, p. 25). The associations between the brain, music and communication suggest that individuals can be helped to communicate using music. Storr (1992) suggests that music has the potential to draw people together and create a shared bond because it invokes comparable physical reactions among different individuals. Small (1998) describes music as a vehicle for engaging in meaningful interpersonal relationships and for experiencing powerful emotions associated with those relationships.

Music as treatment or therapy is considered complementary or an adjunct to traditional medical approaches. There are, however, a number of considerations, including the effects of musical experiences upon the brain and body that suggest music may be an effective intervention with different groups of individuals (Frontz, 2013).

The brain responds in a variety of ways to musical stimulus, with responses elicited across different parts of the brain (Frontz, 2013). Wieser (2003) links specific elements of music, such as rhythm, melody and harmony, to activities in different regions of the brain. It is possible that the effectiveness of music as a complementary alternative medicine

approach is due in part to music's ability to engage several regions of the brain, simultaneously (Frontz, 2013). Furthermore, when individuals perform music, the brain becomes engaged in sending messages to other parts of the body. Crowe (2004) suggests that a number of multifaceted cognitive processes are involved when an individual is engaged in producing music. Performers must be conscious of their posture and the movements of muscles, bones and joints in order to create the music that is the focus of their endeavors. There is also an emotional dimension of music that sets it apart from many other complementary therapeutic approaches. Interventions which involve music may be particularly effective with individuals who have emotional responses to music that they may not have with any other type of intervention (Frontz, 2013).

The use of choral experiences to enhance sense of community

Most studies of choral singing have focused upon specific populations. Examples include individuals who are homeless, individuals with psychiatric disabilities or individuals with physical disabilities (Cohen, 2009; Silber, 2005). Dingle, Brander, Ballantyne, and Baker (2012) addressed the social opportunities inherent in a choral experience, which participants experienced as a sense of connectedness, acceptance and belonging within the choir. In addition, a number of participants reported that participating in the choir had helped them to reconnect with their local community. Bailey and Davidson (2005) examined differences in the importance ascribed to social outcomes between choir members of different social classes. The authors found that marginalized individuals experienced the opportunity to perform as inclusive and empowering, while middle-class individuals placed less importance upon performance but were more conscious of meeting the standards of musical excellence dictated by contemporary society. Judd and Pooley (2013) took a different approach and investigated the effects of group singing upon members of the general public. All participants in the study spoke about the social aspects of choir participation; study findings also addressed the strong bonds that developed within the group and the family-like characteristics of the group.

Injured service members and the costs of war

For over a decade, US troops have been stationed in Iraq, Afghanistan and Pakistan as part of the War on Terror. Injuries, both physical and psychological, sustained by service members result in tremendous human and economic costs. From an economic perspective, Bilmes (2013) estimates that the total costs of the conflicts in Afghanistan and Iraq may total between four and six trillion dollars. This estimate includes health care and disability expenditures for service members in addition to expenses associated with restoring military capacity. The human costs associated with these conflicts include not only the number of service members killed in action but also those who incur physical injuries and survive, those who experience psychiatric disabilities, and service members and veterans who experience other types of adversity, such as substance abuse and homelessness as a result of the conflicts.

Fischer (2013) indicated that as of 5 February 2013, there had been a total of 6,640 US service member deaths among those who served in Operation Iraqi Freedom (OIF), Operation New Dawn (OND) and Operation Enduring Freedom (OEF). The number of US service members wounded in action was 50,450. This figure describes only those with physical wounds; many more have been diagnosed with psychological disorders such as PTSD (Fischer, 2013). Injured service members and veterans often must face multiple

challenges to physical and mental health and well-being, such as traumatic brain injury (TBI), PTSD, substance abuse and homelessness, simultaneously.

Traumatic brain injury

Blasts from improvised explosive devices, other explosions, falls and motor vehicle accidents can cause TBI; and it has been called the signature injury of the Iraq war. Of the 253,330 cases of TBI reported between 1 January 2000 and 20 August 2012, 194,561 were classified as mild, 42,063 were identified as moderate, 6,476 were classified as severe or penetrating and 10,210 were not been classifiable (Fischer, 2013). It is also likely that many more cases of TBI have gone unreported or undiagnosed.

Post-traumatic stress disorder

Psychiatric disabilities among service members remain a significant concern. According to the National Institute on Drug Abuse (2011), 20% of active-duty returning soldiers and 42% of reserve soldiers were identified as being in need of treatment for mental health concerns. PTSD is widely recognized as a psychiatric disability frequently associated with exposure to combat situations. Among service members deployed in OIF, OND and OEF conflicts, 103,792 were diagnosed with PTSD between 2000 and 2012 (Fischer, 2013). The Wounded Warrior Project (2014) estimates that as many as 400,000 service members and veterans may have PTSD. Because many of the wounded are young, they will need decades of help.

Substance abuse

Service members and veterans who have returned from combat may experience difficulties related to use of alcohol or drugs. Drug use may involve illicit drugs or inappropriate use of prescription drugs. The Department of Defense Health Behavior Survey (Research Triangle Institute, 2009) indicated that the rate of prescription drug abuse among military personnel almost tripled between 2005 and 2008. The United States Department of Veterans Affairs (2012) states that substance abuse may have deleterious effects upon behavior, mood and interpersonal relationships. It may also contribute to financial difficulties.

Homelessness

Homelessness among veterans has also risen considerably in recent years. According to the National Coalition for Homeless Veterans (n.d.), approximately 13% of the population of adults who are homeless in the USA are veterans. Approximately 70% have substance use problems and roughly 50% have serious psychiatric disabilities.

Purpose

The purpose of the present descriptive study is to investigate how engagement in a music-based performance and instruction program influenced the sense of belonging experienced by participants at a residential setting for at-risk veterans experiencing psychiatric disabilities, substance abuse and homelessness. Veterans living at the residential center were provided with a variety of therapeutic services designed to help them address barriers that they faced, and it was expected that those who experienced a greater sense of

belonging, facilitated in part through music-based programming, would maintain their affiliation with the residential center and consequently their access to these therapeutic services.

Setting

The research setting was a residential facility located in an urban setting in the Southwestern USA. The facility serves homeless veterans with substance abuse disabilities and places them in a stable residential recovery environment. Approximately 65% of those treated have co-occurring psychiatric disabilities. Participants include veterans of various ages representing most branches of the military, with an estimated 40% of the population affiliated with the Navy, 40% affiliated with the Marines and 20% affiliated with the Army. Approximately 90% of program participants are male, and approximately 10% are female. At the campus services are provided to more than 300 military veterans annually. Estimates of the racial or ethnic demographics of program participants suggest that approximately 20% are African-American, 9% are Hispanic, 1% are Asian and 70% are Caucasian.

The facility provides several services for veterans. The concerns of the homeless veterans are addressed through provision of treatment, housing, meals, drug and alcohol recovery programs and counseling, legal services, job counseling and training, and arts-based interventions.

Intervention

The program studied in this investigation is part of a project that provides career training and opportunities for music students and alumni at a large urban university in the Southwestern USA. The musicians are trained and hired to provide concerts and music instruction to a variety of organizations that serve at-risk youth, individuals with mental health disabilities, individuals in drug and alcohol rehabilitation programs, persons recovering from child abuse and other segments of the population that are not often served by other music organizations.

Many genres of music are offered and performed at the highest level for populations that have limited access to the arts. The program model includes a comprehensive program of concerts and participatory classes based on the following three E's of outreach:

1. Exposure: Exposure is defined as a single appearance by a performer or teacher which adds to a curriculum or entertains a population. Exposure is by design a limited form of outreach, and the one most commonly available from music organizations.
2. Enrichment: Enrichment involves the provision of monthly concerts at a site that represent a variety of genres with a sequential presentation of ideas. Concerts are gently instructional, designed to boost morale and teach pro-social behavior required for seated performances.
3. Education: Education is an extended program of enrichment. It is designed to entice the individual into a life-long love of the arts by engaging them in participatory experiences. Education engages individuals differently when compared to the purely auditory experiences of exposure and enrichment.

The focus of this study is on participants who participated in the education component of the program. Specifically, study participants took part in a choral music program offered

at the program site. The program was an extended form of education designed to enhance the sense of engagement and belonging experienced by veterans. Weekly, 75-minute rehearsals and private instruction were offered, leading to quarterly performances attended by the larger veteran population at the facility. The choral music program was completely voluntary and was taught by vocal performance majors at a nearby university. All choral music program teachers were enrolled in Master of Music or Bachelor of Music degree programs in vocal performance, and had completed vocal pedagogy courses at a large urban university in the Southwestern USA. Their approach to choral instruction emphasized shared leadership (e.g., sharing responsibilities for selecting repertoire, selecting the focus of instruction and recruiting new choir members). Individuals who did not participate in the education component (i.e., those who participated in the exposure or enrichments elements of the program, but not the choir music program) were not included in this study.

The repertoire was selected through consultation between the choir instructor and the participants, with an emphasis on familiarity to the veterans and pedagogical appropriateness. The veterans participating in the choir were encouraged to help choose the musical selections in order to reinforce the idea that their ideas were valued. It was also expected that allowing the veterans to participate in the selection of the repertoire would support a sense of ownership and thus commitment to the choir. Music selections encompassed classical, popular, inspirational, holiday and patriotic pieces. Examples included “With a Little Help from My Friends,” made popular by the Beatles, “Feliz Navidad” by Jose Feliciano and “God Bless the U.S.A.” by Lee Greenwood. When the veterans performed these selections for an audience comprised largely of other veterans in treatment at the facility, the listeners frequently joined in by singing along. The skills learned in the choral classes were intended to expand the arsenal of recovery behaviors the veterans would take with them upon successful completion of the program and integration back into society. At the time the study took place, the study site had the following traditional treatment approaches in place: comprehensive assessment, individual and group counseling sessions, case management, and alcohol and other drug counseling and education. Staff at the facility advised the study authors that the veterans would benefit if the traditional methods of treatment (i.e., substance abuse treatment and mental health counseling) were enhanced by creative approaches, and they were already employing nontraditional interventions including equine therapy and visual arts classes. It was expected that music study would enable veterans to continue learning, move forward, remain productive, achieve goals, transcend disability and do something they value, even as they recovered from multiple, serious physical and psychological challenges.

Methods

Target population

The population for this study consisted of individuals with participatory experience in the veterans’ choir at the study site. Permission was obtained from the executive leadership at the study site prior to commencing the inquiry. Choir participants recruited for the voluntary study were those with a minimum of six weeks of participation in the choir. Choir participants were recruited through the choir instructors, the counseling and case management staff at the study site and through the study’s lead author.

Instrument design

Data collection was accomplished through the use of an interview protocol developed by the researchers. The research team elected to utilize a semi-structured interview approach in order to explore participants' perceptions of their participatory choral experiences at a level of depth that would not be possible when utilizing other approaches (e.g., surveys or standardized instruments). The interview approach permitted the participants to express their perceptions in their own words and permitted the interviewer to ask for clarification or probe for additional information when responses were vague or terse. Interviews were conducted individually in order to isolate the perceptions of each individual; the researchers were concerned that using a group interview process might inhibit participants' expressions of perceptions of intragroup dynamics. The interview protocol designed for choir participants consisted entirely of open-ended questions designed to explore several subjects, including the duration of the individual's association with the study site; the duration of their participation in the veterans' choir; how the individual learned about the choir; the individual's expectations concerning the choir; the individual's prior musical experiences; their experience participating in the choir; their interactions within the choir context; the impact of choir participation upon their relationships at the study site; and what they would tell other veterans about their experiences participating in the choir.

Data collection methods

Study participants were recruited through staff at the study site, the choir directors and the study's lead author. During the recruitment process, participants were provided with a summary of the study and if they remained interested, they were referred to one of the other study authors, who provided additional information about the study and arranged a time to conduct an interview.

Interviews with choir participants were conducted at the study site at times that did not conflict with the therapeutic activities offered at the facility. Prior to conducting the interviews, the researcher provided the participant with an informed consent document and discussed the purpose of the study and the informed consent process with the participants. The interviews were between 24 and 36 minutes in length, were scheduled between other programming activities at the facility, were conducted in private room and were captured using a voice recorder. Participants were not asked for their names during the interviews; each interview was identified by using a code number in lieu of using participant names.

Data analysis

After completion of the interviews, the audio recordings were transcribed verbatim and the audio files were deleted. Analysis of the transcribed interviews was accomplished through a constant comparative process of analysis (Glaser & Strauss, 1967), using open and axial coding strategies described by Strauss and Corbin (1990). Narrative data were reduced to core elements of meaning; each data element was then assigned one or more codes describing the theme or themes reflected in the statement. All data elements were then compared in order to develop categories of conceptually related data. From these categories and the narrative data associated with each category, the researchers extracted and reported themes indicating concepts expressed with varying degrees of agreement or consensus among the respondents.

Results

Participants

A total of six choir participants completed interviews. All six interviews were conducted by the same member of the research team. With one exception, the interviews were conducted immediately prior to or after a choir rehearsal or an individual voice lesson provided by the choir director. The interviews were conducted in a private room and were audiotaped with the permission of the participants. The audio recordings were then transcribed verbatim and prepared for analysis.

All of the participants were veterans. Four of the participants were males and two were females. Five of the six participants were Black or African-American, and one was White. All participants were currently residing at the treatment setting. The participants reported residing at the treatment setting for a minimum of nine weeks and a maximum of six and a half months. Participants also reported participating in the choir for a minimum of six weeks and a maximum of four months.

Five of the participants reported having some previous musical training or performing experience prior to joining the choir; one indicated that he had no prior musical training or performing experience. Most had experience singing in choirs, often in church choirs. Three participants reported playing one or more instruments which included clarinet, guitar, piano, tambourine and the xylophone.

Themes

Analysis of the transcriptions of the interviews suggested three major themes, each with two or more subthemes. The subthemes reported are those that were evident in the responses of at least three of the six interviews. The three major themes identified were (1) personal motivation for participating in the choir; (2) emotions associated with choir participation; and (3) intragroup dynamics perceived by the choir participants. Each major theme is described in greater detail through discussion of subthemes in the paragraphs that follow.

Personal motivation

Choir participants described several factors that prompted them to participate in the choir. Factors mentioned by the participants are discussed in further detail here.

Opportunities to meet other residents. Participants indicated that one of their motivations for joining the choir was to get to know other residents better. They expressed the belief that participating would enable them to connect with others better to become more involved at the center, and to engage with individuals with whom they otherwise might not interact. One participant noted that "... it brought me closer to people that I didn't think I had anything in common with." Another described connecting with peers in the choir under circumstances that differed from other interactions with the same peers in different settings at the center:

... there are some people in the choir that like, nobody talks to. We don't talk to them all of the time and then all of the sudden it's choir time and there are discussions. And there's this laughing and there's this, you know, it's like "O.K., I don't talk to this person, I've not talked to this person all day." I've barely seen them around here except on Tuesday nights at 7:15 and all of the sudden we're laughing like we've been hanging around all day.

Ultimately, participants described their choir experience as one that introduced them to people that they otherwise would not have had a chance to meet or know. As one

participant indicated, choir participation "... helped introduce me to people I wouldn't normally talk to; that was a big thing." Another participant addressed the same concept by saying, "... so I think that's pretty cool, because we get to interact with different people. It's amazing, like, some of the people that come to choir practice, I was like, really, this guy is a singer? Wow."

An appreciation of singing. A second motivation for joining the choir which was mentioned by a majority of the participants related to their affinity for singing. As one participant indicated when asked about his reasons for participating, "Actually I didn't come into it thinking 'What's in it for me?' I like to sing, so I guess that's what was in it for me – to sing." Another participant suggested that singing was simply part of his daily experiences and that his attraction to singing prompted him to participate in the choir.

I actually like singing, it's like, I sing all the time; I haven't had any professional training or anything like that but I'm always like singing, like I memorize songs, you know, I always have headphones in; I'm always singing. There's always a tune, even when there's no headphones.

A diversion from other concerns. A majority of the participants who were interviewed indicated that they were motivated to join the choir because singing as part of a group represented an opportunity to temporarily divert their attention from other concerns. The opportunity to participate in the choir was viewed by some as an opportunity to participate in something fun or enjoyable. One participant described how the focus upon singing reflected a distinct departure from many of the issues that the residents addressed in therapeutic activities provided at the center:

Because we always talk about drugs and alcohol around here and it's like "Oh my god, when are they gonna shut up about this?" And then all of a sudden we're talking about, you know, which music to sing and stuff and that's like a step away. And you know, it's just, "Oh, yeah we're talking about music." Well we don't have to worry about anything but music right now.

An opportunity to learn. A majority of participants stated that they were motivated to participate by the opportunity to learn more about singing and music. Participants ascribed value to experiences that would advance their knowledge or abilities related to singing. One participant illustrated this idea simply by stating, "I just like to sing, you know, and if I can get any pointers, you know, I love to get pointers and stuff like that. And it has worked out – so far it has worked out pretty good."

An opportunity to challenge themselves. Half of the interview participants indicated that they viewed participating in the choir as a personal challenge or a way to test themselves. As one participant stated, "... it's almost therapeutic with walking through fears; risk-taking." Another described viewing his participation in the choir as a means of working through his fear of speaking and performing in front of others:

And I've always let fear rule my life, you know. I let it take me out of the game before I even try, so it was, yeah, it was a golden opportunity to get up there whether it was bad or not – just to not care and have fun with it.

Emotions associated with choir participation

Participants described several emotions associated with joining and participating in the choir; however, many of these emotions were unique to the individual or were not mentioned by other participants. Two emotions or feelings, anxiety and enjoyment, were evident in interviews with at least half of the participants. Choir participants also described positive effects upon mood as an outcome associated with participation.

Anxiety. During the interviews, participants described a sense of anxiety associated with joining the choir, participating or performing. Participants often described feeling anxious or scared, and engaging with the choir despite these feelings, ultimately leading to diminished anxiety. One participant described this process succinctly, stating “Well I was a nervous wreck to be honest. The first class, even the second class it was hard, but I didn’t give up, I kept going and going and, um, eventually just started giving it all I got.”

Enjoyment. The other emotion or feeling that was described by half of the participants was enjoying the choir experience. Participants described having fun or viewing choir as something pleasurable that they felt they were doing for themselves. One participant described how she looked forward to the choir rehearsals that took place on Tuesday evenings:

... I can go all day and I can be tired and exhausted and totally out of fuel, and once I – I know it’s Tuesday – the only thing I care about is my meds and I care about choir practice. And once I get to choir practice and the music starts going and we start singing ... I’m good, I’m good. And I’m just like “Yeah, it’s the perfect way to end the night.” And I’m like “This is so awesome.” And then I go to bed and I’m happy.

Effect of choir participation upon mood. Participants noted that participation in the choir resulted in positive effects upon mood. They described music and singing as having a calming effect or an elevating effect upon their moods. As one participant stated, “... it keeps me from a negative enforcement in my mind. It turns it around; that’s what I want to say. It just turns it around – it does a 360.” Another described the effect of singing upon her mood in this way: “I’m happy. I’m not mad and angry anymore. It’s like ‘I’m singing, why would I be mad?’ It’s awesome.” Finally, one participant described music as a coping mechanism for him – a way that he dealt with the challenges that he faced:

... music is one of those things for me that, that, it helps me with my mood, it’s a calming effect, it’s an escape, it’s a lot of things. I ... , I lean toward music for a lot of things, just to make me feel good; it’s not like it’s a drug, but it’s a coping mechanism.

Perceptions of intragroup dynamics

Participants described a variety of interactions and relationships among the groups. Two themes that emerged with consistency from the interview data were a sense of belonging associated with the choir and a sense of support derived from the choir experience.

Sense of belonging. Participants described a feeling of belonging to the choir and a sense of commitment to the choir. Statements from the participants suggested that the two concepts were intertwined – that committing to the choir fostered a sense of belonging and that feeling as though they belonged enhanced their commitment to the choir. One participant described belonging and commitment in this way: “It is an opportunity, and it’s very therapeutic. You know, participating, being a part of the group, and then doing the presentation and following through with that – it’s very essential.” Another described the sense of belonging she felt through the lens of her initial reluctance to engage with other residents at the center:

Um, I think I got better, like, harmonizing and working with people. It’s really helped me working with others; like before when I was first here I was kind of “I don’t want to get close to anybody, I don’t know, we’re all addicts.” You know, but then after – choir was the first thing I did to interact with the community.

Sense of support. Participants described ways that the choir as a whole supports those who contribute to the choir. Often, participants described instances where the choir would support members of the choir so that the performance of the choir as a whole would be enhanced:

I don't know if you've ever been involved in a jam session, but you know, there's going to be a little tension, like "hey man you need to step it up," but we're a choir, you know, so we don't have that. We know our spot and as long as we execute our spot the right way or whatever, there is no tension. You know when you're supposed to come in, and if you don't somebody's going to help you out.

Another participant described the sense of support she felt when singing a solo as part of a performance, "Anytime you do a solo . . . even with a solo you still have the support of the choir; I believe." Yet, another described how he believed that one of his roles in the choir was to offer support to other members of the choir, "I really love to encourage people, really give a lot of positive support and encouragement."

Discussion and conclusions

The participants discussed the opportunities that the choir presented to engage with other members of the community at the center. This finding suggests that fostering a sense of engagement may be enhanced by offering the opportunity to connect with others through shared interests and to build relationships with peers through pro-social artistic activities. The idea espoused by Small (1998) and Storr (1992) that music can act as a medium through which interpersonal relationships are forged or strengthened is echoed in the findings of the present study. Furthermore, these connections extended beyond the choir and into the community of residents at the center through the recognition garnered by participants as a result of their performances at the center. The audience at the facility often sang along with the veterans' choir during performances. These events may have further strengthened the bond between participants and their fellow veterans at the facility, a concept which has parallels in the work of Dingle et al. (2012) whose findings addressed a sense of connectedness between performers and their audiences.

The enjoyment of singing expressed by the participants, paired with the opportunities to involve themselves in this type of singing-oriented activity, indicate that offering arts-based programming may engender positive attitudes on the part of participants about their experiences at the center. Favorable attitudes about the center may contribute to enhanced participation and retention of residents at the center, and thus increased exposure to other therapeutic activities coordinated by the center (e.g., clinical-oriented treatment of substance abuse and mental health concerns). The opportunity to learn, a subject discussed by several participants, represents a similar incentive. Those who value the opportunity to learn and grow in their artistic endeavors may experience an enhanced sense of connection to the center if they feel that the facility presents these types of opportunities to residents.

Participants indicated that the choir represented an opportunity to temporarily shift their focus away from significant and pressing concerns about their current circumstances. This finding is in agreement with Storr's (1992) view that engaging in music performance can serve as a form of escape from other concerns. Diverting the veterans' attention and energy into artistic efforts may serve as a means of coping for the participants, a way for them to adjust to significant lifestyle changes in a measured manner. The choir gives the participants an opportunity to focus on productive activity that they experience differently than the other therapies that are at the forefront of their attention during much of their time

at the center. The effect of choir participation upon mood described by participants (i.e., focusing upon something positive, experiencing happiness, a sense of calmness or a sense of escape) likely serves a similar coping purpose; the diversion may help veterans to engage in the demanding work associated with recovery with a greater degree of ease. Likewise, finding that some of the choir participants believed that the choir represented an opportunity to challenge themselves suggests that some view the choir experience as a vehicle for nurturing personal growth in a manner that differs from the ways that they might pursue personal growth through the clinically focused treatment modalities offered at the center. The veterans' comments echoed the major themes described by Bailey and Davidson (2005) of inclusion, empowerment and meeting standards of excellence; however, the concept of inclusion was more pronounced than the other themes, suggesting greater agreement with the concerns of Bailey and Davidson's marginalized group than their middle-class group.

The idea that the choir experience may contribute to the participants' motivation to continue their association with the center has been discussed in the preceding paragraphs. This theme surfaced again when examining the participants' perceptions of intragroup dynamics within the choir. The choir experience prompted participants to contribute to collaborative efforts as well as presenting opportunities to be featured through brief solo sections that were incorporated into group pieces. These efforts promoted a sense of supporting other participants, as well as a sense of being supported by others when singing a solo during a performance, concepts not unlike the strong social bonds facilitated through group singing which were reported by Judd and Pooley (2013) and the sense of connectedness reported by Dingle et al. (2012).

Recommendations for future research

The findings of this inquiry are based upon the experiences of a relatively small group of veterans that participated in the arts-based intervention. The transient nature of the population at the center limited the number of individuals that could be studied as well as the duration of the participants' exposure to the choir intervention. The authors suggest that there are additional opportunities for research with this population that might include studying a larger population of participants as well as studying the effects of arts-based intervention over longer durations. Furthermore, researchers should consider studying the use of arts-based interventions with other at-risk veteran populations in addition to those contending with substance abuse, psychiatric disabilities and homelessness. An additional consideration for research pertains to investigating the differences between vocal and instrumental music-based interventions. Finally, the potential roles of arts-based interventions in individuals' coping processes emerged as a significant theme in this study. Additional studies that explore the exact nature of this relationship as well as the extent to which arts-based interventions facilitate – or fail to facilitate – individuals' processes of coping and adjustment are encouraged as the authors believe this subject represents fertile ground for further investigation of the use of arts-based interventions with at-risk populations.

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