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Development of the Grief Process Scale through music therapy songwriting with bereaved adolescents

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There are available to health professionals and clinicians working with bereaved children and adolescents many available treatment options, ranging from support groups to pharmacological and psychotherapeutic interventions (Forte, Hill, Pazder, & Feudtner, 2004). The use of music therapy and songwriting experiences in grief interventions for bereaved children and adolescents to help them with issues relating to the validation, identification, clarification, normalization, and expression of feelings and emotions has been described by a number of authors and clinicians (Bright, 2002; Dalton, 1999, 2002; Hilliard, 2001; Krout, 1998, 1999, 2002, in press; McFerran-Skewes & Grocke, 2000; Skewes, 2000; Skewes & Grocke, 2000; Teahan, 2000). However, there have been relatively few research studies in the area. In addition, few studies have reported using original assessment instruments designed to measure changes in the grieving of bereaved adolescents due to treatments such as music therapy and other creative arts therapies. In one related example, Goldstein (1990) developed a Songwriting Assessment of Hopelessness (SAH) for use with adolescents with a clinical picture of depression and/or a history of suicidal ideations or attempts. Some of the participants had experienced the death of a loved one. The author related scores on the Beck Hopelessness Scale to those of the SAH. Results suggested that the SAH may be useful for assessing hopelessness. In a pilot study, Hilliard (2001) examined the effects of music therapy-based bereavement groups on the behavior and mood of bereaved

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children aged 6–11 years. Songwriting was used as one of the techniques within an overall cognitive–behavioral treatment approach. Children participating in the music therapy groups showed significant reductions in certain grief symptoms as measured by two standardized measurement instruments, the Bereavement Group Questionnaire for Parents/Guardians and the Behavior Rating Index for Children (Hilliard, 2001). In a phenomenological study, McFerran-Skewes (2001) investigated a psychodynamic approach to music therapy group work with younger, bereaved adolescents. The author conducted and analyzed in-depth interviews with the participants following a course of 10 music therapy sessions. She reported that their desires for freedom, control, fun, and achievement of cohesion within the group were essential in successfully addressing their grief needs (McFerran-Skewes, 2001).

The purpose of the current project was to design and pilot a music therapy-driven grief processing assessment instrument with bereaved adolescents receiving group songwriting interventions.

Method—the current study

Development of grief process areas to be assessed

Grief process areas in the current study were developed through a descriptive analysis of a total of 123 songs previously written by bereaved adolescents who received weekly music therapy and grief counseling over a period of 36 months (Dalton & Krout, 2002). The songwriting process involved working with bereaved adolescents to facilitate the creation of lyrics and music that expressed their core concerns regarding the death of their loved one and how they were coping since the death (Dalton & Krout, 2005). Lyrical themes within the songs were identified and organized by the music therapist into five grief process areas described as understanding, feeling, remembering, integrating, and growing. These five identified grief process areas were then compared to the existing theories and models of bereavement and were found to be representative of them (Anschuetz, 1990; Corr & Balk, 1996; Dalton, 2002; Doka, 2000; Fleming & Adolph, 1986; Furman, 1974; Opie et al., 1992; Rando, 1993; Schilling, Koh, Abramovitz, & Gilbert, 1992; Tonkins & Lambert, 1996; Wolfelt, 1983; Worden, 2002).

The first process area of “understanding” represented lyrical statements of adolescents concerned with understanding the cause of their loved one’s death, their reactions to the death, and clarifying if they were “normal” in what they were experiencing. The process area of “feeling” described adolescent lyrics regarding concerns with expression of a variety of emotions associated with the death such as sadness, anger, guilt, frustration, numbness, fear, and resentment. The importance of validating and acknowledging a full spectrum of emotional reactions to a death has been stressed by many clinicians and theorists (Anschuetz, 1990; Bowlby, 1980; Corr & Balk, 1996; Fox, 1985; Furman, 1974; Hiltunen, 2003; Rando, 1993; Wolfelt, 1983; Worden, 2002). The process area of “remembering” represented adolescent song lyrics, which expressed a concern with both good and bad memories of their loved one and contemplating their unique relationship with the deceased. The process area of “integrating” described adolescent concerns with how they would be able to continue and cope with their life activities while experiencing the emotional pain and the changes that

resulted in their life after the death. This area also represented song lyrics that described how they were developing a new relationship with the deceased. The process area of "growing" represented lyrical statements that described finding some sense of meaning or personal growth through the loss. This search for meaning and personal growth associated with the bereavement process has been described by a number of grief authors (Davis, Wortman, Lehman, & Silver, 2000; Fleming & Adolph, 1986; Gamino, Sewell, & Easterling, 2000; Neimeyer, 2000).

The focus of the present study was to ascertain if a seven-week songwriting group treatment protocol would assist the grieving process of adolescents who have experienced the death of a loved one as measured by the newly-developed Grief Process Scale.

The Grief Process Scale

In developing the Grief Process Scale (GPS), 30 self-statements were generated from the previously described analysis of 123 song lyrics of bereaved adolescents. Although other grief measurement tools have been developed, the GPS was designed to specifically address the five grief-process areas previously described as they have grown out of songwriting-based music therapy. Six statements for each of the five grief process areas (understanding, feeling, remembering, integrating and growing) were developed that represented core behaviors, thoughts and feelings regarding their loved one and how they were coping with/since the death. In completing the GPS, each participant was asked to place a mark on a 100-milimeter continuous line that connected two polar opposites. A continuous line was used to permit interval data to be recorded (Curtis, 1986; Krout, 2001). These opposite descriptors were labeled as "easy" and "hard." The place along the line at which the mark was made was designed to measure the level of difficulty (i.e. easy to hard) reported by the participant in regard to the statement. A score of "0" indicated the participant felt that the statement was "easy," while a score of "100" indicated that the process was "hard." A decrease in the total GPS score indicates improvement in grief processing. A mock-up of the GPS can be seen in the Appendix.

The authors considered other measurement tools for caparison with the GPS for an informal measure of validity. One was the Jimerson Youth Common Grief Reaction Checklist—Self-Report—PRE, which measures a total of 86 grief reactions of teens to early losses in their lives on a scale of 1 (not at all) to 5 (feeling has lasted for years) (Lehmann, Jimerson, & Gaasch, 2001). This scale was not used due to its length and time involved for the teens to complete it during a session. A second measure, the Expanded Texas Inventory of Grief (ETIG) (Zisook, Devaul, & Click, 1982), was also considered. The ETIG has participants rate statements about their grief using a 5-point Likert scale ranging from completely false to completely true. However, it was decided that the wording of the items might be confusing to the teens, so this instrument was not used. A third tool, the Hogan Grief Reaction Checklist (HGRC) (Hogan, Greenfield, & Schmidt, 2001) was chosen for comparison and as an informal measure of comparison. The HGRC is a standardized measurement of the multidimensional nature of the bereavement process, which has been reported to be validated in the grief literature (Hogan et al., 2001). The HGRC, designed with six subscales of despair, blame and anger, personal growth, detachment, and disorganization, is comprised of 60 descriptive statements (e.g. "I feel like I am in shock,"

"I believe I should have died and he or she should have lived") (Hogan et al., 2001, p. 12–13), to which the participant responds by circling one of five weighted responses that best describes his/her feelings and actions about each statement (does not describe me et al, 1; does not quite describe me, 2; describes me fairly well, 3; describes me well, 4; and describes me very well, 5). A decrease in HGRC scores indicates improvements in grief processing.

Participants in the pilot study

There were 20 participants (13 females and 7 males) in the study ranging in age from 12 to 18 years. All had experienced the death of a loved one within the past three years prior to the beginning of the study. Participants were referred for the groups by school guidance counselors and by parents/guardians contacting the authors' bereavement counseling center for group counseling services. The range of losses included the deaths of a mother, father, friend, grandmother, grandfather, and brother. The causes of death were 75% from terminal illnesses including cancer, congestive heart failure, and coronary obstructive pulmonary disease, and 25% from sudden losses including motor vehicle accidents and suicide. Participant ethnicity included 50% White, 35% African–American, 10% Hispanic and 5% Asian. Socioeconomically, the participants ranged from upper–lower class to middle class. Informed consent, which included information about the purpose of the study, voluntary participation, risks and benefits, confidentiality, and participants' freedom to withdraw from the study at any time (without jeopardizing their receiving similar group music therapy services outside of the study), was obtained from all participants and their parents/guardians.

Settings

One of the songwriting groups took place at the bereavement counseling center within a hospice and palliative care organization (HPBC) serving an average daily census of approximately 700 patients, and employing 10 full-time music therapists who provide hospice music therapy to patients, families, and children. The bereavement center offers grief support services to families served by the hospice, as well as to persons from the community, including children and adolescents. The bereavement center is staffed with social workers, mental health counselors, and art and music therapists providing grief counseling to those served. Regular school support groups, a summer grief camp, and a teen retreat for children and adolescents are also offered as part of the programs. These programs utilize a variety of counseling approaches integrating grief education and the expressive arts therapies including art and music therapy (including songwriting), play, poetry, and movement. Four of the songwriting groups in this study were held in public middle/high schools and one group was held at HPBC.

Pilot study design

The design used was a quasi-experimental, nonequivalent group design using pre-test and post-test measures for both treatment and control groups in comparing levels of dependent variables (Hanser & Wheeler, 1995). Random assignment to groups was not pos-

sible, as the participants were referred from and served in different settings and agencies (four separate schools and the bereavement center). As such, these five groups served as convenience samples. Six of the participants had scheduling conflicts with the group meeting times and were placed on a waiting list to have services provided at the bereavement center following the completion of the pilot study. These six participants served as the wait-list control group and completed pre-tests and post-tests. Of the 20 participants participating in the study, 14 participants received a seven-week, songwriting-based music therapy treatment and six participants served as the no-treatment, no-contact control group.

Overall treatment session formats

The seven-week songwriting-based music therapy treatment groups were 60–90 min in length and organized around the above five grief process areas (Dalton & Krout, 2002, 2005). The group sessions were facilitated by a board-certified music therapist and a music therapy intern. Prior to the first session, informed consent and confidentiality were discussed and the pre-test GPS and HGRC were completed. In this first session an orientation for the group and the seven-week process was provided. Sessions two through six focused on the five grief process areas of understanding, feeling, remembering, integrating and growing. Session seven was for closure and termination, and involved group rituals and memorial celebrations.

The process of songwriting in each of these sessions involved providing the structure of a chorus lyric from five therapist pre-composed songs. These songs identified the five previously-described grief process areas and were titled "This is what Happened," "So Many Feelings," "I Remember," "Slowly Moving Away," and "My Life is Changing" (Dalton, 2000). Group members were guided in various techniques of creating original music and melody for the song and in writing their own individual lyrics for verses that represented their own experience based on the chorus lyrical theme. In the creation of the music for each song, group members were assisted by the clinicians in playing different instruments and making choices in rhythmic patterns, chord progressions, and various musical styles. Successful music making was facilitated through the use of open guitar tunings, pentatonic scales, and midi/recording technology.

Group discussion of lyrics allowed for clarification, sharing, and adding new thoughts, feelings, and information into re-writing verses. The group members were also able to choose instruments and play "solos" after their verses that allowed for individualized musical expression of their verse lyrics. Listening to and discussion of the finished song allowed for further clarification of the session theme and individual responses to the song that resulted from the songwriting process. Copies of the completed song were recorded on CD or cassette for group members so they could listen to it during the next week before the next session.

Session seven took place at a special location in the county chosen by the participants. This final group session was a memorial and celebration of the life of their loved ones. Locations included the beach, a park, the meadow at the bereavement center, and a special place at their schools. The memorial sessions represented an acknowledgment and closure for the work they had done in the seven-week program. Group members created special

rituals for the memorial, which included sharing songs, music, poems, photographs, and their thoughts and feelings about what they had gained from the support group experience. The post-tests of the GPS and HGRC were also completed after this session and the finished CD recording of their five songs was presented to group members.

Results

Due to the small sample sizes, the GPS data were analyzed via tables and using descriptive statistics. A visual analysis of the data was used to look for noticeable differences between treatment and control groups in the amount/degree of pre-test to post-test changes in mean GPS scores in two main areas of consideration and evaluation.

The first evaluation compared GPS mean scores of treatment and control participants. Six sets of calculations were made, including group pre-test and post-test GPS scores for treatment groups one through four combined, control group, and treatment groups one through four individually. To calculate group means, raw scores for all 30 GPS items for all participants in the corresponding group(s) were totaled, divided by 30 (number of GPS items), and then further divided by the number of participants in the group(s). The percentage pre-test to post-test change in scores for each of the group means was also figured. Table 1 compares pre-test to post-test changes in GPS means between treatment and control groups. The treatment groups will be discussed first, followed by the control group. As can be seen in Table 1, changes in means ranged from a minimum decrease of 20 points for treatment group two to a maximum decrease of 28 points for treatment group one. The pre-test to post-test difference in means was an average decrease of 25 across the four treatment groups. This decrease in scores suggests a noticeable improvement in grief processing as measured by the GPS. In contrast, the pre-test to post-test change in the control group was an increase of two points. This suggests that the control group did not display noticeable change/improvement across time.

The second evaluation of GPS means was designed to determine if there were noticeable differences in pre-test to post-test changes in means across the five grief processing domains between the control group and combined treatment group scores. To calculate group means for each of the five GPS domains, raw scores for all six domain (grief process area)-specific GPS items for all participants in the corresponding group(s) were totaled, divided by six (number of GPS domain items), and then further divided by the number of participants in the

Table 1
Pre- to post-test changes in GPS mean scores across treatment and control groups

Group	Pre	Post	Difference	Percentage change
Control group	59	61	+2	+03
Treatment groups combined	58	33	−25	−43
Treatment group 1	63	35	−28	−44
Treatment group 2	51	31	−20	−39
Treatment group 3	49	27	−22	−45
Treatment group 4	68	42	−26	−38

Table 2
Pre-test to post-test changes in GPS mean scores of treatment groups 1–4 combined and control group across five grief processing domains

Domain	Treatment groups 1–4 combined				Control group			
	Pre	Post	Difference	Percentage	Pre	Post	Difference	Percentage
#1 Understanding	58	33	−25	−43	62	61	−1	−02
#2 Feeling	63	36	−27	−43	61	64	+3	+05
#3 Remembering	55	30	−25	−45	51	54	+3	+06
#4 Integrating	59	35	−24	−41	63	64	+1	+02
#5 Growing	49	34	−15	−31	58	62	+4	+07

group(s). Percentage changes from pre-test to post-test were also calculated. Table 2 displays these data. As can be seen, pre-test to post-test changes in GPS means for the treatment groups combined ranged from a minimum decrease of 15 points for area #5—growing, to a maximum decrease of 27 points for area #2—feeling. In contrast, the maximum pre-test to post-test change in GPS means for the control group was an increase of four points for area #5—growing. Minimum changes were noted of an increase of one point for area #4—integrating, and a decrease of one point for area #1—understanding. Analysis of these data suggest that the treatment was noticeably effective in decreasing GPS scores across all grief domains as compared to the control condition.

Due to time constraints during the first session with one of the treatment groups, only three of the four treatment groups completed the HGRC. Results from the HGRC indicated an average modal pre-test to post-test decrease of one point (out of a possible five points) for the treatment group participants. All but one of these treatment participants had a decrease of one point, with one participant demonstrating no pre-test to post-test change. This average decrease in HGRC scores suggested pre-test to post-test improvement in grief reactions/processing in the same direction as the results of the GPS. Results from the control group suggest an average modal increase of one point. As with the results using the GPS, these scores suggest that the control participants did not evidence improvement in grief reactions/processing as measured by the HGRC. Comparative results of the HGRC were, therefore, similar in overall direction to those of the GPS in comparing pre-test to post-test changes between treatment and control participants.

Discussion

This project included two main phases, designing a grief measurement instrument based on self-statements from bereaved adolescents who had previously been involved in songwriting-based music therapy, and conducting a pilot study to evaluate how this measurement instrument worked in a clinical setting. While participant sample sizes were small, results suggested that the songwriting treatment helped the adolescents improve in their grief processing scores across all grief domains as compared to control participants. The GPS proved to be workable and did not appear to be too cumbersome in its implementation. The participants appeared to react well to using the GPS, with no reported problems

or negative feedback from them. The songwriting process itself appeared to be engaging for the participants. More detailed information on the songwriting process has been described and is forthcoming in a separate publication (Dalton & Krout, 2005). This may be helpful to clinicians considering the use of a similar treatment protocol.

The authors' own reflections and suggestions for improvement might be incorporated into future projects. For example, additional studies are needed to evaluate the validity and reliability of the GPS as a measurement tool, and to collect more data that can be analyzed using inferential statistics. In addition, it would be helpful to assess how the scale of "easy . . . hard" worked for the participants. Is this continuous variable scale of 1–100 as accurate as using a 5-point Likert scale? Specific instructions to participants might also help them better understand the intent of the GPS. In addition, it might be better to use a different term such as "extremely difficult" rather than "hard," as "hard" may be an abstract descriptor and thus confusing for the participants.

When comparing the GPS to another instrument such as the HGRC, some consideration of the measures' contrasts might be illustrative. For example, it would be interesting to consider any effects based on the measurement of positive measures of the GPS (e.g. understanding, feeling, etc.) versus the negative wording of the HGRC (e.g. despair, blame, anger, etc.). Follow-up studies might also provide useful insights into lasting effects of the treatment protocol. This could include what results might be anticipated in longitudinal testing with the same or other participants. There is also the issue that the GPS measure may be treatment-dependent (based on the songwriting protocol). It would, therefore, also be helpful to use the GPS as a measure with participants undergoing treatment other than the songwriting. In addition, other forms of grief therapy could be compared to the songwriting protocol.

In summary, however, the above results are promising, and point to positive growth in bereaved adolescents through creative songwriting in clinical music therapy. The GPS appears to be a measurement tool warranting future use and evaluation in the clinical area of grief services for adolescents in bereavement support groups.

Appendix A

Since my loved one died:

1. Looking at photos and pictures of my loved one is:
   0 _____ *100*
   easy *hard*

2. Understanding exactly how my loved one died is:
   0 _____ *100*
   easy *hard*

3. Letting myself cry and feel my sadness about the death is:
   0 _____ *100*
   easy *hard*

4. Finding people that understand and support the way I feel about it is:
   0 _____ *100*
   easy *hard*

5. Believing that some positive things have happened in my life since the death is:
   0 _____ *100*
   easy *hard*

6. Understanding my different reactions to the death is:
   0 _____ *100*
   easy *hard*

7. Accepting that it happened and that its not just a bad dream is:
   0 _____ *100*
   easy *hard*

8. Remembering the happy memories and times we had is:
   0 _____ *100*
   easy *hard*

9. Expressing my anger about the death in healthy ways is:
   0 _____ *100*
   easy *hard*

10. Describing how I felt the day my loved one died is:
    0 _____ *100*
    easy *hard*

11. Finding someone who could be there for me like my loved one is:
    0 _____ *100*
    easy *hard*

12. Remembering the unhappy memories and difficult times that we had is:
    0 _____ *100*
    easy *hard*

13. Thinking about life without my loved one is:
*0*_____*100*
easy *hard*

14. Thinking about the things we never got to do or say to each other is:
*0*_____*100*
easy *hard*

15. Adapting to the changes in my life since the death is:
*0*_____*100*
easy *hard*

16. Explaining the cause of my loved one's death to other people is:
*0*_____*100*
easy *hard*

17. Thinking about my loved one like they are still here is:
*0*_____*100*
easy *hard*

18. Being positively involved in school, friends and hobbies since the death is:
*0*_____*100*
easy *hard*

19. Finding ways to commemorate my loved one's life is:
*0*_____*100*
easy *hard*

20. Understanding about the normal process of grief is:
*0*_____*100*
easy *hard*

21. Feeling guilty about things I should have said or done before my loved one died is:
*0*_____*100*
easy *hard*

22. Looking at my relationship with my loved one is:
*0*_____*100*
easy *hard*

23. Worrying that someone else in my family might die is:
*0*_____*100*
easy *hard*

24. Taking care of myself and staying healthy since the death is:
*0*_____*100*
easy *hard*

25. Celebrating holidays and birthdays without my loved one here is:
*0*_____*100*
easy *hard*

26. Finding new interests and hobbies is:
0 _____ *100*
easy *hard*

27. Having a greater sense of meaning in life from all of this is:
0 _____ *100*
easy *hard*

28. Feeling like my loved one's spirit is always with me is:
0 _____ *100*
easy *hard*

29. Creating songs, stories and drawings about my loved one's life is:
0 _____ *100*
easy *hard*

30. Making new friends and emotional connections with people is:
0 _____ *100*
easy *hard*

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