

Article Title: Music Therapy, Spirituality and Transcendence (Category: Theoretical study)

Journal Name: Nordic Journal of Music Therapy

Author: Dr. Hilary Moss

Correspondence details: Course Director and Senior Lecturer, Music Therapy, University of Limerick.

Email: hilary.moss@ul.ie

Tel: 0035361213122

Author Contributions: The author conceived and designed the research; performed the research; analyzed the data and wrote the paper.

Conflicts of Interest: The authors declare no conflict of interest.

Ethical approval: Ethical approval was granted from the University of Limerick ethics board

Abstract

This paper explores the spiritual aspects of making music, with reference to music therapy practice and theory. The research questions addressed in this paper are: (1) Does singing in a choir have spiritual health benefits? (2) How do people participating in music-making experience the spiritual and/or transcendent aspects of music? (3) Can music therapy play a role in supporting clients' spiritual health and expression?

The paper presents research findings from a large international study of the health and well-being benefits of singing in a choir, in which spiritual benefits were rated by choristers. Key themes emerged, including the spiritual benefits of singing, the role of music in transcending difficulties and finding meaning in suffering. Examples of the role of music therapy in affording opportunity for spiritual expression are also presented.

The paper will be of interest to music therapists and healthcare professionals interested in exploring how music-making can allow expression of spiritual beliefs and may strengthen spiritual well-being in people living with complex health conditions.

The author contends that spiritual expression is an important aspect to be considered in music therapy practice and aims to stimulate discussion and debate regarding the relationship between music and spirituality.

Keywords: music; music therapy; transcendence, spirituality; singing; health; hospital

Main text

Introduction

Mary was an 82-year-old woman with moderate dementia admitted to a ward for older people in hospital within a Psychiatry of older age service. She was referred to individual music therapy to help reduce agitation and social isolation. As she was brought into the music therapy room she said she sang in the church choir. This was a sentence that she repeated (due to memory loss) many times during her music therapy sessions. The music therapist asked her which church she attended and happened to know, from the answer, that this was a Roman Catholic church. As part of her assessment, the therapist played Ave Maria, the only well-known Catholic hymn at her disposal. The result was instantaneous, Mary began to sing the words, smile and visibly relax. The music therapy sessions revolved, from then on, around singing hymns and talking about Mary's faith. The importance of Mary's religious practice was evident within the sessions and the therapist communicated this to the nurses in charge of Mary's care. It became apparent that the Roman Catholic chaplain had not been notified of her stay in hospital as she had few family visitors and had not identified her religion when asked on admission. Pastoral care became part of her ongoing care from then on.

John was an 87-year-old man who had a major stroke and was left with minimal physical movement, incontinence and only able to communicate through non-verbal sounds. The music therapist met him, in a palliative care ward, with his wife Irene. John was making moaning sounds and Irene said he was distressed and in pain much of the time. When the music therapist offered to play some music, Irene said that she and John liked Elvis Presley. The therapist sang and played 'Love me tender' gently and quietly and Irene joined in. Irene stroked John's hand and he quietened. Irene cried and said John had responded positively. The intimacy of this moment of singing and being together as a couple was an honor to witness. The therapist experienced this moment as a profound, sacred moment where she felt she was merely a channel through which the music made a connection between John and Irene.

The two case examples described above led this author to consider the spiritual aspects of her music therapy practice and how music making might support spiritual health and expression.

This paper presents recent mixed method research exploring the spiritual benefits of singing in a choir along with reflections on clinical music therapy work. Literature review, mixed method research and clinical reflection form the basis for answering the following research questions:

1. Does singing in a choir have spiritual health benefits?
2. How do people participating in music-making experience the spiritual and/or transcendent aspects of music?
3. Can music therapy play a role in supporting clients' spiritual health and expression?

Literature review

Spirituality is an integral part of health care, with pastoral care and chaplaincy in turn an important component of hospital multi-disciplinary teams. When faced with loss of life and serious illness there is often a search for meaning and the need to seek hope and fulfilment (Magill, 2005). Current literature in the field contends that music therapy (MT) can enhance quality of life while providing the means for spiritual renewal and healing (David Aldridge, 1995; Burns, Perkins, Tong, Hilliard, & Cripe 2015; Dileo & Loewy; McClean, Bunt, & Daykin, 2012).

The gift of music helps bestow a deeper awareness of the spiritual life that exists beyond time, boundary and space, bringing comfort and serenity to patients and their loved ones during times of loss and despair (Magill, 2006, p. 174).

Throughout time, music has been associated with the divine. Music is used in all religious traditions to enhance prayer and faith, provide a means for petition, prayer and praise. Music can remind people of their connection with creativity and ultimately with the creative life force. Music has been used in important life rites and rituals throughout the ages (for example, Gregorian chant, Masses and Passion, Gospel music, humanist funeral music) and music can create very strong physical reactions during religious services (such as shivers and tears at funerals) (Gabrielsson, 2011).

Sylvan observes that music is one of the most powerful vehicles for conveying religious content, a claim substantiated by the fact that music and religion are linked in almost all cultures. One reason for this is that music functions at multiple levels of human experience: physiological, psychological, sociocultural, ritual, and spiritual, thus reaching people on all the levels at which religious experience functions. Music making also offers a number of opportunities that have arguably been appropriated by religions: communal connections, comfort, the transcendence of material and physical concerns, and a path into one's inner self (Aigen, 2008).

MT is the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a professional who has completed an approved music therapy program (American Music Therapy Association, 2017). MT in healthcare settings can be a powerful tool in addressing spiritual health, through techniques such as evoking memory, enhancing life review, creating audio recordings for families, writing songs of dedication, biographical songs, songs for family members and songs that nurture the patient's sense of individual significance (Magill, 2006). Music can foster meaningful communication between patients and caregivers, restore a sense of self identity and relatedness and foster a sense of community (Magill, 2006).

However, issues of spirituality have not traditionally been included in therapeutic approaches of professional music therapists (Crowe, 2004). Clinical therapies tend to focus on evidence based, clinical, objective practice and the subjective and esoteric experiences of spirituality can be difficult to embrace in this culture (Tsiris, 2016). Spirituality in modern healthcare has arguably become something of a private nature and Health and Social Care Professionals can be wary of delving into this complex area.

Nonetheless, spiritual needs are fundamental aspects of comprehensive health care, particularly in palliative care. Magill, an experienced music therapist in end of life care, reports examples of patients who experience transcendence through musical experiences; namely being transported to other places, times and images and experiencing a sense of calm and serenity on listening to music in palliative care. Music may reach beyond words to

restore, refresh and soothe, ease pain, promote relaxation and diminish fatigue, through the compassionate presence of a qualified music therapist. If spirituality is a search for meaning and hope at times of distress or failing health, then music can arguably help to meet these needs in healthcare settings (Magill, 2006).

There have been many qualitative discussions of the benefits of music interventions for a variety of patient populations and an increasing body of clinical studies. MT has been found to reduce pain, improve mood, enhance communication and reduce spiritual distress within healthcare contexts ranging from cancer care to palliative care to dementia care. There are fewer clinical studies of the effect of music on spiritual health. However, attending to patients' spirituality has been shown to have some benefit in areas including enhanced quality of life and well-being as well as reduced anxiety and despair (Ettun, Schultz, & Bar-Sela, 2014).

Definitions

The term 'spirit' has several meanings and definitions derived from many cultures and belief systems. The Latin root word, 'Spiritus', means breath, life force, vigour and animating principle (Crowe, 2004) and 'spirituality' is defined as relating to, or affecting, the human spirit or soul as opposed to material or physical things (Oxford Dictionaries, 2017). At a popular level at least, 'spiritual' and 'transcendent' are virtually synonymous as descriptive of that which is lofty, idealistic, elevated or pious. However, understanding spirituality and transcendence as separate, distinct areas is recommended by some authors (Long, 2017).

For this study, a person's spirit or spirituality is understood to be concerned with a connection to their essential wholeness, a sense of 'being', a connection to a higher purpose and to the essential meaning of their life (Crowe, 2004). Transcendence, on the other hand, is defined as above or beyond the normal range of experience, surpassing the ordinary and going beyond a certain level of awareness to another level of understanding (Oxford Dictionaries, 2017). Some people describe experiences with music as magical or mysterious; a transcendence into something bigger; a glimpse of another world, exceeding

the current experience. In this case, music may assist in accessing experiences that go beyond our ability to explain or describe with words.

Everything was so beautiful, it was a kind of revelation, I forgot about the existence of myself, I was in the music, absorbed. A sense of everyone being on the same wavelength, they all know exactly what is going to happen (Gabrielsson, 2011, p. 168).

Ansdell has contributed significantly to music therapy discourse on transcendence, describing forms of musical transcendence as experiences that can take people out of themselves, and beyond themselves during musicking, and can bring epiphanies that reveal spiritual aspects of people, the world and the world beyond (Ansdell, 2014). Magill (2006) on the other hand, identifies four recurring spiritual themes in music therapy literature: relationship, remembrance, prayer and peace. Ultimately, spirituality can never be contained, captured, or caught by any fixed pair of terms (Cobussen, 2008) and this may add to a reluctance within Music Therapists to engage in this somewhat murky area of human experience (Tsirir, 2016).

Music Therapy, spirituality and transcendence

Music therapists provide their clients with access to musical experiences but cannot regulate the spiritual importance of the music-making to the client. Just as the evocation of religious feelings is also accomplished by certain forms of popular music outside the MT context, there is no reason to think that these feelings will not be evoked within the MT (McClean, Bunt, & Daykin, 2012). For some individuals their contact with music through MT might be their primary means of accessing spiritual experiences. This may be especially so for people with cognitive impairment or people who are non-verbal, who may lack access to religious/spiritual understandings that are expressed and conveyed through verbal language.

The ways in which music engages people and creates certain experiences is certainly context-dependent. However, there is no reason to suppose that significantly disabled individuals lack either an intact spiritual impulse or an ability to access the spiritual states stimulated by music (Aigen, 2008). An example is given by Cook and Silverman, who found evidence that music provided on a medical oncology/haematology unit helped participants feel closer to God and elevated their moods (Cook & Silverman, 2013).

Music can provide people with peak moments of joy and exhilaration (Maslow, 1970). Given the high psychological peak that music has been shown to provide, it is no surprise that MT can bring people to moments of beauty, wonder and transcendence, especially when suffering ill health or in distress. Gabrielsson describes strong experiences with music, where listening to a piece of music can change one's life (Gabrielsson, 2011). Music can also have a negative effect and cause distress. For example, songs are used as a form of torture, played repeatedly to cause distress and torment (Grant, 2013). A skilled, registered music therapist using music in appropriate ways within healthcare contexts with vulnerable people is therefore advised.

Method

An on-line survey study investigated the perceived health and well-being benefits of singing in a choir. Ethical approval was granted from the University of Limerick ethics board. A mixed methods exploratory study was used, with an on-line survey distributed via email and social media over a period of four months from October 2016 – January 2017 to a sample of 1779 choristers from fourteen countries. The survey included demographic information, 28 quantitative statements (covering physical, social, psychological and spiritual health domains) and 2 qualitative questions relating to the perceived health benefits of singing in a choir. This novel questionnaire was developed and distributed by the author, guided by the work of Clift and Hancox (2001) and Clift et al (2008). This

survey was piloted with ten choristers, qualitative feedback was assimilated by the researcher and revisions were made (Clift & Hancox, 2001; Clift et al., 2008).

The survey was posted on line and on various choir related forums and anonymous responses were collected. Basic descriptive statistics and comparisons between subgroups of the sample were analysed with thematic analysis of qualitative comments using Braun and Clarke's method of thematic analysis (Braun & Clarke, 2006). Full result of this survey previously published (Moss, Lynch & O'Donoghue, 2017).

Two questions were included to see if singing was perceived as having any relationship to spiritual health of participants. It is important to note that no definition was given for spiritual health – it was left to participants to interpret this however they chose (Appendix 1: Copy of survey).

Results

Quantitative results

Basic descriptive statistics suggest an overwhelmingly positive response regarding the perceived spiritual benefits of singing in a choir. These responses were in keeping with the full survey results and were positive irrespective of age of participant and length of time singing in a choir (Moss, Lynch & O'Donoghue, 2017). Females scored significantly higher than males on physical benefits, social benefits and emotional benefits but spiritual benefits were statistically significant across both male and female singers. Professional singers reported significantly more physical, social and spiritual benefits than amateur singers. Bias may be present in these findings as the results were entirely self-reported by people who already sing in choirs. Only 2 of 28 statements referred to spiritual health thus results are limited. See Table 1 for statistical results of two specific statements relating to spirituality.

This section of the study did not explore transcendence but rather focussed on the perception of people who sing in a choir as to the spiritual benefits of participative music-making.

Qualitative results – thematic analysis

Over 2000 qualitative comments were received in the survey. Qualitative thematic analysis (Braun & Clarke, 2006) identified six key themes: social connection; physical and physiological benefits (specifically respiratory health), cognitive stimulation; mental health; enjoyment and transcendence. These results offer substance to the statistics and create a comprehensive picture of the perceptions of singers of the health and well-being benefits of singing in a choir and validate the sense of spiritual benefit they experienced. These results may also counter survey bias by providing deeper understanding of the perceived benefits for choir singers.

Qualitative analysis was important as it confirmed that participants found that singing can be spiritually uplifting, life affirming and offered a sense of connection at heart or energy level. The theme of transcendence was a large theme within the data. A meditative or mindful benefit of singing was named consistently – for example, taking your mind away from things that worry you, resting your mind from worries and concerns; bringing you into the present moment; focusing on breathing and leaving worries at the door. The activity of being creative, expressing deep aesthetic and creative urges as well as creating something of beauty with other people were noted as important features of choir singing. This theme was named *Transcendence* during the thematic analysis as it captured (1) the lifting of participants to a higher realm, away from everyday worries and concerns and (2) an awareness of a sense of higher purpose, something bigger than themselves and something beyond their individual abilities and talents.

Qualitative comments related to the theme of transcendence included:

Singing requires complete concentration – it's a form of mindfulness

When I'm singing I'm present in the moment ... it's almost like meditating

Choir singing encourages your soul to feel part of something bigger than yourself... being part of a group making a beautiful sound is very creative and instantly rewarding.

Singing is about breathing, living in the moment, thinking about lyrics and harmony lines, carefree, sociable, and positive challenge.

Singing cheers my soul.

A large section of data also focused on stress reduction as the key benefit of singing in a choir – for example decreasing or counteracting the stress of daily life, being a stress-free zone, releasing tension – as well as social connection through being a member of a choir.

Great way to unwind and forget your stresses ... you can't stress about everyday worries when you are singing

You get the same endorphins as when you exercise, but without the nasty Lycra clothes. I enjoy the mixed company of people I wouldn't otherwise get to befriend, that keeps me involved with others despite my social anxiety and promotes my mental well-being.

I have been in a Symphony Chorus for 40 years, and in my church choir for 30 years. It has been my mood enhancer when my job was driving me nuts, my solace and uplift when my late husband was fighting cancer until his death in 2013, and my continuing support for the last 40 years.

Singing is good for the soul and helps with depression.

You can leave your troubles and worries behind and just 'be' in the music

Singing uplifting songs in community emboldens and comforts the soul, lifting endorphin levels and acts as a natural stress reliever

Discussion

Answering the research questions

This study has provided evidence to answer the research questions posed at the start.

(1) The survey of choir singing gives strong support to the contention that singing brings spiritual benefits and improves perception of spiritual health and well-being. Further research in this area is recommended, particularly developing quantitative measures of benefit.

(2) The qualitative findings, coupled with literature in the area, illuminate how participative music-making allows people to experience the spiritual and/or transcendent aspects of music. An example of this is the music at funerals, which often evokes emotion and is remembered and associated with the person who has died, long after the other memories of a funeral have faded. Emotion and spirituality have often been linked, hence in some religions the banning of music as it can encourage too much emotion (Aldridge & Fachner, 2006).

(3) The role of MT in supporting clients' spiritual health and expression is evidenced in the case studies and the literature. MT brings a wider, and important, perspective to healthcare, especially in services where cure or full rehabilitation is not possible. In recent times there has been an increasingly vigorous debate over the need for spiritual considerations to be given attention in healthcare delivery and it is important that all health professionals, including Music Therapists, address the spiritual needs of patients (Aldridge & Fachner, 2006). Music Therapists are specialized clinical professionals who, it is argued, can best provide the musical interventions that can support spiritual expression and health. Music has an inherent dynamism, is transitory and is intangible (Tsiris, 2016).

It may be argued that music therapy offers a unique place for exploration of spiritual expression and potential transcendent experiences. In searching for the spiritual, many religions recommend silence and meditation. Silent prayer, meditation and/or listening to the spirit are critical aspects of many spiritual practices. Listening, space and silence are also central to the practice of music therapy (Aldridge & Fachner, 2006). p. 167,

Suffering in terms of ill health arguably occurs when we fail to make sense of our experience and spiritual strength can help us rise above suffering, pain and loss of dignity (Aldridge & Fachner, 2006). Management of pain may be a scientific and technical task,

but relieving suffering will always be an existential one. Acceptance of tension between these ideals is important. MT has a strong adherence to evidence-based medicine but also deals in the subjective emotional qualities of music. Aldridge proposes MT working as a bridge between the diverse cultures of modern medicine and spirituality (Aldridge & Fachner, 2006).

Limitations of this study

The exploration of spiritual beliefs and singing recounted in this study are limited for two reasons. Firstly, all participants in the survey were singers, hence they were biased towards positive experiences of singing. Secondly, no definition was given of spirituality for this study. More research is recommended in this area, both quantitative and qualitative.

Two negative comments were received in the survey regarding spiritual health and singing:

I answered in respect of the benefits of singing really. I'm atheist... I don't believe in hymns etc. But the singing and music are incredibly beneficial.

I happily concur with physical and mental advantages, but leave out the spiritual mumbo jumbo.

Recommendations for future research

Skilful use of music, as seen in the case examples, is critical to create the conditions in which spiritual health can be addressed. The arts are arguably a valuable pillar of spiritual care and chaplaincy services in hospitals (Ettun, Schultz, & Bar-Sela, 2014). Both the spiritual caregiver and the music therapist are an important part of the interdisciplinary team and need to be so in healthcare settings. Both provide patients and family members undergoing a life crisis with a safe, confidential space and a listening stance. The practice of arts-based spiritual care, as distinct from arts therapy, is an important and valuable

resource within healthcare settings. Increased interdisciplinary work is recommended between spiritual care givers and arts therapists. Arts-based interventions, such as creative arts, music, and writing, might then find their place beside other spiritual care approaches, such as conversation, prayer, text study, breathing exercises and guided imagery.

Further training for music therapists is recommended. A study by Masko (2016) concluded that while it was clear that both chaplains and music therapists felt it was appropriate for music therapists to provide spiritual care as part of the hospice team, there is a need for formal and informal spiritual care training for music therapists doing this type of work. Training should potentially include information about comparative religions, cultural competence, scope of practice, and maintaining personal boundaries (Masko, 2016). Likewise, chaplains need training to hone their use of music and art to be effective and sensitive. The Taize Christian community in France is an example of the close relationship between music and spirituality (Clement, 1997). The ability of music as prayer to connect people in time, sound and spirit is underscored in the way the monastic community make and use music as prayer within the life of their community (www.taize.fr).

The field of Health Humanities (Crawford, 2017) may offer hope for interdisciplinary relationships between such important fields as medicine, spirituality and the arts. Fundamental to the idea of health humanities is the assumption that it is through the arts and humanities that we can fully grasp the meaning of events and experiences in healthcare.

The arts and humanities represent a wealth of experience in musing upon the human condition and in thinking critically about texts and images, be they literary, scientific or part of health education (Crawford, 2017, p.8).

Further reflection on links between the fields of music, theology, health and clinical therapies is recommended.

Finally, much of the work to date on spirituality and MT has focused on adult palliative care settings. Research is recommended on the role of spirituality in working with adults with chronic and acute health conditions and children's spiritual needs.

Conclusions

This study points to evidence from choir members that music making can bring spiritual and transcendent experiences. Given the inherent complexities of both music and spirituality, and the scarce literature in the area, more research on the spiritual benefits of music making is recommended. The focus of music therapy as a profession has, in modern healthcare, been focused on evidence based medicine and scientific thinking, which has made it difficult for therapists to give energy to exploring the spiritual aspects of MT (Giorgi, 1985). Whilst music and spiritual care exist independently within health care settings, when combined the whole may well become greater than the sum of the parts. Indeed, the expressive and inter subjective qualities of each may allow for a unique synergy (McClean, Bunt & Daykin, 2012). Playing music together can engender a sense of hope. There is evidence that music can have a profound effect during more structured religious experiences, focusing mind, body, and emotions of those who have come to worship and acting as a major facilitator of religious experience (Potvin & Argue, 2014). Finally, it is important to note the bias that health professionals bring to this contentious area of practice and the impact of personal beliefs in this area of work. Music Therapists' self-awareness and clinical supervision is paramount in maintaining openness and awareness of this area of their work.

Further research on the interplay between spirituality, transcendence, music and therapy is important in improving the quality of care provided to people struggling to find meaning at times of ill health and distress. This paper contends, as Beethoven famously said, that

music (can be) the mediator between the spiritual and sensual life (Magill, 2006, p.172).

Acknowledgements The author acknowledges the work of Ms Jessica O'Donoghue and Ms Julie Lynch; the Lyric FM Workplace Choir of the Year competition, the Association of Irish Choirs, all the participants in this study and the staff of the Irish World Academy of Music and Dance, without whom this research would not have been possible.

References

- Aigen, K. (2008). The religious dimensions of popular music and their implications for music therapy. *British Journal of Music Therapy*, 22(1), 24 - 34.
- Aldridge, D. (1995). Spirituality, hope and music therapy in palliative care. *The Arts in Psychotherapy*, 22(2), 103 - 109.
- Aldridge, D., & Fachner (Eds.). (2006). *Music and altered states: Consciousness, transcendence, therapy and addictions* London: Jessica Kingsley.
- American Music Therapy Association. (2017). Definitions and quotes about music therapy. Retrieved from <https://www.musictherapy.org/about/quotes/>
- Ansdell, G. (2014). *How music helps in music therapy and everyday life*: Farnham, Surrey : Ashgate Publishing Limited.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77 - 101.
- Burns, D. S., Perkins, S. M., Tong, Y., Hilliard, R. E., & Cripe, L. D. (2015). Music therapy is associated with family perception of more spiritual support and decreased breathing problems in cancer patients receiving hospice care. *Journal of Pain and Symptom Management*, 50(2), 225-231. doi:10.1016/j.jpainsymman.2015.02.022
- Clift, S., & Hancox, G. (2001). The perceived benefits of singing: findings from preliminary surveys of a university college choral society. *The Journal of the Royal Society for the Promotion of Health*, 121(4), 248-256. doi:10.1177/146642400112100409.
- Clift, S., Hancox, G., Morrison, I., Hess, B., Stewart, D., & Gunter, K. (2008). Choral singing, well-being and health: summary of findings from a cross-national study (978-1-899253-31-9). Retrieved from Canterbury Christchurch University: <http://www.canterbury.ac.uk /centres/sidney-de-haan-research/>. Accessed: 12_1_2018.
- Cook, E. L., & Silverman, M. J. (2013). Effects of music therapy on spirituality with patients on a medical oncology/hematology unit: A mixed-methods approach. *The Arts in Psychotherapy*, 40(2), 239-244. doi:<https://doi.org/10.1016/j.aip.2013.02.004>
- Dileo, C., & Loewy, J. (Eds.). (2005). *Music therapy at the end of life*. NJ, USA: Jeffrey Books.
- Ettun, R., Schultz, M., & Bar-Sela, G. (2014). Transforming pain into beauty: On art, healing, and care for the spirit. *Evidence-based Complementary and Alternative Medicine*, 2014. doi:10.1155/2014/789852
- Gabrielsson, A. (2011). *Strong experiences with music*. Oxford, UK: Oxford University Press.
- Giorgi, A. P. (Ed.) (1985). *Phenomenology and psychological research* Duquesne University Press.
- Grant, M. J. (2013). The illogical logic of music torture. *Torture*, 23(2), 4-13.

- Magill, L. (2005). Music Therapy: Enhancing spirituality at the end of life. In C. Dileo & J. Loewy (Eds.), *Music therapy at the end of life* (pp. 3 - 17). NJ, USA: Jeffrey Books.
- Magill, L. (2006). Music Therapy and Spirituality and the Challenges of End-Stage Illness. In D. Aldridge & J. Fachner (Eds.), *Music and Altered States: Consciousness, Transcendence, Therapy and Addictions* (pp. 172 - 183). London: Jessica Kingsley.
- Masko, M. K. m. g. c. (2016). Music Therapy and Spiritual Care in End-of-Life: A Qualitative Inquiry into Ethics and Training Issues Identified by Chaplains and Music Therapists. *Journal of Music Therapy*, 53(4), 309-335. doi:10.1093/jmt/thw009
- Maslow, A. (1970). *Motivation and Personality* (R. Frager & J. Fadiman Eds. Third ed. Vol. 3rd edition). New York: Harper & Row.
- McClellan, S., Bunt, L., & Daykin, N. (2012). The healing and spiritual properties of music therapy at a cancer care center. *Journal of Alternative and Complementary Medicine*, 18(4), 402-407. doi:10.1089/acm.2010.0715
- Oxford Dictionaries. (2017). Definition of Transcendence. Retrieved from <https://en.oxforddictionaries.com/definition/transcendent>
- Tsiris, G. (2016). Music therapy and spirituality: an international survey of music therapists' perceptions. *Nordic Journal of Music Therapy*, 1-27. doi:10.1080/08098131.2016.1239647.

Appendix 1

Copy of survey

SURVEY

The Benefit of Singing in a Choir

Thank you for participating in this survey of choir participants. We aim to reach over 1000 adults who sing in choirs, as a professional or an amateur, to understand more about the potential health benefits of singing. This survey will take ten minutes maximum. Please share it with your singing friends to help us reach our target! Thank you.

1. Please indicate in what geographical area you sing:
2. Are you: A professional singer/ An amateur singer /Other (please specify)
3. Are you male or female?
4. What is your age? 18 – 29; 30 -39; 40 – 49; 50- 59; 60 – 69; 70 – 79; 80 or older
5. Please TICK the box to indicate whether you agree or disagree with the following statements:

	Strongly disagree	Disagree	Agree	Strongly agree
I find that singing in a choir has a positive effect on my physical health				
I think that singing in a choir has a positive effect on my social life				
I find that singing in a choir has a positive effect on my mental well-being				
I feel that singing in a choir improves my mood				
Singing in a choir is mentally relaxing				
Singing in a choir helps me deal with stress				
I find that singing in a choir has no physical benefits				

I find that singing in a choir distracts me from worries				
Singing doesn't help my general emotional well-being				
I find that singing improves my breathing				
I think that singing strengthens my lungs capacity				
Singing is physically relaxing				
Singing in a choir motivates me to go out of my home				
Singing in a choir is good physical exercise				
Singing in a choir is over-tiring				
Singing in a choir is a good social outlet				
Singing in a choir helps me to meet people				
I have made new friends in the choir				
Singing in a choir benefits my spiritual life				
Singing in a choir broadens my outlook				
I find singing in a choir spiritually uplifting				
I find singing in a choir mentally stimulating				
I find singing in a choir physically stimulating				
Being in a choir makes me feel lonely				
Being in a choir makes me feel inadequate				
I feel calmer after singing in a choir				
I feel a sense of achievement after singing in a choir				
Being in the choir is a negative experience				

6. How long have you been singing in a choir? All my adult life; Most of my adult life; Only in the last ten years; Only in the last year; Only in the last three months

7. Are there ways in which you think participating in the choir is 'good for your health'?

Yes; No; Don't know

8. If YES please describe how singing in a choir is 'good for your health' (please continue overleaf if you wish)

9. Are you currently participating in the Irish Work Place Choir Competition? Yes; No; Don't know

10. Please add any comments about the benefits of being in a choir

Thank you for completing this survey.

Table 1*Results of survey (statements related to spiritual health only)*

Statement	Strongly disagree	Disagree	Agree	Strongly agree	Total no. of respondents
Singing in a choir benefits my spiritual life	5.58% N=98	21.47% N=377	43.96% N= 772	28.99% N=509	1756
I find singing in a choir spiritually uplifting	2.85% 50	13.34% 234	44.41% 779	39.40% 691	1754