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The Psychiatric Choir:
The Therapeutic Benefits of Choral Singing on Positive and Negative Symptoms of Schizophrenia

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Abstract

This paper studies the therapeutic benefits choral participation has on the positive and negative symptoms of schizophrenia. The research is based on a six year choral project formed and conducted by the author, a music therapist, for schizophrenic tenants of a rehabilitative psychiatric hostel, as part of the hostel's music therapy program. Short-term and long-term implications of choral participation on the patients' symptom are investigated through the analysis of: historical documentation of patients' illness and functioning, extensive field notes documenting the author's observations of choristers during and after rehearsals and performances, audio recordings of musical segments from rehearsals and of choristers' testimonies following performances, alongside transcriptions and videotaped musical excerpts from interviews conducted over a year after the choir's cessation.

Results from this study suggest choral singing may significantly benefit aspects of the positive and negative symptoms of schizophrenia. The benefits for positive symptoms are found to be temporary, and include improvements in: auditory hallucinations, delusions, disorganized behavior, and disorganized speech. The beneficial impact on choristers' negative symptoms include improvements in: anhedonia, avolition, expressive impairment, cognitive and social dysfunction. Potential benefits to alogia are further discussed. Possible longer-term advantages are found for negative symptoms relating to avolition, expressional impairment and some aspects of social dysfunction. Performance is found to be a chief therapeutic factor in the choral experience, central to the choirs' endurance and significantly benefiting symptoms of anhedonia, avolition, and social dysfunction.

Overall, the potential choral singing may have for improving schizophrenics' overall functioning and enhancing their quality of life is found to be substantial, possessing the potential to make a significant therapeutic contribution when correctly incorporated in psychiatric rehabilitation programs.

CHAPTER 1

Introduction and Research Objective

Singing has been an arousing and enlivening communal activity since the earliest times, an accessible form of musical participation and expression available to everyone. Much has been written on how group activity involving singing affects the individual at many levels, promoting interaction, commitment and communication, all instrumental in counteracting the alienation of chronic illness. The literature demonstrates that the therapeutic effects of music may be realized in many diverse, yet ordinary musical experiences where music becomes a vehicle for healthy personal, community and cultural expression. One type of musical activity enjoyed by various populations in many cultures is choral singing. Distinguishing it from communal singing, simply defined as:

> "Any occasion when a number of people sing together.." (Kennedy, M. & Bourne, J., 1996),

The Oxford Dictionary of Phrase and Fable (Knowles, E., 2006), defines "choir" as:

> "...an organized body of singers performing or leading in the musical parts of a church service".

The term "choir/choral singing" will therefore be used in this paper to denote an established, structured and performance oriented group singing pursuit, striving towards mastery. Choral singing has applications as a therapeutic medium, and its effects have been documented in a wide range of settings.

Singing has been long been incorporated into music therapy sessions as a treatment modality. However, it seems that the importance of the aspects of mastery and of performance have often been neglected in the music therapy literature. It has often been emphasized that the value of the musical products created in music therapy sessions lie mainly in the processes undertaken to reach them. They are further used for analysis and assessment of the patients' strengths and areas of difficulty. Little importance is typically placed on the actual aesthetic value of the musical product, the patients' sense of mastery, and on the therapeutic benefits of the presentation of these products for those other than the therapist. The recent emergence of Community

Music Therapy takes these into consideration and bases its findings on theories from fields such as anthropology, sociology, and community psychology. In Community Music Therapy, the performance of music is:

> "no longer thought of as a gift for a happy few, but rather as a shared capacity of the human species" (Stige et al., 2010, p.7).

The integration of the mind, body and spirit, of musical sounds and speech, the exceptionally organized, disciplined and social nature of the choral pursuit, alongside the aspiration to achieve and present an aesthetic musical product, all contribute to the choir's value as a powerful therapeutic tool for the psychiatric community. Although choirs for the emotionally disabled exist and continue to expand, there is a notable absence of research regarding the possible therapeutic benefits of choral singing for the psychiatric population, and more specifically, for sufferers of schizophrenia in particular. There exists limited literature which mentions the benefits of group singing for the institutionalized psychiatric patient, though mostly for schizophrenics' negative symptoms relating to social functioning and without focus on specific benefits to positive symptoms.

The concept for this paper was inspired by and is based on a choir established and conducted by the author for six years with tenants of a rehabilitative psychiatric hostel outside hospital wards. This work attempts to research the therapeutic benefits of choir participation, including musical performance within patients' inherent limitations, for those afflicted with schizophrenia. Specifically, it will explore and discuss the affect participation in a choir conducted by a music therapist with therapeutic objectives may have on the positive and negative symptoms of schizophrenia. The primary research question is: How does the process of participation in a choir for schizophrenic patients in a psychiatric hostel alleviate characteristic symptoms of schizophrenia and create beneficial change in patients?

Change will be demonstrated by the author through the analysis of: extensive field notes documenting rehearsals, performances and therapeutic processes, tape recordings of musical segments from rehearsals and of choristers' testimonies following performances, current interview transcriptions, musical excerpts videotaped during current interviews, and historical documentation of patients' illness and functioning (from personal files). The potential and value of such a choral project as a therapeutic intervention in rehabilitative psychiatric facilities will be considered, and

the possible sustained beneficial effects of such a choir on its participants will be discussed.

The paper begins by explaining the objectives for this study (Chapter 1), followed by a review of the characteristics of schizophrenia, underlining its prominent symptoms (Chapter 2). Next (in Chapter 3), the available literature pertaining to research on music therapy in schizophrenia, music's influence on the various symptoms of psychosis, and on general health will be surveyed. The literature review continues by examining current research on the benefits of choral singing among diverse populations, including normative, marginalized and mentally ill groups. This section culminates with reviews of researches on karaoke and group singing for schizophrenics. Following the hypotheses for this research (Chapter 4), the procedure pertaining to the choir studied is described, including the project's background, admission to the choir, its goals, structure, repertoire, aspects regarding the choir's performances, and specific challenges encountered. Descriptions of interventions follow (Chapter 5), consisting of the author's observations regarding the choir's rehearsals and performances based on detailed field notes and audio recorded testimonies and musical segments. These are followed by the analysis of interviews of the eight of the choir's former members, conducted over a year after the choir's cessation. This section includes the analysis of video recorded musical excerpts and of audio recorded verbal excerpts from these interviews, as they pertain to the choristers' positive and negative symptoms of schizophrenia, during and following choral participation. Finally (in Chapter 7), the findings of this study will be summarized and discussed, deducting what therapeutic benefits choral participation may hold for the positive and negative symptoms of schizophrenia, and which aspects of the choral formation are fundamental to this outcome. Furthermore, possible long-term gains of the therapeutic intervention are explored. Implications of this study's findings (Chapter 9) and suggestions for further research (Chapter 10) conclude this paper.

CHAPTER 2

Schizophrenia: An Outline

Schizophrenia is a serious mental illness that affects one person in a hundred at some stage in life (Scottish Intercollegiate Guidelines Network [SIGN], 1998). Schizophrenia is the fourth leading cause of disability in the developed world (for ages 15-44). Approximately 10 – 13% of people with schizophrenia commit suicide, making suicide the leading cause of death in this population (Pompili, Ruberto, Girardi & Tatarelli, 2004).

Schizophrenia is characterized by severe disruption in the most elementary aspects of functioning, affecting cognition, expression, language, social interaction and sense of identity. Influencing diagnosis and treatment (Crow, 1985; Andreasen, 1991), symptoms of schizophrenia are expansive and are generally divided into positive and negative symptoms (see Appendix B), which may be measured for purposes of diagnosis and treatment (Kay et al., 1987). Positive symptoms are those that seemingly distort normal functions or appear to reflect and represent an exaggeration of normal brain/mind functions (Peralta & Cuesta, 1998). These include hallucinations (usually auditory), delusions (of grandeur or persecution), disorganized thought and speech, and movement disorders (American Psychiatric Association, 2000). Besides causing much distress, these symptoms can also significantly impair the person's ability to maintain meaningful interpersonal relationships, leading to compromised social functioning (Walker et al., 2004). Depressive episodes and positive symptoms of paranoid delusions and hallucinations tend to be more dominant in women, while negative symptoms tend to predominate in men (Butcher et al., 2007).

Negative symptoms usually persevere in schizophrenics even when positive symptoms may no longer be present persist. They appear as a loss of functions patients normally held (Crow, 1995; Andreasen, 1991). These include: flat or blunted affect (inability to fully express oneself), alogia (poverty of speech), a-sociality (inability to form close relationships), anhedonia (inability to experience pleasure), affect blunting (difficulty in expressing emotion) and avolition (lack of motivation) (Kirkpatrick, Fenton, Carpenter, & Marder, 2006). Impaired cognition accompanies

patients' negative symptoms and has also been found to precede an outlast a patient's symptoms (Heinrichs, 2005). Research indicates (Milev et al., 2005) that those who suffer from significant negative symptoms generally have poorer cognitive functioning and present with an overall decline in functioning and in quality of life. Andreasen (1991) found that negative symptoms and associated cognitive impairments had more debilitating effects on patients than psychotic symptoms. Cognitive dysfunction will therefore be discussed in this paper alongside the various negative symptoms of schizophrenia. Due to the inclusive nature of the expressive and social aspects associated with schizophrenia, these negative symptoms will be discussed throughout this paper under the more general titles of expressive impairment and social dysfunction.

The onset of schizophrenia is usually between the late teens and the mid-30s, with a later onset for women than for men. It can have a gradual or rapid onset (Walker et al., 2004). The illness usually begins gradually with a pre-psychotic phase termed the prodromal stage, during which there is an increase in negative symptoms. Months or years later, a psychotic phase develops, termed the acute phase during which hospitalization is often necessary. The course of the illness can either be relatively stable or worsen progressively over time, leading to severe disability. The positive symptoms usually respond in some measure to treatment with antipsychotic medication. However, the negative symptoms are far less responsive to antipsychotic medication, often becoming more prominent throughout the course of the illness. The final stage of schizophrenia is the residual stage, during which patients do not appear psychotic but usually experience negative symptoms. Though not actively psychotic at this stage, they may still continue to experience strange beliefs. Schizophrenia usually persists for a lifetime, either continuously or episodically. The course is variable and is determined by a constellation of internal and external factors.

Though there is currently no known cure for schizophrenia, with early diagnosis, and appropriate pharmacological and psychosocial interventions, the impact of the illness can be minimized. Though medical treatments have advanced in recent years (West et. al, 2005), non-compliance with medications is one of the difficulties faced in treating sufferers of schizophrenia (Nasrallah et al., 2005). This is usually due to the very uncomfortable side effects of the antipsychotic medications, which can create additional health risks and have an adverse impact on the individual's quality of life (Kulkarni & Inglis, 2006).

According to a study conducted by the World Health Organization (2005), pharmacological treatments for schizophrenia demonstrate only a 25% improvement over no treatment. However, when psychosocial treatment is added to the patient's regimine, the rate of improvement in increased to 45%. Therefore, current studies are encouraging an integration of both pharmacological and psychosocial interventions in the treatment of schizophrenia (Bustillo et. al, 2001; Foulds, 2006). According to West et. al (2005), the accumulation of evidence for effective psychosocial interventions has helped to raise awareness of its need, thus broadening treatment options for people with schizophrenia. Nonetheless, studies have found that as few as 10% of mental health patients actually receive such psychosocial interventions (Lehman & Steinwachs, 1998; West et. al, 2005).

CHAPTER 3

Literature Survey

3.1 Introduction

With the increasingly important role of psychosocial interventions in the treatment of schizophrenia, many such interventions have been, and are currently being, researched. Music therapy is one such modality. This section begins with a review of the extensive research done in the field of music therapy relating to schizophrenia. It continues with an exploration of the studies conducted on music's influence on the specific symptoms of psychoses, including positive and negative symptoms as well as physiological benefits such patients may derive from music. This review then continues with a survey on the research of the various benefits of choral singing. With many of the qualitative and quantitative studies being small in scale, this appears to be an academic field in an early stage of development. The section focuses on research done on the benefits of choral singing among the general, normative population, on choirs for varying populations and on choirs for marginalized groups, including the mentally ill, and in particular, sufferers of schizophrenia.

3.2 Research on Music’s Influence on the Symptoms of Psychosis

In current music therapy literature, there exist an abundance of studies dealing with music's effects on the symptoms of schizophrenia and psychosis. There is an especially large amount of qualitative research and case studies commonly appear in the literature as each case of schizophrenia is unique. This section surveys some of the prominent characteristic symptoms of schizophrenia on which music in general, and singing in particular, have been shown to have the most positive impact.

3.2.1 Positive Symptoms

For many patients suffering from Schizophrenia, auditory hallucinations can pose a particularly distressing and persistent phenomenon. Auditory hallucinations continue to present a serious problem for many drug-refractory psychotic patients, as well as for patients who are otherwise optimally medicated. The mechanism for these hallucinations remains unclear. It appears that merely being exposed to music may have a beneficial effect on auditory hallucinations. The renowned neurologist Oliver Sacks (2007) describes how deeply regressed schizophrenics may show "normal" responses to music and how it may counter their positive symptoms as well, while resisting the distortions of psychosis and penetrating the deepest states of the illness, sometimes when nothing else can. Margo, Hemsley, and Slade (1981) found music to be effective in reducing the duration of auditory hallucinations in seven clients with schizophrenia. The researchers tested a variety of different auditory input mechanisms and rated the duration, loudness, and clarity of the hallucinations. In a replication of this study, Gallagher, Dinan, and Baker (1994) had similar findings demonstrating the effectiveness of music. Na and Yang (2009) explored the effects of listening to music on the auditory hallucinations of schizophrenic in-patients. Each patient listened to individualized music using an MP3 player whenever they heard hallucinations. A statistically significant decrease was found in the frequency of auditory hallucinations and in negative symptoms after listening to the music. McInnis and Marks (1990) attempted to reduce the duration of auditory hallucinations in a man with persistent second-person hallucinations instructing him to kill himself. After the patient was instructed to listen to music with a walkman, the duration of the hallucinations was significantly reduced, even after a 15 month period.

Steinberg and Raith (1985) showed that by allowing 16 individuals diagnosed with schizophrenia to perform their preferred type of music, thought disorders decreased. In a related follow-up study, Steinberg et al. (1991) again showed that music could decrease thought disorders. Hustig, Tran, Hafner, and Miller (1990) studied the effect of headphone music on persistent auditory hallucinations in schizophrenics and found that thought clarity seemingly improved while listening to music.

In his *Memoirs of My Nervous Illness*, Daniel Paul Schreber, an eminent German jurist suffering many years from schizophrenic psychosis, wrote:

> "During piano playing the nonsensical twaddle of the voices which talk to me is drowned… Every attempt at 'representing' me by the 'creation of a false feeling' and suchlike is doomed to end in failure because of the real feeling one can put into piano playing" (in Sacks, 2007).

There are in fact numerous descriptions of professional musicians who are severely schizophrenic but can nonetheless perform at the highest professional level. Their performances bear no trace of their disturbed mental states, since they show no signs of psychosis while immersed in the music (Sacks, 2007).

Some studies suggest a specific relationship with sub vocal activity, which although unknown to the patients, reflect the content of the hallucination. Green and Kinsbourne (1989, 1990) researched whether the suppression of this activity would reduce the frequency of hallucinations. In a controlled study, they investigated if quietly humming a single note would relieve hallucinations in schizophrenic patients. Based on patients' own accounts, they found that humming reduced auditory hallucinations by 59%. Relying on the theory that sub vocal activity generates the hallucinations, they speculated that humming might have interfered with hallucinations by overriding the sub vocalizations. However, the present data only partially supports this theory. Nelson, Thrasher and Barnes (1991) also theorize that subvocal counting may work by disrupting the sub vocal activity associated with the voices heard in psychotic hallucinations, and actually make the suggestion that patients sing to counter voices. This may make sense, given that it has been suggested that hallucinations in schizophrenia may result from verbal activity in the brain's non-dominant hemisphere (Birchwood 1986), and formulating a melodic line as is done in singing is a non-dominant hemisphere task, as opposed to simply using the speaking voice.

3.2.2 Negative Symptoms

3.2.2.1 Avolition and Anhedonia

The body of research on this topic indicates music therapy has consistently been well received by individuals with schizophrenia. Pavlicevic, Trevarthen, and Duncan (1994) found clients with schizophrenia who participated in music therapy reported

increased confidence, improved concentration, and that they found music therapy pleasurable and engrossing (p. 86). Reker (1991) conducted a subjective evaluation and rating of music therapy by patients with schizophrenia, using a specially designed questionnaire. The participants reported a high level of subjective acceptance, improved opportunities for emotional expression, improved relaxation and reduced anxiety, increased activity, and claimed it was easier for them to initiate interactions with others.

More recently, Silverman (2006) conducted a survey comparing psychiatric patients' perception of music therapy to other psycho-educational modalities. 73 patients participated in five different psycho-educational classes (coping skills, substance abuse, symptom/medication management, art class, and community re-entry/discharge planning), music therapy and recreational therapy, each week for a minimum of two weeks. Music therapy techniques included singing, as well as methods of songwriting, lyric analysis, improvisation, and music games. Most participants named music therapy as their favorite program. Results suggested that patients regarded music therapy as significantly more helpful and effective than all other programs in addressing areas of specific psychiatric difficulties.

Music therapy interventions in general seem to possess the ability to motivate psychiatric patients. In a study to decrease inactivity, Skelly and Haslerud (1952) found music to be affective in escalating the activity of apathetic patients with schizophrenia. Hodgson (1996) examined the effects how music therapy affected the therapy attendance rate of psychiatric patients at a day treatment facility and the amount of encouragement they required through "verbal prompts". They found that 60% of the subjects presented with lower post-test scores for the number of verbal prompts given, perhaps because music activities are perceived as a normative engagement.

Researchers at the University of Manchester discovered a tiny organ in the ear, the sacculus, which forms part of the balance-regulating vestibular system in the inner ear. This organ is stimulated by low frequency, high intensity sounds such as singing. The sacculus relays these sounds to parts of the brain that register pleasure. Thus, the ear and brain of those who engage in singing tend to find that singing pleasurable (Weinberger 1996). This may explain why schizophrenic patients suffering from anhedonia nonetheless seem to manage to derive pleasure from the act of singing. Similarly, in an experiment conducted by scientists at McGill University in Canada,

singing or listening to a favorite piece of music stimulated the areas of the participant's brain that release dopamine and other euphoria-inducing opioids (Harkins 2005).

3.2.2.2 Alogia

Musicians, music therapists, neurologists and psychologists have long recognized music's ability to convey meaning without the use of words. As suggested by Gaston (1968), there would be no need for music if it were possible to communicate verbally that which is easily communicated musically. The neurophysiologist Karl Pribram (1982) described music as a language-like form by which humans express themselves and communicate with each other. Indeed, there are many similarities between music and language. Structurally, both have pitch, duration, timbre, intensity and organization, and both are processed by the auditory system. In addition, both evolve over time, are culture-specific, take on meaning within a cultural context and are found in all known populations (Aiello, 1994).

However, neurologically, speech is processed predominately in the left hemisphere of the brain, whereas processing music involves both left and right hemispheres. Which hemisphere is activated is determined by what musical aspect is being processed. These differences in neurological processing of speech and music allow for therapeutic interventions in which intact abilities to process music may be utilized to restore compromised speech and language production (Sparks, Helm & Martin, 1974). Consequently, music therapists can implement interventions that exercise vocal mechanisms, develop alternate methods of communication, improve clarity and fluency of speech, increase expressive speech, develop range and volume, and increase client comfort and confidence in communicative attempts.

Other significant differences between music and speech, particularly interpretative differences, contribute to music's unique role in the therapeutic process. Gfeller (2005) suggests the most significant such difference is the lack of "referential meaning" in music. While words and language denote or refer to specific ideas or objects, musical pitches do not. This means musical communication is less dependent on rational or intellectual capacity, which allows for meaningful communicative interactions with those of all intellectual levels. Further, it allows for greater

flexibility in terms of meaning and content for the musical interactions, thus increasing the therapist's ability to meet the needs of the patient.

3.2.2.3 Expressive Impairment

Music is widely known as a vehicle through which we can transmit emotional content or evoke an emotional response. Thayer and Levenson (1983) along with many others (Unkefer & Thaut, 2005) indicate music communicates some type of affective information that influences human behavior. Thus, music provides us with a valuable tool to evoke and explore a wide range of affective responses (Gfeller, 2005).

Another important consideration of affective responses to music is that the idea that musical representation of particular moods and emotions is easily accomplished through the use of familiar musical means (Gfeller, 2005). The music therapist may facilitate this cultural convention in order to promote a sense of group cohesiveness, unity and shared experience. This may be achieved by presenting to patients musical selections of affective representation which is easily recognizable. Some studies suggest that music conveys emotional meaning with uniformity across psychiatric populations (Biller, 1973; Giaccobbe, 1973), further validating the use of music as an effective form of communication with people with schizophrenia. Gfeller (2005) suggests that music can reflect, influence and alter emotional response, and therefore is particularly valuable as a therapeutic tool in psychosocial goals that involve awareness, identification and expression of feelings and emotions. Hodges (1996) completed extensive surveys of the literature documenting affect/mood responses to music. The results indicate the following: 1. Music evokes emotional and mood reactions; 2. Music can alter a listener's mood; 3. Emotional and mood responses to music are accompanied by physiological changes in the individual, and; 4. Existing mood, musical preference, cultural expectations and arousal needs also play a role in determining affective responses to a given music stimulus.

Over the past ten years, the fields of music cognition, music therapy, neuroscience and rehabilitation have converged, discovering that engaging in music changes the brain by shaping its experience-dependent plasticity (Thaut, 2005). As Thaut (2005) further explains, music can stimulate complex cognitive, affective and sensory motor processes in the brain, which can then be generalized and transferred to

non-musical purposes. For example, he suggests music utilizes unique stimulating elements that evoke meaningful affective responses. These responses can then be used to modify affect in therapeutic situations. This is clinically significant, as affect modification is considered “an essential modulatory component of behavioral learning and change” (p. 2). Thaut (2005) suggests a five-step sequence to apply appropriate music therapy techniques to facilitate emotional processing: 1. The experience of emotion; 2. The identification of emotion; 3. The expression of emotion; 4. Understanding the emotional communication of others; and 5. The control, synthesis and modulation of one’s own emotional behavior (p. 20).

Another clinical component of neuropsychiatric music therapy, as described by Thaut (2005), is the unique ability of musical experiences to induce affective/motivational qualities that provide positive affective features within each behavior experience. These features can, in turn, tune, attenuate, modulate and positively influence a client’s cognitions and perceptions toward change in the therapeutic learning process. He further suggests the client’s affective/motivational system is accessed through affective musical experiences, and this leads to positive mood/emotional/motivational changes. The changes also enhance cognitive functioning, essential to rehabilitative learning in processes such as executive functioning, control of attention, and memory encoding and decoding.

Impaired emotional functioning manifests itself in schizophrenics primarily as flat affect, a condition seems to involve a motor-expressive deficiency, but not an actual emotional deficiency (Aplert, 2000). Music can often stimulate the release of seemingly normal and genuine emotions and expressiveness in schizophrenics. Capek (1981) claimed that music can be used as a medium for emotional release and response and described a case in which making music allowed a withdrawn and isolated schizophrenic to express and feel emotions, eventually leading him to establish a meaningful relationship with the therapist. Michael David Crawford (2006), in his testimony of his own experience with flat affect, claims that one can learn to express emotion through practice and conscious effort:

> "With enough conscious practice, affective expression can become unconscious and natural. However, even after all these years, I usually seem stoic and unemotional. That is, except when I play music or write, or am incredibly overcome", (online testimony).

As the above studies indicate, music can reflect, help identify, express, and influence emotional responses, making it a particularly effective component of treatment processes for the expressively impaired schizophrenic.

3.2.2.4 Cognitive Dysfunction

Music therapy's influence on the cognitive domains in psychosis is an expanding field of study. There is a great deal of literature linking cognition and affect, mood, behavior and other elements of psychiatric rehabilitation. There is also a large body of literature connecting music's ability to influence cognition. Glicksohn & Cohen (2000) suggest that schizophrenics may suffer from chronic (cortical) hyperarousal, which may be temporarily alleviated, thereby improving cognitive functioning on attention demanding tasks. They hypothesized music could reduce the level of arousal in subjects who are tense, thereby improving their performance on attention-demanding tasks. Such a task was presented to 16 in-patients with schizophrenia and suffering from hyperarousal. Results indicated a significant improvement in cognitive function on the task, leading to the conclusion that music reduces the level of arousal in schizophrenics. Such a reduction enables patients to assign more attention to tasks.

Bandura (1977) stated that cognitive events are readily influenced by success experiences through performance. "Performance" in this case does not directly pertain to musical experience, but one can draw parallels between this theory and music therapy goals in the area of cognitive functioning. The environment includes the interactions provided through therapy and offer opportunities for meaningful and rewarding experiences for patients. This may promote the development of new cognitive skills.

Rachman (1981) and others (see Thaut, 2005) suggest music therapy may influence cognition in schizophrenics through impacting the affective domain. Ruud (1997) proposes that when engaged in music, diverse rhythms, melodies and harmonies challenge the mind to respond differentially to a wide array of stimuli.

Gaston & Eagle (1970) state that even in populations with compromised perceptual capacities, such as in psychiatric disorders, the perception of rewarding and time-ordered musical elements remains intact, and can then be used to develop

cognitive organization as well as reality orientation. Relying on the model of music therapy he developed relating to neuropsychological processing, Thaut (2005) suggests the experience of ordered and organized musical structures can help psychiatric patients reorganize their behavior through their affective and cognitive perception and responses.

3.2.2.5 Social Dysfunction

Music has long been recognized as a social binding agent, bringing people together with a common experience to be shared and communicated through music. This ability of music to facilitate group building and communicate group feelings and values can be used as a powerful source of social learning in therapy. According to Yalom (1985), possible benefits from group participation include, among others: support, universality, development of socializing techniques, group cohesiveness and installation of hope. Kanas (1996) described group treatment for patients with schizophrenia as particularly appropriate to achieve the benefits discussed by Yalom and to help clients improve interpersonal relationships and learn to cope with psychotic symptoms. Cassity (1976) found that even music lessons can increase group cohesiveness and interpersonal performance in schizophrenics.

Numerous studies have documented the effectiveness of music to facilitate social interactions in a therapeutic context. For example, Talwar et al. (2006), De l'Etoile (2002), Bednarz and Nikkel (1992) and Cassity (1976) all found music therapy had a positive effect on group cohesion, mood awareness, and self-esteem among various psychiatric populations.

Silverman (2003) rated the behaviors of an in-patient with schizophrenia while on the psychiatric unit and in music therapy group sessions which included singing. The results indicated that throughout his 40 days in treatment, the patient's behavior was significantly better in music therapy than on the unit. The patient formed positive relationships with the rest of the staff on the unit and demonstrated more appropriate social interactions, following positive reinforcement of appropriate behaviors during music therapy sessions, and experiencing positive interactions with the therapist. .

Yang et. al (1998) utilized the Social Disability Schedule for Inpatients to measure the effects of music therapy on social functioning. The music therapy

interventions involved music listening, improvisation and discussion, and were held in both group and individual formats. Yang reported a significant effect favoring music therapy over the standard care control group. Pavlicevic, Trevarthen and Duncan (1994) examined the role of improvisational music therapy in addressing social withdrawal and emotional flattening in schizophrenia. They sought to elicit communicative capacities, thus increasing interactions, through musical improvisation. Significant improvements were observed in the clinical state and responsiveness to the therapist.

Participating in a choir promotes comradeship, solidarity, balancing self-assertion and collectivism (Mattsson, 1998). It requires maintaining a personal role, while the overall goal of the choir is a collective one, where a beneficial group outcome is stressed.

3.3 Research of the Benefits of Choral Singing

Studies connecting singing, psychological, and physical health have appeared since the early 1960's, and have recently seen considerable growth. The literature is greatly varied, and in particular, the character of the singing in these studies is diverse. Some studies investigated group or choral singing, with either existing choirs or choirs created for that research project. Others focused mainly on individual singers. There were studies done on amateur and/or professional singing as well. The level of detail provided pertaining to the nature of the singing researched also varies, with some far more detailed than others. In some studies it was difficult to determine whether the activity investigated was actually choral singing or some other form of group singing. However, a number of important findings can be found in these studies.

3.3.1 Physiological Benefits

An article in the British Medical Journal (Bygren et. al., 1996 in Mattsson, 1998) suggested that attendance at cultural events and making music are determinants for survival, and went so far as to claim that those who sing in choirs live longer. The authors reported a death rate reduction of 11%. There may be many contributing factors to these statistics. Stress reduction, for example, may be a major contributing

factor. Singers practice deep breathing and air control, activating the diaphragm muscle which must be free and flexible (Buchholz, 1994). The warming-up vocal exercises before choir rehearsals and performances aim, among other things, at relaxing jaw and throat and loosening the abdomen. To free the diaphragm implies at the same time an opening to a realm related to emotions and tensions (Newham, 1994). A diaphragm that is held back is often associated to fear and anxiety, and the release of a physically rigid belly is accompanied with a reduction in stress (Buchholz, 1994).

Choristers may experience health benefits from the very act of singing, especially when their enjoyment surpasses the stress that may be related to this very act. There exists research which proposes that, in at least some cases, the immune system causes the psychotic symptoms of schizophrenia. This autoimmune hypothesis describes that somehow the immune system is triggered to attack the brain, producing neurodegeneration and inflammation. For nearly a century, an autoimmune basis for schizophrenia onset and progression has been proposed, with Jacobs (2006) concluding that schizophrenia can either affect the immune system, or immune dysfunction can manifest schizophrenic symptoms. Recently, researchers at UCLA and from around the world have, for the first time, identified additional genes that confirm that the immune system may play a role in the development of the illness (Wheeler, 2009). Research now suggests there are significant correlations between choral singing and immune response, and finds that participation in group singing may actually enhance immune system functioning. This was determined through measurements of secretory immunoglobulin A (SIgA, an defense of the endocrine system against bacterial infection) and cortisol levels (a measure of stress) of amateur (Kreutz at al., 2004) and professional choristers (Beck et al., 2000), before and after singing. The increase in SIgA levels surrounding choral singing experiences in both these studies suggests that choral singing may improve immune system functioning. In Beck's study, when choristers were satisfied with their performance, this lead to a decrease of cortisol after singing. Based on the aforementioned research pertaining to the role of the immune system in schizophrenia, it may be possible to hypothesize that positively experienced choir participation may lead to stress reduction, thereby benefitting psychotic symptoms.

Schizophrenics have high rates of co morbidity for other conditions such as anxiety, hypertension, and depression (Kendler, Gallagher, Abelson, & Kessler,

1996), and choral singing has much to offer in this area as well. Grape et al. (2009) has shown that singing is associated with elevated oxytocin concentration, causing increased relaxation and energy. Glicksohn and Cohen (2000) concluded in their research that music in general seems to have a relaxing effect on schizophrenics, improving their mood as well. FMRI studies have indicated that singing is a more powerful stimulus than speech to certain brain regions that are of particular importance to emotional regulation (Callan et al., 2006). Studies show that singing improves mood, and promotes better control of breathing and a reduction in stress levels (Clift and Hancox., 1999). Kenny and Faunce (2003) even found a mild improvement in patients' coping mechanisms with pain (a significant stressor) after singing in a small group.

3.3.2 Choral Singing among the Normative Population

Much has been written on the benefits of singing on both physical and emotional elements among the general population, especially over the past decade. Results on overall well-being effects associated with choral singing are reported in Sandgren & Borg (2009). They associate choral singing with strong immediate well-being effects, with positive emotional states being increased and negative emotional states significantly decreasing. These results confirmed previous studies on well-being benefits from choral singing (see Beck et al., 2000). There is research that provides evidence of the value for musical activities for psychological well-being (Laukka, 2007), medical problems (Koger et al., 1999) and enhancing cognitive ability (Schellenberg, 2006). Group singing has gained interest as leisure activity (Clift & Hancox, 2001) and also as health promotion with positive effects on medication usages and number of doctor visits (Cohen et al., 2006). Group singing has been found to generate cooperation and trust (Anshel & Kipper, 1998).

When the group singing effort is a sustained one, Pavlicevic (2003) found it can create a bond, sometimes powerful, between and among the participants, including between sessions. Bailey and Davidson (2003) conducted a questionnaire study to compare the perceived benefits of singing in a choir, listening to music with others, and listening to music alone. 121 choristers from three choirs participated in the survey. The researchers report that choral singing rated higher than the additional

music activities on the following scales: ‘improves mood’, ‘is an exhilarating activity’, ‘gives me a sense of achievement’, ‘is a creative experience’ and ‘gives me a kind of high’. Bailey and Davidson concluded that “different levels of music participation can have differential yet beneficial effects” (p. 223).

Another comparative study investigated the effects of solo singing, choral singing and swimming (Valentine & Evans, 2001) and found all three activities beneficial, leading to a stress reduction, while increasing energy and “hedonic tone”.

The aspects of well-being associated with participation in choral singing was closer investigated by Clift & Hancox (2001) in a sample of a university choir. The specific well-being effects were described in six dimensions; well-being and relaxation, breathing and posture, social benefits, spiritual benefits, emotional benefits, heart and immune system. The dimension of well-being and relaxation included joy, mastery feeling, feeling energized and confident as well as reductions of stress and worry. In addition, Clift & Hancox (2010) very recently undertook a large-scale, cross-national survey of over 600 singers in choirs in England, Germany and Australia. Choristers completed an extensive questionnaire (the WHOQOLBREF) to assess general quality of life and well-being, as well as a scale specific to the benefits of choral singing, alongside personal accounts. The results confirm previous findings from Clift & Hancox, (2001) and Beck et al. (2000), concluding that the majority of choristers experience significant benefits from singing. These pertain to improved mood, stress reduction, and perceived enhancement in quality of life and emotional wellbeing. As in an earlier study of theirs on a single choir (Clift & Hancox, 2001), the researchers found in this recent study (Clift & Hancox, 2010) that female choristers were significantly more likely than their male counterparts to report benefits derived from choral singing.

3.3.2.1 Choirs for Varying Populations

Recently, qualitative studies on the benefits of choir formation with specific populations have emerged. In her Ph.D research, Bailey (2004) used information from questionnaires completed by several choirs from diverse socio-economic and cultural backgrounds to establish that choral singing has a beneficial effect on what she terms holistic health. Holistic health is a matter of choral singing influencing the cognitive,

emotional, physical, social and spiritual dimensions of life. Bailey & Davidson (2005) compared middle-class singers with low to high levels of music training and choral singing experience to a choir for marginalized singers with nearly no musical background of training. Regardless of training or socioeconomic status, they found choral participation had similar emotional effects on these groups. These include emotional catharsis, relaxation and feeling energized. However, the middle-class choristers were less confident concerning their voices than the marginalized choristers. The authors suggest this may be due to the middle-class choristers' more realistic attitudes regarding musicianship and societal expectations. Additionally, the communal aspect of the group singing experience was not as important to the middle-class choristers as to the marginalized ones. Instead, they tended to focus on members' contribution to the quality of the musical product, striving to enhance their personal expertise and demonstrate their skills through performances. In fact, it was found that performing for an audience often reduced their enjoyment of singing, rather increasing performance anxiety. They conclude that the primary importance of the choir for these middle-class singers is that it allows them to sing while protecting them from exposing themselves vocally.

The effects of singing on professional singers versus amateurs have further been researched. It has been found that though singing together can be an enriching way of relating to each other and fulfilling needs of belongingness, singing as professional activity can cause considerable strain. Accounts of opera singers give evidence of work strains that appear to lead to psychological symptoms (Sandgren, 2002). The opera singers extensively worried that their singing capacity would fail and lead to unsuccessful stage performance. The act of singing was characterized by strong achievement orientation and fear of failure. Beck et al., (2006) reinvestigated the strain of singing performances on health measures among future professional singers (music majors) at a conservatoire. It was found that students' immune competence decreased after a performance if they experienced pressure. The occurrence of occupational stress was also found among professional chorus artists (Kenny et al., 2004). Even singing lessons appear to have a different meaning and focus for individuals with different ambitions with their singing activity, as amateur and professional singers in the classical genre differed in ratings of emotional states (Grape et al., 2003). Also physiological markers varied in the two groups. Amateurs reported higher levels of joy and elatedness, and less achievement orientation

compared to professionals. For amateurs, the singing lessons was a means to experience self-actualization, personal development and releasing emotional tensions through singing, whereas professionals pointed out their efforts to improve their singing technique for professional reasons. In addition, professionals demonstrated higher cardio-physiological fitness than amateurs. This finding can be interpreted as evidence for the better trained voice among the professionals. Interestingly, the level of oxytocin, a physicological marker of increased social intimacy and connectedness, increased in both groups.

Most recently, Sandgren (2009) studied gender differences in the emotional experiences of choir participation. She investigated how emotional states vary on pre and post measurements of a regular choral rehearsal in groups of female and male choral singers. Participants were 212 individuals (152 women, 60 men) from eleven choirs (6 amateur, 5 advanced). Results showed that in accordance with the literature on emotions and gender, women reported significantly more positive emotional states than men did related to participating in a regular choral rehearsal. Results indicated significant differences between womens' and mens' self-ratings of changes in positive emotional states related to a regular choral rehearsal for the following states: feeling alert, happy and proud. Tendencies to significant results were found for feeling content, satisfied with oneself, and glad. A few but significant increases in positive emotional states from pre to post measurement were greater for women compared to men. Results showed also that women and men did not differ on ratings of changes of their negative emotional states. The means of changes of negative emotional states were lower than the means of changes in positive emotional states for both genders. Moreover, the pattern of self-reported changes in emotional states varied between women and men. On pre-measurement, women and men rated close to similar levels on negative emotional states, but on post measurements women tended to rate higher positive emotional states than men did.

3.3.3 Choirs for Marginalized Groups

Some studies on the choral experience of marginalized individuals are also available in the literature. Laya Silber (2005), a conductor and music educator, conducted a

multi-vocal ensemble in a women's prison in Israel and wrote of the social benefits of such a choir. Her conclusions were based on the observed effects of the choir on its participants, documented through videotaping of rehearsals and journal summaries, as well as on open interviews with participants at the year's end. The choral group consisted of approximately seven members, ages 17 to 35, most with a musical background. Members were of ethnically diverse origins, and were serving sentences for crimes of varying severity. This choir met once a week for 90 minute sessions for a period of 8 months, during which members would learn song arrangements and develop their choral skills. The choir performed on three predetermined occasions. The repertoire consisted of popular Hebrew songs with eastern and western musical styles selected by the conductor, according to the genre familiar to the choristers. Silber stressed this choir's function of providing a protected space for expression and a context for reframing, and examined choral aspects that address the therapeutic needs of prisoners at an individual and interpersonal level, such as: behavior and anger management, trust and group cohesion, empowerment and self esteem, social skills and interaction. Her study focuses on the particular processes that brought about the results.

In addition, William van de Wall, a pioneer in music therapy, demonstrated that group singing by offenders also fosters feelings of belonging and loyalty, thus providing them with the tools to relate more appropriately to society at large (Clair & Heller, 1989).

Mary L. Cohen (2009) also conducted a study comparing well-being measurements between a group of prison inmates singing in a choir and prison inmates not singing in a choir. Measurements were taken before and after performances of two prison-based choirs: an inmate only choir (10 members) that performed in the prison, and an inmate volunteer choir (48 members) that performed outside the prison. With the second group, significant differences were found between experimental and control groups on the subscales of: emotional stability, sociability, happiness, and joviality. An analysis of the written accounts from the inmate-only choir indicated that overall, the choral experience had been a positive one and had generated a sense of well-being. The researcher observed that positive social interactions had transpired throughout the choral activities, and emphasizes the therapeutic importance of performing outside of prison walls for inmates.

Bailey and Davidson (2002, 2003, 2005) explored the emotional, social and cognitive benefits of group singing and performance for members of a small Canadian choir for homeless men. The main objective of the formation of this choir was to provide the marginalized individuals with opportunities for enjoyment and companionship. The authors interviewed seven members out of the nineteen that participated in the choir while they were still active in the choir and, based on the perceptions of the choir members themselves, concluded that their experience helped to increase self-esteem, improve social interaction skills, alleviate depression and induce cognitive stimulation. Learning and practicing music also helped lift the participants out of the lethargy created by their situation. It is not clear how long these interviewees had been choir members prior to the interview.

Various articles have also been published on the benefits of choirs for the elderly. One such example is Jane Southcott's (2009) single case study focusing on a small Australian choir, the Happy Wanderers, formed by a group of elderly people to perform for residents in care facilities and sufferers of dementia. This study considers music as a way for older people to engage actively with their communities and both give and receive considerable positive benefits. Participation in the group was found to enhance the lives of the members as well as those of their audiences. Several significant themes emerged, such as: gaining a sense of purpose and fulfillment, maintaining relationships, and personal growth. Relatedly, research with Alzheimer's disease patients has shown that when engaged in singing activities, they demonstrate improved cognitive activity and may have moments of coherence and even insight (Bannan & Montgomery-Smith, 2006).

Choral mainstreaming for the special needs student has also been researched, with various articles discussing and studying the potential benefits of including individuals with special needs in choirs (Haywood, 2006; VanWeelden, 2001). The main purpose of Jennifer Haywood's (2006) qualitative case study was to provide a unique viewpoint on choral singing from the perspective of the special needs individual. She investigated how the process of including an individual with special needs in a choir may create change in them. She strived to show both the possibilities and potential benefits of including individuals with special needs in choirs. The study was primarily conducted through a semi-structured interview process, with brief follow-up interviews. A follow-up observation of a rehearsal with a choir with special needs and normally functioning students took place. Change was demonstrated

through the disabled student forming a positive identity, including viewing himself as “musician" and "choir member".

3.3.3.1 Choirs for the Mentally Ill

The following examples survey actual choirs that included emotionally disturbed participants and were found to positively affect various aspects of the participants' functioning. All studies mentioned showed that singing activities for the chronically mentally ill have had interpersonal activating effects. However, most were not initially formed to treat specific symptoms of mental illness or to rehabilitate functions damaged by psychosis. In addition, most participants of these choirs did not suffer specifically from the severe and chronic disabling mental disorder of schizophrenia.

Qualitative research of choirs specifically formed for those with emotional disturbances (or for those prone to developing them), includes research on the Hurricane Choir. Following the Hurricane Katrina disaster that took place in New Orleans in 2005, Harvey et al. (2007) used internet based monitoring to track the mental health outcomes of participants in a community choir. The Hurricane Choir included hurricane disaster evacuees and survivors, a population thought to be especially prone to exposure to severe psychological distress, such as post-traumatic stress disorder (PTSD). The choir attempted to aid survivors of the hurricanes, who might not otherwise have been able to get direct psychological support. The choir commenced six months after the hurricane disasters and after an intensive 12 weeks of rehearsals, it concluded with three public performances. Rehearsals were held three times a week. A web-based monitoring system was used to record the experiences of participants before and after the hurricane disaster and to measure self-reported distress levels. Access to the internet was provided at the choir rehearsal facility, questionnaires were administered, and an online dairy was made available. The choir was found to provide a normative and supportive environment in which individuals could find support and develop social networks. It was hoped that the project would contribute to a greater sense of community cohesion and lead to improved coping skills that may increase resilience to PTSD. The authors of this study indicate that further analysis of longitudinal data from the project will aim to find evidence for this.

Choirs involving the mentally ill include the aforementioned choir for homeless men that Bailey and Davidson (2002, 2003, 2005) investigated. This choir included some choristers with diverse mental illnesses as well. The participants of this choir had no formal musical training in childhood. The authors found the benefits of choir participation to be considerable and numerous. They later (Bailey and Davidson, 2005) explored the effects of group singing and performance with a second Canadian choir formed for eight homeless and other marginalized individuals who had little or no music training or choral experience. These participants experienced worse living conditions than the first choir investigated. They also suffered from more severe psychological disorders. Their ages ranged from 43 to 64 years. Of these eight participants, four were diagnosed with paranoid schizophrenia, four were chronic substance abusers, and two had been previously incarcerated for acts of violence. This second choir had both male and female participants, and besides the homeless, included as members workers and volunteers and people from the wider community who were interested in the choir. Although the two choirs were substantially dissimilar, with different conductors, emergent themes were similar in respect to the participants' perception of the choral experience. Both discussed the benefits of group process, benefits related to choir/audience reciprocity, cognitive benefits, and clinical-type benefits. Participation in the choir afforded these men a whole range of perceived benefits that Davidson and Bailey categorized as:

• Emotional health benefits – evidenced by a positive emotional change. According to some participants, the feeling was even similar to drug induced states, but with a longer lasting impact (and far less damaging).

• Social interaction through performance/ group process and belonging –

Literally and metaphorically finding ‘a voice’, a valued role, and ‘fit’ with a wider, more public community, and developing the skills to make and sustain personal connections through the choir network and beyond.

• Mental stimulation – the focusing of mental processes through the learning, memorizing and performance of repertoire.

These results reinforced the benefits of choir participation the authors found in their earlier study (Bailey and Davidson, 2002), strengthening their claims that benefits of choral singing and performance have little to do with musical ability or training

Karen Reed (2002) describes how a gospel choir group of mentally disturbed offenders singing in unison generated increased expression of emotions, more socially

appropriate behavior and the sense of task mastery. Reed was employed as a music therapist for the Mentally Disordered Offender Program of Atascadero State Hospital in California in 1990. Patients were referred to the hospital to accomplish and maintain psychiatric remission and to develop skills that may assist them in reintegrating into the community. Most patients had symptoms of a major mental illness such as an affective disorder, thought disorder, and/or organic disorder. In addition, they had problems in the areas of criminal behavior, substance abuse, personality disorders, impulse control, poorly adaptive life skills and more. Their general intellect was of normal range. In 1991 the choir, named The Gospel Choir Group was formed following a patient's request. They would meet once a week for 45 to 60 minutes, the group structure remaining the same each week. Participants were not required to possess any pre-existing musical skills or ability. The repertoire was limited to a specific genre of music chosen by the music therapist. Reed describes the music selections as "complicated contemporary black gospel songs" (p.101). Participants were required to memorize the lyrics of the songs learned. The choir would perform at the morning church services Sundays and in various events. Since participants were criminal offenders, goals were chiefly behavioral oriented. She hypothesized the Gospel Choir benefited the patients by promoting time-ordered and reality-ordered behavior. Reed also observed the following benefits for the choir's participants: enhanced memory functions, coping skills, social skills, cooperation among members and environmental adjustment.

3.3.3.1.1 Karaoke for Schizophrenics

Leung et al. (1998) conducted a double blind controlled trial in a Hong Kong hospital rehabilitation center for day patients. The trial was held over six weeks in a small sample of chronic male schizophrenic patients matched in age, sex and duration of illness. The experimental group practiced Karaoke and the controlled group practiced “simple singing”. Subjects were assessed in changes in mood and social interaction. They found that active participation in Karaoke musical performance had additional advantages of decreasing social anxiety and arousing social interactions in comparison to the control group. The authors suggest that the performance aspect of the Karaoke activity may have contributed to this beneficial finding, but caution that the activity may actual provoke anxiety in some schizophrenics.

3.3.3.1.2 Group Singing for Schizophrenics

Hayashi et al. (2002) studied 34 female long-stay in-patients with schizophrenia or schizoaffective psychosis (mostly in their 60's) in a Tokyo psychiatric hospital. They measured the effect of 15 group music therapy sessions over 4 months, compared with a control group. The therapy sessions included an undefined "chorus activity" that included the group singing of folk songs and old popular songs. The assessment included measures of psychotic symptoms, objective quality of life and subjective musical experiences. The assessment of psychiatric raters, ward nursing staff and patient subjective responses all gave positive results. Findings revealed a significant advantage of the music therapy sessions for specific negative symptoms of schizophrenia pertaining to social functioning: emotional withdrawal, poor rapport, and passive apathetic social withdrawal. On the quality of life score, items that showed a significant improvement were those of social withdrawal and of empathy toward others. All items that gave positive findings appeared to be related to interpersonal activities. A significant finding was the advantage found for the chorus activity over the music listening activity in these therapeutic results. However, this study suggested that the improvements might not be durable since there was a decline at the follow-up assessment (after 4 months) of the measures that had improved during the therapy. The researchers suggest introducing a longer or more intensive music therapy course for the purpose of maintaining the improvements.

Likewise, the randomized controlled trial of Tang et al. (1994) studied passive group music listening and active singing sessions of popular songs with other patients. These music therapy sessions were held daily for four weeks in a Shanghai psychiatric hospital with 76 in-patients diagnosed with residual schizophrenia. Outcome was evaluated by four nurses using Chinese versions of the Scale for Assessment of Negative Symptoms and the in-patient version of the World Health Organization's Disability Assessment Scale. They demonstrated that the 19 group "chorus sessions" produced statistically significant rehabilitative effects, diminishing some negative symptoms of schizophrenia among long-stay patients through increasing subjects' ability to converse with others, reducing their social isolation, and increasing their level of interest in external events. The treatment group also required less medication.

CHAPTER 4

Hypothesis

This paper aims to examine the possible therapeutic affects choir participation may have on those afflicted with schizophrenia, and in particular the possible short and long-term impact participation in a choir for schizophrenics may have on patients' psychiatric symptoms. It is hypothesized that participation in such a choral project will prove to have a beneficial effect on participants' various symptoms.

It is further speculated that the benefits pertaining to the patients' positive symptoms will have been restricted, observable only when participating in the choir, since they were contingent to the musical stimulus. However, some of the benefits pertaining to the patients' negative symptoms will prove to be more enduring, affecting behavioral patterns. In particular, it is hypothesized that improvements in the participants' ability to express emotion, as well as additional aspects of social functioning critical to patients' ability to form and retain relationships, may be among of the choir's most enduring therapeutic impacts. It is also speculated that the mastery and performance aspect of choir participation will prove to be central to patients' motivation to participate in the choir and will be key to the therapeutic benefits experienced by choristers.

CHAPTER 5

Procedure

6.1 Background

The author established, directed and conducted a choir in a rehabilitative psychiatric hostel in Jerusalem, Israel formed of both male and female adults suffering various forms of schizophrenia, including chronic paranoid, residual and disorganized schizophrenia with co-morbidity of personality disorder, panic disorder, learning disabilities, slight mental retardation and OCD. Throughout the 6 years of the choir's activity, the number of choir members ranged from 8 to 12 participants at any given period, ranging from 24 years of age to 68.

This hostel provides a sheltered "home for life" for adult suffers of mental illnesses, mainly schizophrenia, who are well enough to not require constant hospitalization, yet cannot tolerate or survive independent living. The choir was considered part of the hostel's rehabilitation program, which also included different individual and group treatments, including medical, social and psychotherapeutic services. The author would attend the hostel twice a week to direct the choir, run a music therapy group, administer individual music therapy sessions and attend staff meetings. Most of the choir's members were considered low functioning, some were illiterate, all were being administered psychotropic medications and all were enrolled in a sheltered work program. None of the choir's members had ever had voice lessons or had ever participated in a formal choir of any sort before this experience, but a few had at some time participated in group sing-a-longs, a favorite Israeli pastime. A few choristers reported having had some music lessons as children, and the choir's melodic accompanist had some musical training on the recorder and piano in her youth.

Since the choir was viewed by the author as a form of group music therapy, all aspects relating to its functioning were documented as is customary in the therapeutic profession. This included written summaries of rehearsals and performances,

documenting participants' progresses and regressions, as well as the conductors' interactions with choristers and interactions among the choristers themselves. Additionally, musical portions from rehearsals and choristers' testimonies following rehearsals were tape recorded. Official staff meetings with members of the hostel's therapy team were held periodically to discuss patients and aspects regarding their overall functioning.

Formally named after the hostel the patients resided in, this choir was informally termed by this author as "The Psychiatric Choir", and will be referred to as such throughout this paper. The Psychiatric Choir became the first of its type in Israel known to this author, as well as the hostel's official choir, representing it on various occasions throughout the country's capital.

6.2 Choir Admission

Referrals to join the choir were considered at any time, but the choir was semi-closed in that no visitors were allowed to attend rehearsals. Membership was mostly constant within the slow, ongoing referral system. Members would sometimes leave after being transferred to another hostel, being re-institutionalized after a psychotic attack, or take a temporary break if their conditioned worsened. New members would occasionally join, while some choristers formed the stable and enduring core of the choir, remaining members for 6 years until its cessation.

Criteria for referral to the choir were broad, and over the years, the staff had recognized increasingly who might be a good candidate for the choir. After a tenant would be referred, usually by the hostel's social workers or manager, or would express interest in joining the choir, usually following a performance of the choir's in the hostel, the procedure of acceptance into the choir would begin. This included an initial personal interview and "audition" with the choir's conductor during which vocal ability, quality and any vocal pathologies were assessed alongside concentration span, vocal range and repertoire preference. Motivation for wanting to join the choir was discussed as well as musical background, experience, and the personal meaning of music and singing for the particular patient. During this session, the rules of choir conduct were also presented and discussed. These included: prohibition of smoking during the rehearsals (in the music therapy clinic), prohibition of any verbal or

physical violence towards the other choir members or conductor, prohibition of interrupting while others were singing, and the requirement for prompt and consistent attendance of all rehearsals. Following consent to these rules of conduct, the new applicant would be invited to attend and participate in one of the choir's sessions, in an attempt to ascertain their ability to blend in both socially and vocally. Since the choir formed a small society of its own and was run as a democratic institution to the extent that this was possible, it was important to allow its members the right to have an impact on its structure. This included the acceptance of new members. Therefore, following this trial, the choir members would be lead in a formal, discreet discussion regarding any misgivings they had about accepting this potential new member into their group and attempts would be made to resolve them whenever possible. Sometimes this would necessitate additional vocal training sessions for the new member or music therapy sessions focused on resolving personal conflict between members or on modifying particularly offensive behavior. Some potential members, although motivated, proved unsuitable for participation; such as the restless patient who couldn't endure even 15 minutes of rehearsal without continuously walking in and out of the room, the patient who felt the incessant compulsion to speak throughout song rehearsals and the one who couldn't tolerate the other members singing voices or the accompanist's personal instrument and would thus scream at them or threaten them.

6.3 Treatment Goals

Having been trained as a music therapist, the author viewed The Psychiatric Choir as an alternative, specialized form of group music therapy. In this unique therapy group, the patients became choir members and the music therapist- the choir's conductor. The group's musical expressions became the performance. Although the musical byproduct played a vital role in the members' motivation, task orientation and self-esteem, and the very existence and activity of the choir in fact revolved around it, the choir's goals remained primarily therapeutic ones.

The Psychiatric Choir group ultimately aimed to aid the patients in working towards the common goal of restoration, maintenance, and improvement of mental health. It was thought to assist the patient by increasing adaptive behavior, increasing

self-esteem through task mastery, promoting independence, promoting creative self-expression (in particular the expression of feeling), developing skills that assist in reintegrating into the community, and developing necessary social interaction skills for optimal functioning. These goals were based on the general assumption that positive health is related to one's ability to form mutually beneficial relationships, to feel part of a society and contribute to one, to progress towards the realization of goals, and to participate in constructive, normative activities for pleasure.

Through singing, coordinating movements and voices, and following verbal and conducting directions, the patients also made gains in cognition, memory, sensory stimulation and reality-ordered behavior. The choir strived to emphasize the patient's strengths, to restore, remediate or rehabilitate his existing abilities and to help him acquire new ones. In addition, the choir strived to aid the schizophrenic patient to develop skills necessary to reduce the dire effects of his mental illness, permitting him improved functioning and quality of life.

6.4 General Structure

The patients would receive one hour of choir rehearsal twice a week. Once a week, the choir practice would be followed by 45 minutes of a group music therapy session and an individual reinforcement session.

The group music therapy session differed greatly from the choir practice in many respects. The choir was a very structured, goal orientated activity that required from the patients optimal functioning and did not leave room for the expression and working-through of their personal grievances. Whenever personal or interpersonal difficulties burdening choir members would arise during choir rehearsals, (and they very often did), they would be told that these issues would be dealt with during the group music therapy session. Only very urgent issues pertaining to a chorister's immediate need would be acknowledged within the choral formation. This allowed for a feeling of continuity within the rehearsals, focused, task directed behavior, and the possibility for choristers to immerse themselves in the therapeutic benefits of the choral activity itself. The group music therapy session was mostly analytically oriented and would allow the patients to express themselves and their difficulties

freely both musically and verbally. These sessions aimed to promote insight and to aid the patients in working through their ailments within the group format.

Following this, an individual reinforcement session would be offered to a chorister experiencing mainly musical difficulties in the choir (i.e., staying on key, exerting voice, harmonizing…). In certain cases, behavioral aspects would be addressed as well during this session. The length of the session would vary in accordance to the problem being addressed and the patient's level of tolerance, but would generally range from 30 minutes to 45 minutes.

6.5 Rehearsal Structure

As aforementioned, the choir functioned for six years, during which the members met twice a week for hour-long choir practices. Rehearsals would be held at the same time each week, with the author as sole music therapist/conductor. Sessions were conducted in Hebrew.

Rehearsals were initially held at the hostel itself and after two years the choir began to meet exclusively at the Lord Taylor Music Therapy Clinic, which the author directs at the David Yellin Academic College of Education, situated a 5 minutes' walk from the hostel. This change of setting allowed the members a safe, quiet and serene environment in which to rehearse and a sense of normalcy; however, it also required of them more physical exertion, self-sufficiency, responsibility, the ability to plan ahead and to exert control over their behavior. The hostel's staff was most helpful in aiding in this transition, which necessitated accompanying the patients at first, and at times reminding them to get dressed and head out to the clinic on time. Some members even had to be awakened from sleep to remind them of the rehearsal.

The structure of the sessions remained similar each week. With the guidance of the music therapist conductor, the choristers used existing and newly acquired vocal skills to experience cooperation trough learning, singing and rehearsing songs.

Choir rehearsal sessions generally began with vocal warm up, breathing and voice development exercises, including exercises aimed at developing specific vocal skills that were found to be lacking in the group. Techniques used to encourage and develop vocal expression were also regularly integrated in the rehearsals. These were based on Paul Newham's (1999) Voice Movement Therapy analysis of the ten basic

components of the human voice and their psychological pertinence. These include loudness, pitch, pitch fluctuation, register, harmonic timbre, nasality, free air, attack, disruption, articulation. All these ingredients contribute to the emotional expressiveness of the voice, aiding in the cathartic value of singing and increasing the schizophrenic patients' ability to better make himself understood by others, thereby lessening his isolation. This initial section of the session also served to ease tension, focus the chorister's attention and prepare them to follow the conductor's instructions and cues. Having undergone extensive vocal development training and having specialized in voice therapy methods greatly aided this author in leading this portion of the rehearsals.

At times when the choir's members seemed to need additional help relating to one another, their conductor would often suggest they begin the rehearsal by singing a group song they had composed lyrics to together during one of their music therapy group sessions. The song was titled "How Difficult it is" (Appendix C, for translation see Appendix D.), and was set to a familiar melody composed by Shmulick Kraus. The original version of the song, titled "A Melancholy Song" and also otherwise known as "Shall you Hear My Voice" with lyrics by the poet Rachel (Appendix E.), had been a favorite song of the choir's, describing a yearning for a lost love . As the title and lyrics suggest, the song composed by the choristers was a somber one as well, and held great personal meaning for them, recounting their experiences as mental patients. The group singing of this song at the beginning of rehearsals seemed to contribute to a feeling of unity and of community among the choir's members, helping to develop trust, group cohesion and group identification. Perhaps it reminded them of their collective experience, thus lessening their feelings of loneliness and seclusion.

Besides working on polishing existing musical pieces, rehearsals also included the learning of new musical material. This section included repertoire choice (see below) and the initial learning and practicing of chosen songs. The group was structured to accommodate a wide range of intellectual ability. Each member received a lyric sheet for use during the rehearsal and for practice throughout the remainder of the week (although some members were illiterate). Since the songs chosen by the choristers were generally songs familiar to many of the members, the choir would first sing the entire song through to the best of their capacity, usually with the accompaniment of its melodica player, if she was also familiar with the song. If she

was not, then individual reinforcement sessions would be dedicated to helping her learn the accompaniment to the song being worked on. Usually, a recording of the song would initially be played for the group. Afterwards, the conductor would read the words, line by line. The entire group would repeat what was modeled, line by line, until the entire song had been sung through. The conductor would then repeat the same process until the group demonstrated they had fully learned the melody. When the choir had learned the correct rhythm, words, and (when singing in two parts) the harmony of the song, another line of lyrics would be added until the entire song would be learned. Only illiterate members were required to memorize lyrics, though all choristers were encouraged to memorize the repetitive chorus section of the song and their individual solos. This request proved very challenging for many of them. Following this process, vocal roles and song arrangement would be decided on and learned during subsequent rehearsals. As the choir progressed, so did the level of complexity of the songs, vocal arrangements and harmonization they would tackle, moving from unison group singing to a two-part harmonization.

During rehearsals, lyric analysis discussions would also be held, pertaining to how the choristers understood the songs' text and perceived the emotions depicted through it. Their interpretations would vary in objectivity and accuracy, but they would in any case allow for conceptual clarification by the author. They would often be asked to try to associate the meaning of a song with a personal experience of theirs to further connect to the emotion and to augment its vocal expression. The choristers would be encouraged to sing expressively in accordance to the emotion portrayed in any given song they were rehearing or performing. In addition, techniques such as accenting certain words (manually and then vocally) in the text that the choir's members felt were especially meaningful were incorporated.

Song rehearsals would often be tape recorded and afterwards played for the members to allow the choristers auditory feedback. This would serve to heighten their awareness of how they sounded as individuals and functioned as a group, and would often serve as a motivational force for the patients to conduct themselves as best they could during rehearsals. The recording of song rehearsals also provided the members with positive reinforcement and awareness of their progress, especially when they were played an early recording of a particular song and were asked to compare it to a progressed recording they had recently made.

When coordinated movements, hand clapping or rhythmic instruments would be added to the performance arrangement, these would be learned and added last, only after the initial vocal arrangement and performance of the song was mastered throughout previous rehearsals. This addition required coordination with the group and the music.

Finally, presentation and performance skills would be addressed. Closer to actual performances, technical details pertaining to the upcoming performance would be discussed, such as time, place, group uniform, guest list and a final rehearsal preceding the performance would be scheduled. The session would usually close with the conductor recapping what had taken place during the rehearsal and leading the group in a serene "group humming", during which the members would close their eyes and focus on a comfortable note they would hum individually, blending their voices together for a couple of minutes before they would commence the session.

6.6 Repertoire Choice

The group singing of pre-composed, familiar music can instill a sense of common experience and group identity. This structure also allows for broad participation and can be guided by themes. Singing meaningful songs can produce an emotional release (catharsis) due to the effect of the music and lyrics and the associations and memories linked to the song. In addition, according to a recent experiment conducted at McGill University in Canada, singing a favorite piece of music stimulates areas of the brain that release dopamine and other euphoria inducing opioids (Harkins 2005).

It was of utmost importance that the choice of repertoire to be learned, rehearsed and ultimately performed was emotionally significant to the choir members. Therefore, whenever new song material was considered, each participant was encouraged to suggest songs that he/she felt a connection to. Following a round of suggestions from the members and a quick initial singing with accompaniment of the songs suggested, the choir would be prompted to vote for the songs they felt strongest about or felt they would enjoy singing the most. The songs that received the most votes would be included in the choir's repertoire for the upcoming performance. Initially, these were mainly Israeli folk songs of a soothing nature, reminiscent of the members' pasts, traditional Jewish holiday songs, reminding them of their parents'

home and upbringing, patriotic songs or well-known songs by famous poets or singers.

The emotional content of their repertoire became gradually varied, including the many subtleties and shades of expression which are part of most musical expression, and eventually reflected the themes closest to the choristers' personal experiences, with recurring motives of faith, hope, comradeship, family, inner strength or loneliness. Ruud (1997) writes that feeling part of a musical tradition, a lasting musical formation, may instill a sense of "belonging" and that identification with historical music may allow a sense of "belonging to a larger historical narrative". However, when new, younger members joined after the choir's third year, they injected into the choir's repertoire more modern, upbeat and rhythmic songs, inclining towards mainstream songs they heard on the radio or on the Eurovision song contest, which uplifted their spirits and symbolized for them normalcy and a better life. Ruud (1997) claims that dwelling on contemporary music may bestow a sense of identification with the part of history one himself has been taking part of. This sense of being embedded in subcultures and histories can also be extended to ethnicity and nationality. Since Israel is a multicultural state, it wasn't surprising that the choristers came from diverse backgrounds. The members' variety of ethnic origin influenced their song proposals and preferences as well, with some participants suggesting the choir perform songs in Ladino, French, and English or in Mediterranean culture musical style. Paul et al. (2007) found that music only helps to manage symptoms of stress if the music listened to ‘corresponds to the patient’s taste’.

The choristers proved to be mostly tolerant of the democratic process of group voting for song selection. Those who felt strongly about their selection would sometimes try to convince the rest of the group to vote for "their" song. However, when a member's song was not ultimately chosen for inclusion a particular performance, it would automatically be added to the list of songs to be voted on the next time songs would be chosen. They would also be given the opportunity to perform their unelected song as a soloist before the group at that session before proceeding to learn the new song. This seemed to be enough to console thwarted choristers, since initially rejected songs were usually chosen for future performances sometime down the road. Never was there a case where a chorister refused to participate in the choral singing of a song they did not choose. Perhaps they preferred another, but no fervent objections would be made to the song actually chosen. Some

would express feeling uncomfortable or anxious if the song was unfamiliar to them, but they would nonetheless agree to learn it. Some would even receive private reinforcement sessions to aid them in learning the song.

There were however songs suggested by the choir that the conductor would veto. These were songs that were deemed inappropriate for choral performance because they were too difficult or the lyrical content was inappropriate for the choristers or target audience.

6.7 Performances

The choir performed an average of once every three months. The choir began its performances at the safe and familiar environment of the hostel, usually for holidays, birthdays and special occasions, performing for other hostel tenants, family, friends and staff, and over the years performed throughout Israel at additional hostels, senior homes, community centers, National Health Day festivities and at the inaugural ceremony of Jerusalem's district psychiatrist.

A final rehearsal would be scheduled directly preceding a performance during which it would be possible to calm the members through the act of singing itself, give them a sense of assurance and confidence and some words of encouragement. For the actual performance, the members would dress up in their best attire, sometimes color coordinating, and the women would have their makeup and hair done by the hostel's staff. A large board with the words to the songs and their arrangement would be placed to the side of the stage to allow the singers to have their hands free for coordinated movements and allow them to raise their heads and make eye contact with the conductor and audience rather than being buried in their individual songbooks. The performances would be accompanied by the melodica played by one of the choir's regular members, joined by the guitar, piano or darbuka (clay drum) played by the author when she wasn't conducting. The performances would also at times incorporate simple, usually rhythmic, musical instruments played in synchronization by the choir members while singing, such as shakers, darbukas, drums and a lap harp. Added to this were at times uncomplicated coordinated movements such as clapping or stepping in time. Following a performance, a session would be devoted to processing their feelings and perceptions of the performing

experience: How they felt before, during and after the performance, how they perceived the audience and how they thought the audience perceived them, how they felt they and the group had performed, their level of satisfaction with the performance and atmosphere surrounding it, what they enjoyed the most from the experience, feedback they would like to give to the other members and what they would like to improve/change/add for the next performance.

6.8 Challenges

As a choir, group unity was crucial and each chorister needed to sing the correct melodic patterns and rhythms, especially when harmonizing. Challenges of listening and attunement were central to this choir. Choral singing requires learning fundamental listening skills. While individual voice production and contribution is important, the choral concept essentially involves unification and a merging of voices. Learning how to simultaneously sing and listen to the group was central to this challenge and required focused concentration and much self control. Some group members had difficulty learning the melody with the accurate rhythm. Many had the tendency to accelerate the tempo. In fact, the musical component most resistant to change proved to be that of tempo. Try as they might to sing compatibly in unison and to maintain their singing at a steady pace, the choir had a general tendency to accelerate any given song's tempo. All that was required for this to happen was one chorister singing at his own personal accelerated pace. The other members would try to keep up with him, creating a snowball effect.

Illiterate members had trouble recalling the lyrics. Many wouldn't listen to the accompanist and would sing on a completely different key at a different tempo than her, creating cacophony. One member had dental problems which caused articulation difficulties. Others would confuse their roles with others and end up "stealing" their solos, forget to sing their own solos, or sing the wrong voice part during harmonization. Still another had a tendency to loudly hum the melody during the accompanist's opening, interludes and closing of songs. Tonality, singing in the correct pitch, was another aspect of the group process. A few members had difficulty with intonation and seemed to be somewhat tone deaf. They did not notice they were singing the wrong pitch. Vocally, there was also a large gap among the choristers. The

group interaction required functioning as a group without vocal domination. One member in particular had a very loud, unpleasant voice, and she would intentionally sing much louder than the entire remainder of the choristers, seeking to perform all solo parts. She would also talk incessantly at loud volumes when she wasn't singing. Other choristers had quiet, undeveloped voices and could barely be heard in the overall musical product. The music therapist/conductor aimed to help choristers focus on and achieve a proper tonal balance, with each participant focusing on his/her area of necessary change/development. This may have given members the opportunity to experience and practice the balance necessary in other human interactions as well, especially those requiring use of the speaking voice.

Some patients suffered from a short attention span which made it difficult for them to pay attention to and follow basic instructions. Some were dealing with auditory and/or visual hallucinations causing them to shift their focus. Others had grandiose delusions concerning future stardom and believed they possessed great musical ability, when in fact they had none. The task for these patients was to work at maintaining a present awareness of what was happening in the group process without being distracted by their delusions or hallucinations.

Behavioral challenges were also great, with issues of jealousy, anger, despair, difficulties with impulse control, frustrations, impatience, panic disorders, delusions of grandeur or delusions of a paranoid nature, and at times verbal abuse and even violence dominating choristers' behavior during rehearsals. Some of these issues could be dealt with and worked on within the group setting. The choral singing in itself appeared to greatly diminish the aforementioned obstacles, organizing behavior, distracting and relaxing choristers. Members were additionally encouraged to practice self control through their musical contributions and interactions. Nonetheless, the members' sense of safety and security was considered of utmost importance. Thus, whenever a choir member became verbally abusive toward another or behaved in a way perceived as potentially threatening by a patient or by the conductor, that member was told to leave for that session and return for the next rehearsal if he/she was feeling improved or more "in control" by then.

CHAPTER 6

Description of Data Collection

6.1 Introduction

Data collection was carried out through detailed observation of rehearsals and performances, conducted and recorded throughout the six years of the choir's existence, supported by audio recordings of rehearsals' musical elements, and follow-up transcribed audio recorded interviews of eight participants, detailing their retrospective perceived experiences of choir membership. An additional object of analysis consisted of video footage of each participant singing a song or songs (or in the case of the accompanist, footage of playing songs) during the interview. All of the data was analyzed in detail, with special emphasis placed on the eight participants who made up the choir's foundation, persevering the longest time (in some cases, for the six years). The analysis will be performed in accordance to the hypothesis, focusing on how different aspects of choir participation beneficially impacted the members' various symptoms of schizophrenia. All names of patients participating in the choir and mentioned in this paper have been abbreviated to one letter in order to conceal their identity, in regulation with ethical guidelines guarding patients' rights to confidentiality.

6.2 General Observations Relating to Rehearsals

Rehearsals were affected by several factors, including patients' behavior in the hostel, interactions between the patients prior to the rehearsal, members' experiences at the sheltered work program that day, and hospitalizations. In particular, the amount of psychotropic medications and changes in dosage affected the patient's level of involvement, alertness, mood and general behavior.

6.2.1 Arrival and Departure from Rehearsals

A major obstacle facing choristers attending choir rehearsals seemed to be first and foremost a technical one: the actual arrival at rehearsals (as aforementioned, 5 minute walk from the hostel). This required that G. be accompanied by another member since she would often suffer from falling spells, S. needed to be reminded to raise her head long enough to check for cars before she crossed the street, P. needed to constantly "re-organize" his schedule, and would in any case arrive chronically late for rehearsals, and V. at times needed to be pulled out from beneath her bed covers by the hostel's staff. Despite this inconvenience, the choir enjoyed relatively high attendance rates. Certain choristers would often arrive loudly complaining of the inconvenience caused to them by attending the choir:

"It's hard for me to come. I fell on the way here. I don't want to anymore!"- G.

However, they would often calm down quickly after the rehearsal would commence and remark before they left that they were glad they had made the effort to come. Another common occurrence was for members to linger in the clinic following rehearsals, hesitant to depart from the room. Particular choristers had a tendency to arrive prematurely to rehearsals, even hours too early. At times, this would occur due to confusion, but sometimes I would receive explanations such as:

"I don't have anything better to do in the hostel"- D.

One chorister even decided to camp out in the clinic's waiting area for an entire day, lying down across a few chairs, as though sleeping on a park bench. She later explained:

"I like it here. I thought I might see you between therapies and exchange a few words with you". -E.

6.2.2 Positive Symptoms

One of the greatest challenges facing the choir's actual functioning was the often anxious and uncontrollable behavior of its members at times. It wasn't unusual for the hostel's tenants to show up for rehearsals, rambling on with an array of personal complaints, usually stemming from a psychotic origin. Their grievances were at times unintelligible and presented chaotically through disorganized behavior. This would generate an atmosphere of chaos among the additional members as well, who would often respond defensively to a chorister's persecutory delusions or aggressive

behavior towards them. It seemed that when the choir's members presented with unyielding complaints of a hallucinatory ("The voices won't leave me alone") or delusionary ("They're all looking at me…they're thinking things about me, I know it") origin, the only mode of action that exerted a positive response from them and caused their complaints, and accompanying disruptive conduct, to cease nearly immediately, was to have them begin singing, the sooner the better. This required simply beginning the rehearsals with the choristers who were emotionally present, while not allowing disruptive members a stage for their grievances. This would usually result in more normative conduct, allowing agitated members to calm down and focus on stimuli outside themselves; the music, songs, singing, and to begin relating to the other members in a non-threatening manner. Members of the choir who suffered from frequent auditory hallucinations would often remark on the singing's powerful effect on these often distressing hallucinations:

> "When I sing I don't hear the voices. They go away. They're banished"-G.
>
> "I feel better now after the choir. I don't have those (troublesome) thoughts anymore…"-D.

Departing from rehearsals, the choristers generally seemed more relaxed and in a far better mood than when they arrived. The effects of choral singing on these hallucinations were nearly immediate, though seemingly temporary. Therefore, members were encouraged to rehearse the songs being learned and worked on throughout the week during leisure time at the hostel, thus maximizing skills for managing their symptoms. The hostel's staff, which often reminded them of the importance of these independent practices, reported that they often did exactly that. Choristers who had done this "homework" would usually report this with a vocal tone that conveyed pride and a feeling of accomplishment.

6.2.3 Negative Symptoms

6.2.3.1 Avolition and Anhedonia

Choristers would usually seem very content and in high spirits while singing/playing and would frequently remark on the enjoyment the choir brought into their lives:

> “Singing gives me a taste for life”.-D.

Most would generally exhibit a marked improvement in mood during and following rehearsals, and would depart from choir practice pronouncing they felt much better. As their membership in the choir continued and their confidence in their singing and performance abilities naturally developed, many of the choristers seemed to become more ambitious in relation to the choir's prospective achievements. In fact, some of the choristers participated in the planning of performances and developed (mostly) reality-based ambitions and goals for the choir's future: They began suggesting the choir add more accompanists, incorporate various musical instruments, take on additional performance repertoire and varied musical genres. A common and recurring request from "seasoned" choristers (following their first year of choral participation), was that the choir perform more often:

"Let's add more songs for the next performance"-B.

In addition, they would often request to perform before more normative populations:

"We should perform for 'normal audiences' as well, at general hospitals and community centers"-E.

A few members even inquired about the possibility of the choir performing on the radio and making a CD. In addition, as they progressed in the choir, more choristers would request to sing solo roles during songs, at times generating an atmosphere of competition.

Though their mental health would at times waver, resulting for some in recurring institutionalizations, overall, the choristers seemed to be making significant progresses. The motivation generated in the members by their choral experience seemed to extend to other areas of their lives as well. During periods of their choral participation, choir members seemed to become suddenly busier and generally more active. Many began to fill their usually monotonous daily schedules with additional enriching activities. V. began to take private voice development lessons, learn for her matriculation exams and take art lessons. P. began to learn English at a special needs center, D. took a computer course at a community center and participated in many extracurricular activities in the hostel, E. began to participate in a physical fitness class and to write and record songs, as well as her memoirs. During the course of their participation in The Psychiatric Choir, all except one began participating in community center sing-a-longs. Choristers also became more achievement oriented in general, and some even managed to make significant advances in their lives: H. became more independent in his daily functioning, no longer requiring

accompaniment to travel places. D. requested and received a promotion at his sheltered work place which required of him to acquire additional skills and work extra hours. G. finally had dental implants, explicitly to improve her choral performance, a move she had put off for years before joining the choir. S., M. and E. along with four other choir members not interviewed for this paper were transferred from the hostel to a sheltered living arrangement. E. was repeatedly transferred to more challenging sheltered work places and began working longer hours. P. began to work longer hours and acquired and maintained an independent job (not sheltered) in the food industry. He began to request visits with his young son and during his fourth year in the choir, made arrangements to be accepted to a college outside the city to study for a degree in law, and even attended an interview. Unfortunately, he was not accepted. V. eventually successfully finished her matriculation exams and finally earned her official Israeli matriculation certificate. While it is not evident to what degree, if at all, these advances may be attributable to members' participation in The Psychiatric Choir, it nonetheless seems noteworthy that these achievements were realized during the period of time that the patients were members of the choir.

6.2.3.2 Alogia

Not many of the choir's members experienced alogia. M. suffered from the condition chronically and G. went through some periods when she exhibited the symptom. When afflicted, these choristers would barely speak and when they did it was only when they were posed a direct question. Their answers would be very concise, usually comprised of one word, relaying very little information. It was observed, that although their speech and its content were very limited, they had no trouble singing throughout the hour long rehearsals. Furthermore, their verbalizations frequently appeared to increase during choral rehearsals. Interestingly, choral participation also seemed to generate more talkativeness in many of the other choristers who did not suffer from alogia. Consequently, this author would frequently observe normally reserved choristers chatting amongst themselves during the break between the choral rehearsal and the music therapy group.

6.2.3.3 Expressive Impairment

Throughout choir rehearsals it became evident that members would become significantly more animated once they began to sing or play. Some would seemingly "come to life", suddenly rising from the chairs they seemed glued to during the warm-up section, singing with gusto, and at times even instinctively swinging their arms or rocking their body from side to side as they sang. Their ability and willingness to express various shades of emotion grew as the choir progressed.

As the choir advanced, its members became increasingly willing to suggest songs for the choir repertoire that touched upon more personal preferences and themes relevant to their lives. These themes and emotions were mostly adequately portrayed through the choristers' vocal expressiveness. In often stark contrast to some of the participants' monotonic speaking voice, their singing voice conveyed emotion. Their voice would rise and fall according to the melody's contours, would dynamically vary throughout the song, would stress key words or phrases, etc. The conductor attributed some of these seemingly newfound vocal expressions to the warm-up sessions which would focus on the development of vocal components.

The cathartic value of musical expression

The choristers' musical expressions seemed to further serve a valuable outlet for emotional catharsis and sublimation: When P. was suffering from heightened anxiety, he would usually enter the clinic presenting with inappropriate effect. He would mumble to himself of all the chores he had yet to finish, intermittently yelling:

"What can I do?! What will I do first?!"

He would then choose a seat in the corner of the room and continue mumbling to himself, detached from the other choir members and ignoring the conductor as he continued to compulsively panic over apparently trivial issues such as what he should eat for dinner, when he should shave and when he was going to find time to send a letter or make a phone call. However, when rehearsals began and the conductor managed to prompt P. to begin singing, his booming, and at times overpowering voice would reflect all the intolerable emotion inside him. All his overwhelming feelings would be poured into song, organized and placed under his control. This would usually help him identify and express his emotions in a more appropriate and socially acceptable manner, as well as providing him an outlet for his agonizing thoughts and

feelings. Other choristers would at times marvel at P.'s suddenly powerful and expressive singing voice. P. himself would often gently comment following such a rehearsal:

"I feel better now. More calm. It was good getting it all out".

E. provides an additional example of the cathartic value of musical expression. E. would spontaneously play the melodica at any free moment during rehearsals: Before rehearsals commenced, when they ended and in between when members were deciding on songs to be rehearsed. She would often explain that she "spoke" through her melodica and through the songs she played on it she would frequently express her emotional state and even personal opinions.

6.2.3.4 Cognitive Dysfunction

Though all choristers suffered from cognitive disabilities, with three of this paper's subjects diagnosed with slight retardation, one with a learning disability and all demonstrating concentration and memory difficulties, all nonetheless managed to successfully attend and participate in the choir's hourly bi-weekly rehearsals. Though some choristers often appeared restless upon arrival at rehearsals, pacing to and fro, having difficulty sitting down or remaining seated, this gradually changed as rehearsals progressed. When actively engaged with the music, the large majority of choristers would settle down and begin to focus on the task at hand. Though the attention span of those afflicted with schizophrenia is typically short, choristers nonetheless succeeded in learning varied musical repertoire and arrangements (even when unfamiliar to them), vocal roles (such as solos and duets), and in memorizing lyrics (which was required of those who were illiterate). Furthermore, choristers' listening skills appeared to improve immensely throughout their period of choral membership. Whereas they initially demonstrated much difficulty following the accompanist's lead (and she found it difficult to accompany them), singing in the correct key and singing at the same pace of the other members, these obstacles gradually subsided for the majority of choristers. These developments in listening skills eventually advanced the choir's sonic, as well as perhaps feeling of spiritual, unity.

The accompaniment the melodic player provided was sparse and merely melodic, aiding the choristers in remaining on key but not contributing much as far as musical support and containment. Therefore, the conductor would often attempt to add musical backing herself, supplying a harmonic or rhythmic accompaniment on an additional instrument. However, this limited the conductor's ability to provide directive hand cues during rehearsals and performances. It was observed that these conducting signals would significantly facilitate choristers' ability to focus on the musical execution of songs, coordinating their efforts of unifying their voices, particularly regarding tempo. Without this organizing visual cue, choristers would often become disconcerted and their performance would be disorderly, lacking coherence or union. Therefore, the conductor would often prefer to stand before the choristers and direct them, rather than accompany them, through at times it was possible to somewhat combine these two roles.

Learning to harmonize proved especially difficult for the choristers, since it required focused concentration on their voices and vocal parts as well as simultaneous awareness of others' voices. They therefore frequently became confused and distracted by other choristers' roles. However, all choristers were generally willing to persevere in adequately developing their musical capacities to the best of their abilities.

Members also managed to focus their concentration and utilize their cognitive abilities while deciding on the choir's musical repertoire, and discussing ways to improve performances. Beyond their ability to recall songs learned from week to week, choristers were often able to perform songs in their specific choral arrangement long after they were initially learned and rehearsed (ranging from months to years). In addition, there was a definite learning component to the choral experience, with many members of The Psychiatric Choir learning to develop and control their singing voices and the choir's accompanist improving her musical skills and knowledge.

6.2.3.5 Social Dysfunction

The choristers' ability to even initially sing in unison accurately was not an occurrence that happened instantaneously. The choir began with its members perhaps trying to sing together, but not necessarily succeeding. They would initially sing at different

tempos from each other and from their accompanist, usually severely accelerating the original tempo throughout the song. They further had difficulty even visually following my signals as I conducted the choir. Some would try to sing above the others, while a few choristers would become inaudible, eye contact was non-existent for some, and above all, it seemed as though no one was relating or listening to anyone but him/herself. The art of listening and of relating to one another on an acoustic level, proved to be a social skill lacking among the choristers. They needed to be taught this skill and encouraged to practice it, and choir rehearsals seemed to provide a suitable setting for this goal. For example, when E. first joined the choir, there was very little correlation between what she played on her melodica and what the choir's singers were singing. During initial rehearsals, E. would play whatever she pleased whenever she pleased, beginning a song and charging ahead with no notice, in the scale she was accustomed to play in, and at a speed that she decided suited her. Many times she would begin to play any song that came to mind, regardless of the repertoire the choir was working on. This created much musical chaos in the choir. She had obviously been accustomed to playing alone, and had to learn accompaniment skills. In addition, E. would often refuse to learn new musical material, instead insisting everybody sing the songs she knew to play. Interestingly, her mode of communication resembled her very independent and at times wearisome musical style: She had a tendency to ramble on incessantly and impulsively, not leaving much room for anyone to respond to her. She was very rigid and would only speak about herself, without inquiry as to anyone else's well-being and interests. She had difficulties listening to anyone other than herself and tended to dominate social interactions which would quickly become one-sided. Throughout her time as the choir's accompanist, E. very gradually underwent many impressive transformations: she learned new repertoire, began to listen to others, giving them a place, and began to suit her playing to others and their needs. She gradually improved the accompaniment skills mentioned and became a skilled accompanist (to the extent of her musical abilities). Alongside her accompaniment skills, which necessitated the practice of various social skills, she began to master the art of communication and improved her social status among the choir's members. She also began to form more personal and close relationships among the choir's members. During the choir's fifth year, she even developed a serious romantic relationship with one of the choir's male members, a relationship that nearly let to marriage. However, throughout, E. always preferred to

remain the choir's only accompanist, objecting to any additional accompaniment, even that supplied by the conductor, especially if it were melodic.

As E. learned to fit her playing to accommodate the choir's pace, the choristers learned to listen to E. and complement their singing to her playing. All participants became more aware of the conductors signals and those who were reluctant to raise their heads during practice would begin to do so as to follow the conductor's cues. When vocal roles were assigned, such as solos or harmonizing parts, choristers eventually learned to adhere to them as well. This was no simple task and required of them much practice. Some had difficulty not singing all the parts, taking turns and remaining patiently silent long enough to allow another member a solo part.

The maintenance of eye contact among members was an additional social skill promoted by the choir. Choristers learned how to establish eye contact with each other and with the conductor, assisting their awareness of one another and general musical attunement. This intervention was particularly beneficial to S., who would often stare at the ground as she spoke or sang, avoiding eye contact and therefore confrontation and intimacy. This tendency of hers to avoid lifting her head as a means to evade eye contact often placed her in actual physical danger while crossing streets. Throughout rehearsals, it was necessary to repeatedly remind and encourage S. to practice creating and maintaining eye contact with fellow choristers as well as with the conductor. This eventually led to a marked improvement in this essential social tool during and following choral practice, improving S's social interactions and ability to cope with her social anxieties.

Each member faced individual challenges when required to "fit in" musically with the group. For some it was a matter of intonation, pace or roles. For V. it was a matter of volume. V. suffered from delusions of grandeur, causing her to view herself as a seasoned singer and natural soloist. She also happened to be "blessed" with a very powerful voice. V. enjoyed standing out from a crowd and had an exhibitionistic personality. Therefore, whenever the members of the choir would sing together, V. would try to out-sing them. The way she attempted to achieve this was to raise her voice to unpleasant, piercing volumes until all that could be heard from the choir's joint effort was her voice. She would also at times elongate notes, trying to turn them into glory notes in an attempt to draw attention to herself. This understandably earned her much of the other choristers' contempt. She translated their responses as jealousy. V. had a similar was of interacting with her surroundings outside the choir, tending to

draw negative attention toward herself among other things, by speaking incessantly and very loudly. She began a lengthy process in the choir (as well as in reinforcement sessions) of learning to allow others to be heard (they also had solos during which she was not permitted to sing), and of learning to lower the volume and curb the sharpness of her voice and accept this new softer, gentler, inviting, feminine voice. This required her trusting that this "new voice" would be listened to and appreciated by others, and that she didn't have to force others to listen to her in order to be heard by them.

Throughout their choral experience, members gradually began to become more aware of one another and their social interactions increased. As aforementioned, when they first joined, choristers would usually be focused on their own voice and on their personal functioning during rehearsals. Interaction with other members would mainly take place through the music, and even then there would be no sense of togetherness, only of each doing the same act (namely singing) at more or less the same time. There was little synchronization between participants, and none exhibited much awareness of what the others were doing unless it affected them directly. Verbal interaction was even more sparse and sporadic. The verbal exchanges that did take place were mostly negative, with choristers insulting each other or criticizing each others' behavior. With time, these situations gradually changed. Musical interaction was greatly increased as members learned to listen to one another, become aware of their acoustic surroundings, raise their heads and initiate eye contact, appreciate other members musical/vocal contributions, learn to enjoy the merging of their voices and appreciate the emerging results. Many times, when I opened the clinic door to receive the choristers, I would hear the ones who had arrived early, gathered in the room across the clinic, singing the choir's repertoire together complete with accompaniment. They had begun rehearsals without me. Consequently, it was reported by the hostel's staff, that at times, when some of the choristers would randomly find themselves lounging together around the hostel, they would begin to spontaneously hum or sing together the choir's repertoire. It felt as though it had become natural for them to interact with one another through song and that they preferred this form of togetherness over standard forms of socialization.

Additional forms of social as well as verbal interaction seemed to improve as a result of choristers positive experiences with musical interaction. Choir members began to exhibit comradeship and support for one another: They would accompany

each other to choir rehearsals and to the synagogue, E. would help S. practice singing on key throughout the week at the hostel and S. would assist G. in learning the words to songs since she was illiterate. The male members would exchange niceties and general information and at times complement each other's voices, while some of the female members formed actual friendships that endured beyond choir rehearsals. D. and E. even formed a serious romantic relationship.

6.3. Observations Regarding Performances

Public performances were a key aspect of the choir's proclaimed musical goals. The choir's initial experiences were humble, performing exclusively on the psychiatric hostel's grounds for its staff and tenants. However, throughout the choir's existence, choristers performed numerous times each year in a variety of locations and for diverse audiences. Occasionally, these audiences would number hundreds of spectators at a time. For members of The Psychiatric Choir, performing was a novel experience at first, and in its entirety seemed to induce both positive and negative emotions. Both these emotions were stronger by far than the ones generated by ordinary rehearsals. The negative emotions were exclusively present before performances. Anxiety, in particular, was part of this experience, especially prior to a performance for an audience unfamiliar to them. This anxiety was usually associated with the anticipation of singing on stage in public, that is, performance anxiety. Whenever a date would be set for a performance, the subject of stage fright would inevitably arise. Members that had only recently joined the choir would initially raise the topic, with some more experienced members empathizing with their fears as well. Time was set aside during rehearsals to discuss choristers' reservations and self doubts, as well as to provide them with emotional support and adequate reassurance so that they would be prepared for the challenge.

This anxiety was intermingled with much excitement and anticipation. As aforementioned, choristers would take an active part in planning the performances: They would decide on the specific repertoire to be sung, how they would stand on stage, which of the choristers would present to song to the audience and in what way, who they would invite to see them perform from their family and acquaintances, and

how they would dress. For many, the performances posed an opportunity to present themselves to their family in a different, positive light:

> "My mother said she would come. She never really saw me do anything before on stage…or really anything at all that I thought she could enjoy."- H.
> "My mother and father and little brother are all coming. My father said he'll bring a video camera so they can all remember this moment. My brother can't believe I'm going to actually sing on stage. He said 'my sister is a singer'!" -V.

Female choristers would suddenly become more appearance conscious. They seemed especially focused on how they would aesthetically present themselves, some planning to get haircuts, go to a cosmetician or even go shopping for new clothes they could wear for the upcoming performance. Ever since one member suggested: "We should wear color coordinated outfits for our next performance", this became part of the performance tradition. Choir performances were indeed one of the few occasions during which the hostel's tenants would expend time and effort in grooming themselves, usually donning their best garments. The hostel's staff would usually aid in this, fixing the women's hair, makeup and nails and making certain all the choristers were in proper attire. Thus many of the choristers learned to take pride in this groomed appearance, possibly encouraging a more socially acceptable aesthetic in their everyday life:

> "It was so exciting…we all donned our best clothes. I wore a beautiful white dress. We all looked so distinguished."- B. (reminiscing about one of the most significant performances).

The day of the performance, choristers would usually exhibit unease and would seem more tense than usual. P. could be seen pacing the halls, chain smoking cigarettes, D. would glance at his watch every few minutes, S. would sit alone quietly staring at the floor, while V. would constantly check if her parents had yet arrived. P. would even at times be prone to panic attacks prior to a performance. However, dress rehearsals and deep breathing exercises aided choristers' in getting their nerves under more control.

During the performances themselves, the choristers would usually be on their best behavior, making special efforts to not offend their audience and to display unity and "normalcy". They appeared especially focused and vibrant, seemingly coming to life on the stage, smiling and beaming with pride and confidence. They would always gladly acquiesce with the audiences requests for an encore.

It was observed that during the recount of their experience following a performance, most of the choristers would be far more animated and would demonstrate more vocal and facial expression than was usual for them. They would even include vocal inflections of excitement:

"We did well, we did well!"-G.

"It went exactly the way we rehearsed it. Perfectly!" (E.)

"Did you notice they (the audience) sang the chorus with us? They really liked it!" -P.

"I sounded like a singer! Everybody applauded me!"-V.

Even M., who suffered from severe affective blunting and appeared apathetic towards many choral experiences, could be found smiling following choir performances. When directly questioned, M. would often express pride and satisfaction with the performances:

"We were good. I sang correctly on stage and remembered all my parts".

As the choir members rated the experience of performing as highly satisfying the vast majority of times, it seems the positive emotions overcame the anxiety component during the course of the performance. As a result, the performances were never rated as stressful. Following The Psychiatric Choir's most challenging performance, when they performed in front of an audience of hundreds of psychiatrists, doctors and additional medical staff at a highly publicized occasion, the author asked P., a particularly anxious choir member, if his satisfaction was worth all the stress and worries he had experienced prior to the performance. His answer: "Of course!" Additional accounts taken of choristers' experiences following performances attesting to their ability to overcome their performance anxiety include the following statements:

"I was nervous and felt tense before the performance, but the moment I began singing it was all gone and I felt at ease" -.D.

"When I begin to sing in front of an audience I'm shy and I get really excited. But it quickly passes and afterwards I feel happy and confident." -S.

In the choristers' interviews following performances, it was in fact the social gratification and connection with the audience that they continuously mentioned as most significant to overall choral experience. When 8 members were asked what they found most enjoyable following a major performance in front of an audience of caretakers, 6 of them enthusiastically reminisced about the applause they received

("…all I heard was the clapping and it excited me."), half spoke of the audience joining in the singing at key points in songs ("Suddenly I realized they were singing with us and it really touched me.") and feeling "as one of them", 5 spoke of audience members approaching them to congratulate them and mentioned the very presence of those close to them or held by them in high esteem ("Dr.*** was in the audience and he heard me"), and 7 mentioned a feeling of satisfaction at being able to "give back" and contribute to society through their music making ("It gives me a good feeling knowing that I could give something to all those people who came"). One chorister even attested after a key performance: "Music is my life". Following performances, the choristers would return to rehearsals with renewed enthusiasm and interest and typically inquire as to when the next performance would be held.

A summary of the perceived beneficial effects of choral participation on schizophrenic patients' psychiatric symptoms as indicated by the author's observations and choristers' accounts can be found in Table 1.

6.4 Personal Interviews

6.4.1 Procedure

The author first attained information as to the whereabouts of the former choir members. Most had remained as tenants in the psychiatric hostel, two were living in sheltered housing, one had returned to live with her parents outside of Jerusalem and one was hospitalized in a psychogeriatric ward at a local mental health hospital. Next, consent to conduct the interviews needed to be obtained from the Israeli Ministry of Health's Ethics Committee, the patients' legal guardians, the director of the psychiatric hostel, and from the patients themselves.

When interviewed, each participant was provided with basic information regarding the research. They were then asked to sign a consent form, requesting permission to use the information contained in the interview for purposes of publication in the academic forum (Appendix F). The consent form was written following the American Psychological Association's "Ethical Principles of Psychologists and Code of Conduct" (2002) guidelines relating to informed consent. The contents of the consent form contained the nature of the study, the fact that the

interviews were being audio recorded, and the participant's right to discontinue at any time. It was written in subjects' native tongue in plain language that the research subjects could understand, and were read to each participant before the interview began. The researcher then made queries to assure the participants fully understood what they were consenting to and what it would require of them. The choir members were assured that their names and other identifying information would remain confidential. Therefore, all names that appear in this document are pseudonyms.

The investigation utilized the outline of a semi-structured interview (see Appendix G), in order to provide participants the flexibility to freely explore the aspects of the experience which they believe are most important. Throughout, the interviewer introduced questions related to the topics of interest. However, most participants required clear structure and the direction of the interviewer to remain focused on the topic of research. Those afflicted with alogia required direct, focused questions if they were to at all participate in the interview. The goals were to explore:

1 Memorable experiences of choir membership

2 Perceptions of choir membership

3 Changes which had occurred during participation in the choir

4 Enduring changes believed to be prompted by choir participation

To determine the impact of choir membership, the interview focused on the following topics :

- The decision to join the choir
- The choristers' perceptions of the experience of singing and performing
- Fondest memories of choir experience
- Difficulties in choral functioning encountered throughout the period of choir participation
- Perceived social functioning throughout choir membership
- Personal changes that occurred throughout the choristers' membership
- Factors central to continued participation and enjoyment of the choral experience
- Perceived benefits derived from choir participation
- Enduring changes believed to be prompted by choir participation
- Functioning in the following areas prior to, during and following choir membership :

a) Employment

b) Leisure time activities
c) Residence
d) Emotional expression
e) Musical ability
f) Motivation to learn
g) Concentration
h) Behavior
i) Social skills
j) Motivation to socialize
k) Hallucinations, delusions and thought disorders

Each interview lasted approximately half an hour to an hour and a half, and was audio recorded with permission from the participant. Musical excerpts from the interview were videotaped. The interviews were transcribed verbatim in Hebrew. The resulting transcripts and tapes were then analyzed by the author to determine each chorister's personal perceptions and benefits attributable to choral participation. Excerpts related to the areas of interest were recorded, classified into categories according to the emerging themes, and compared across interviews. For interview transcriptions, see Appendix H.

6.4.2 Subjects' Profile

Part of this research focuses on eight former choir members who participated in The Psychiatric Choir for significant periods of time, some for the entirely of the six years of the choir's existence. Of these eight choristers, who were personally interviewed, four are male and four female (including the choir's accompanist). The average age is approximately 50, with the eldest member currently aged 67 years and the youngest 31. Two are divorced, each with a child not under their care, and the rest are single. Half are considered low functioning, one is illiterate and three suffer from slight mental retardation. The remaining choristers are of approximately normal and above normal intelligence, and one has genius level IQ and holds a master's degree. All are administered psychotropic medications, and at the time of the interviews, all but one (who was hospitalized) had a daily work schedule, with most enrolled in a sheltered

work program, and one independently employed. Currently, two of these former choir members are living in sheltered housing, one is institutionalized in a psychogeriatric unit, and one has moved back into her parent's home. The rest still live in the psychiatric hostel. None of the choir's members had ever had voice lessons or had ever participated in a choir of any sort before their experience with The Psychiatric Choir. The member who served as the choir's accompanist on the melodica had some musical training on the recorder and piano in her youth, and some of the singers reported remembering a few lessons on playing an instrument when they were children.

Female Choristers

E.- Is a 45 year old female. First institutionalized at age 11.5, she was diagnosed with paranoid schizophrenia. E. was among the choir's first members and functioned as the choir's musical accompanist for its entire 6 years, supplying the choir members a simple, usually one-handed, melodic accompaniment on her melodica. She rarely missed a rehearsal. E. is a very intelligent, well read, opinionated, coherent and articulate woman. She holds a BA in French literature and English literature, and she learned towards an MA in librarianship. E. had piano lessons between the ages of 7-15. She carries her instrument of choice, a small melodica, with her wherever she goes. She often plays music for passerbyers in order to practice and raise some money. E. is divorced from an abusive husband and has a young daughter in foster care who was taken from her at birth and who she is forbidden to contact. E. currently lives independently outside the hostel in sheltered housing.

G.- Is currently 62 years old and suffers from chronic paranoid schizophrenia, a learning disability and slight retardation as well as from a number of physical illnesses. She often exhibits disorganized thinking. Her physical and emotional functioning has always been at a very low level, requiring assistance to cross the street, board a bus, and to attend choir rehearsals. Her speech and singing are inarticulate and mainly incoherent due to dental problems. G. enthusiastically participated and performed as one of the singers in the choir for over 2 years, although her voice was hoarse and discordant and she was illiterate, unable to read or write. G.

suffered from auditory hallucinations that would accompany her all hours of the day and night and she was repeatedly hospitalized. When I went to interview G. for this paper, I learned she had been re-institutionalized shortly after the choir dissembled and would remain at the hospital to live in its psychogeriatric ward. This was due to a general physical and mental deterioration in her condition.

V. – Is a 36 year old female of normal intelligence, diagnosed with chronic paranoid schizophrenia and borderline personality disorder. She possesses a very strong, at times overpowering, voice and a very domineering, overbearing and exhibitionistic personality and tends to be very competitive. She often presented with persecutory beliefs and with delusions of grandeur, especially regarding her singing abilities. V. spent many years being transferred between psychiatric hostels due to behavioral and disciplinary problems. She often exhibits excessive, inappropriate affect bordering on manic. V. has a special passion for singing and dreams of becoming a singer. She joined the choir shortly after arriving at the psychiatric hostel, and remained for 4 years until the choir dissembled. She has recently left the hostel to live with her parents in their home.

S.- Was the choir's youngest member, a 31 year old female with mild retardation and affective instability, suffering from long periods of depression Her diagnosis is organically based paranoid schizophrenia and she suffers from auditory hallucinations and has psychomotoric retardation and affective blunting. Her deceased father suffered from schizophrenia and her mother and brother both live in institutionalizations and have mild retardation. In her childhood, S. was diagnosed with a developmental disorder and learned in special education schools. She helped care for her parents and helped in her home with the housework. As an adult she worked as a nanny, caring for young children, until an incidence when she refused to return a baby to its parents, insisting it wasn't theirs. As a result, she was institutionalized at a psychiatric hospital. S. is very soft-spoken and possesses a very gentle and fragile voice. She has a docile, compliant demeanor and is often taken advantage of. S. was a dedicated choir member for 4 years until the choir dissembled. She tended to stare at the ground as she sang and to avoid eye contact. S. was transferred to sheltered housing.

Male Choristers

P- Is a 39 year old male, diagnosed with chronic schizophrenia- "all types" (including paranoid schizophrenia), and with chronic anxiety. In the past P. had been diagnosed as suicidal. He suffers from delusions, hallucinations, disorganized thoughts and behavior. P. is intelligent and good hearted, but has a low frustration threshold and has difficulty tolerating changes. He has obsessive compulsive tendencies, his behavior can turn aggressive and even violent at times and he has a tendency toward panic attacks. He is a heavy smoker. One of P.'s brothers was killed as a soldier in one of the wars. P. is divorced with a young son he does not visit though he would very much like to. He now works at an independent work place. P. loves music and possesses a strong baritone voice. He was among the choir's first members and devotedly persisted for 6 years.

H.- Is a 57 year old male, diagnosed with chronic paranoid schizophrenia and an affective disorder. He suffers from slight mental retardation and from essential hypertension. He has a tendency to speak obsessively of his deceased father. H. often displays affective lability, given to sudden emotional outbursts. One of his primary symptoms is grossly disorganized behavior, which causes him to act any number of unpredictable ways, from silly and childlike to angry and aggressive. He is at times very impatient and his behavior is often childish. He may whine and speak in a childish tone with his voice rising in pitch and in intensity. Though his ability to concentrate was severely deteriorated and he had difficulty sitting still for long, H. participated in the choir for nearly two years, leaving before it disbanded, due to delusional thoughts concerning another chorister.

M- Is a 64 year old male, diagnosed with chronic unspecified schizophrenia and neuroleptic malignant syndrome, a life- threatening neurological disorder most often caused by an adverse reaction to neuroleptic or antipsychotic drugs. He suffers from chronic delusions of grandeur and auditory hallucinations. M. has a long history of recurring hospitalizations. He experiences a wide array of negative symptoms, tending to be passive, lacking motivation, isolating himself from society, rarely speaking or initiating contact, and rarely expressing any form of emotion, neither through verbal

content, facial expressions or vocal tone. M. was among the Psychiatric Choir's very first members, and persisted in the choir for four years, at times taking short breaks from choir participation following hospitalizations. The choir was the only extracurricular activity M. ever participated in.

D.- Was the choir's oldest member. He is a 67 year old male, diagnosed with chronic paranoid schizophrenia. He also suffers from a range of physical illnesses. D. has a tendency toward affective lability and tends to fall into depression. He often has troublesome thoughts of a persecutory nature. His intellect is intact. D. is good natured, gentle and well mannered, but suffered from much loneliness. His entire family lived overseas and he had no friends. He has a fragile though expressive singing voice and he very much enjoys singing. D. was among the choir's first members and contentedly remained in the choir throughout its 6 years. He would always arrive before the set time and seldom missed a rehearsal.

6.4.3 Documentation of Interview Material

In order to present the interview material more clearly and succinctly, a documentation key was developed. Pauses which occurred while the participants were deliberating on their replies were indicated by three dots (…), sentences or parts of sentences that were superfluous were omitted and replaced by square parentheses []. Author's comments on interview material appear inside parentheses ( ). These documentation techniques did not alter the meaning of the interviews.

6.4.4 Analysis of Interviews

All former choristers responded positively to the author's request to interview them about their experiences in the choir. Though many of them often strayed from the interview's topic, due to loosening of associations or their need to focus on subjects occupying their thoughts at the time of the interview, all seemed to do their best to cooperate and answer the interview questions to the best of their ability. Many of them even seemed to enjoy the opportunity to reminisce about their choral experiences and to share their views with the author. The only interviewee that

expressed severe difficulty participating was G. who was at the time hospitalized in a psychogeriatric ward. She tired easily and struggled to understand the questions and concentrate on the subject at hand throughout. The author therefore simplified and shortened many of the questions posed to her. G. nonetheless participated in the interview to the best of her ability. G. and M. appeared to be suffering from alogia at the time of the interview. Therefore, these choristers' replies were very concise and their verbal initiations few. H. seemed to exhibit concentration difficulties and unease toward the end of his interview, leading to its premature closing.

Although the backgrounds of the participants and their level of functioning were very diverse, an evident consistency in perceptions across interviews evolved. It is important to note that the participants were native Hebrew speakers, and therefore speech idiosyncrasies appearing in interviewee's quotes may be related to the interview material being translated into English.

6.4.4.1 Analysis of Musical Excerpts

As aforementioned, during the interviews, participants were asked to sing a song (or in the case of the accompanist, play a song) of their choice. This portion of the interview was videotaped with the permission of the participants. During the analysis of these musical excerpts, the following points seemed to be of particular interest to this paper.

6.4.4.1.1 Musical Expression vs. Verbal Expression

There often appeared to be a disparity between many interviewees' verbal expression and the way they expressed themselves musically during the interviews. In general, most of the choristers seemed far more animated during the musical section of the interview than the verbal section, more efficiently communicating emotions through facial expressions, vocal tone and at times even through body language. In addition, their emotional demeanor would in many cases take a turn for the positive.

The first time D. actually smiled during the entire interview was when he began singing. As he sang, his body swayed from side to side with the music and he made gestures with his arms. Throughout the verbal section of the interview he had

been mostly grim and motionless. His feeble, gentle voice became more powerful as he purposefully accented the words of his chosen song.

When P. began singing, he stood upright in typical "performing position". A large grin appeared on his face as he burst into song. He needed little prompting to begin singing and when he did, his monotonic, depressive speaking voice took on a vibrant, emotional, commanding tone as he movingly belted out phrases of a favorite song of his.

V. expressed her emotions quite vividly throughout the verbal part of the interview, however, they were often inappropriate and excessive, disproportionate to the given theme she was discussing. When she began singing she appeared more in control over her emotional expressions. They corresponded appropriately to her song's lyrics. She also added suitable gestures that helped convey her emotional message.

Though S. sounded quite upbeat throughout the interview, she began to weep following the singing of her musical excerpts, which she sang with much emotion. She explained she was better able to "express herself" through song and that what she was expressing at those tearful moments was the release of feelings of sadness over the choir being over and the interviewer "leaving her".

G.'s verbal communication throughout her interview had been severely limited and labored, with many breaks in between to discuss other matters she found more pressing at those moments, thus affecting the continuity of the interview. She had been severely agitated during the verbal interview, speaking in an erratic, unsteady voice on themes relating to feelings of hopelessness and depression. She exhibited disorganized thinking and often broke down in sobs throughout. G. needed to be constantly drawn back to the interview, refocusing her on its subject and she would not elaborate much on any of her answers. They were concise, repetitive and often monosyllabic, customary to alogia. Her eye contact had been fleeting throughout the verbal interview, and she would often look down at the floor. Alternately, after she eventually began singing (following much persuasion), for the first time during the interview she seemed focused, calm and content. Moreover, once she began singing she requested to persist and ended up singing a medley of songs, fully engaged in this musical act. Thus, her musical expression contained the quality of fluency and stability that her verbal expression had lacked. As she sang, she looked directly into the camera and sustained her focused stare.

6.4.4.1.2 Song Selection

In spontaneously selecting a song to perform for the musical section of the interview, the majority of participants chose one that had personal meaning for them and had been part of the choir's repertoire. Their song selection seemed to serve one of the following functions, and in some cases both of them:

1) To improve their given mood or to comfort them. These song choices typically conveyed a positive or comforting message, such as hope or comradeship. For example, S. chose to sing Ophra Haza's "Someone Always Walks with Me", explaining that this song gave her "a good feeling" and reminded her that she wasn't alone: "G-d is always with me" (S.).

2) To convey a message and communicate through song. In this particular situation, the message some of the interviewees appeared to be trying to get across through their song was aimed toward the author who was interviewing them. Examples include E.'s selection of a Ladino song entitled "Please Open Your Closed Door", which she explained she chose in an attempt to convey what she felt the choir had contributed to her: the "opening up" of closed, suppressed feelings. In addition, she chose to play a farewell song she dedicated to the author, entitled: "When shall we meet again?"

P. chose to perform a song he explained: "holds great meaning for me". The song "Be My Friend, Be My Brother", had always reminded him of his deceased brother. During this performance he chose to begin the song with the verse "They left me nothing", later explaining: "That's how I feel in life".

It may be concluded from these examples that even over a year following the choir’s disbandment, the former choristers continued to employ songs toward a therapeutic goal, with their intentions being to improve their mood, ease their anxieties, or to communicate feelings and sentiments to others.

6.4.4.1.3 Willingness to "Perform"

As aforementioned, when asked to perform a song during the interview and to have it recorded on video, most of those interviewed readily complied. The one chorister who initially objected, claiming she "wasn't in the mood" eventually did agree to sing and then wanted to continue, ultimately performing longer than the rest of those

interviewed. The accompanist hesitated momentarily only because of her concerns over "looking ugly" on camera. The remainder of interviewees tended to begin singing immediately following this interviewers request, often not leaving sufficient time to even turn the video camera on to catch the beginning of the “performance” on tape. One member, S., even offered of her own initiative to sing for me. In addition, many members mentioned during their interview that they often sing around the hostel, apparently spontaneously breaking out in song. This overall eagerness and readiness to perform musically demonstrated by the former members of the choir suggests the endurance of their confidence in their musical abilities, of their capacity to derive enjoyment from musical performance, and of their motivation to raise their voices, sing/play and to be heard by others. The medium of self expression through song, with all its inherent therapeutic value, continues to remain readily available to them, a tool they may apply at any given time.

6.4.4.2 Analysis of Verbal Excerpts

6.4.4.2.1 Positive Symptoms

All choristers suffered from either frequent auditory hallucinations or persecutory delusions and some demonstrated signs of grossly disorganized behavior and disorganized thought. These symptoms were undoubtedly the source of much suffering and social isolation for the choristers.

> "Thoughts, voices of my aunt…I couldn't (stand it) with the voices.", "I had bad thoughts, I had fears, I had everything".-G.
>
> "They hurt me…I try to understand what they want from me. It's hard."-D.
>
> "I have fears, I have fears. Scary thoughts…I would think my father was coming for me and beating me". -H.
>
> "It (hearing voices) caused me to become isolated from my husband, that I couldn't speak with him, just telephone calls from the afterlife all the time…" E.

In one case, persecutory delusions involving other choir members even caused a chorister to leave the choir:

> "They would harass me and laugh at me…"-H.

Though some interviewees were reluctant to admit to suffering from specific hallucinations or delusions, all choristers concurred that they ceased to hear voices or have troublesome thoughts when they sang/played and felt much relief following rehearsals and performances. In fact, choristers relayed that during choral participation their positive symptoms would improve significantly, whether they suffered from severe auditory hallucinations, persecutory delusions or disorganized behavior:

> "(Following rehearsals) …many of the unacceptable thoughts, according to psychiatrists, left and I could actually feel I was healthy", "Actually, the thoughts I had during the choir were much better.", "I play (music) so I don't go crazy".-E.
>
> "When I sing I don't hear the voices", "(Following rehearsals) I felt better".-G.
>
> "When I come (to rehearsals) I feel better."-D.
>
> "Before I sing I don't feel so good. After I sing it passes and I feel better", "It helps (singing in the choir)…I would still have fears, but less".-H.
>
> "(Following rehearsals) I felt calm, no longer confused…I wouldn't think those things anymore…I would only think of the songs and my singing."-V
>
> "(My functioning) was more organized", "It (the singing) kind of made me forget the troublesome thoughts".-P.

The duration of choristers' relief from the positive symptoms of schizophrenia following choral participation greatly varied, with one chorister (G.) claiming the voices she heard returned immediately upon cessation of singing, one reporting the effects of choral participation "lasted for the entire week" (H.), and the rest of the accounts being unclear or falling somewhere in between in respect to the endurance of the benefits of choral participation on their positive symptoms, from hours to days.

In addition, choristers frequently reported feeling relief from additional troubling symptoms that affected their emotional health and functioning, such as anxiety, depression, intrusive thoughts and stress during and following choral participation.

6.4.4.2.2 Negative Symptoms

6.4.4.2.2.1 Anhedonia

While demonstrating predominance in various areas of many of the choristers' lives, this negative symptom did not seem to affect their ability to derive pleasure from choral related activities. Not only did they not appear apathetic, most choristers even mentioned singing/playing in the choir as a pursuit that actually allowed them to experience much joy and happiness in their lives:

> "When I sing it makes me feel free", "It (singing in the choir) gave me strength. It gave me a love for life".-D.
>
> "It made me feel happy….songs are happiness" -P.
>
> "(Singing gives me) a good feeling, emotional satisfaction. It adds light and happiness to life".-H.
>
> "I felt really good (in the choir)", "It improved my mood…"- M.
>
> "I felt wonderful (playing in the choir)…it gave me much satisfaction and enjoyment", "That playing gave me much much happiness and a good feeling". –E.
>
> "I love singing very much".-S.
>
> "I really really really love singing. It's my life."-V.

Throughout the interviews, many of the choristers made frequent references to specific songs that the choir performed which were especially significant to them. The choir's repertoire, which as aforementioned the choristers' themselves chose, seems to have played a central role in choristers' ability to derive pleasure from choral participation. The personal meaning these songs hold for the members seems to contribute greatly towards this capacity for enjoyment from their performance:

> "Somehow, I felt that with I could connect 100% to certain music, and with other music not at all". –E.
>
> "(I most enjoyed) the songs. They were very special and very beautiful"-P.
>
> "I loved singing the song 'Somebody Always Walks by my Side"-S.
>
> "(I most enjoyed) that we performed with the songs I chose".-V.

All choristers maintained that singing/playing in the choir improved their given mood and felt markedly better following rehearsals, and especially after performances, an example of task completion, the culmination of all the choristers' efforts and investments. In fact, these recent interviews demonstrate that the performance aspect of choral participation was particularly significant for the choristers. It was elected by

all choristers as the one feature of the choir they enjoyed the most, much preferred over rehearsals, and apparently was the chief contributor to their feelings of wellbeing and even elation.

"I felt I was happy (performing), a sort of elation of the soul, like I was flying above everyone".-V.

"I loved performing"-M.

"I prefer singing in front of an audience", "Everything I do in public makes me happy."-D.

"I was more nervous in front of an audience, but I also felt I was contributing more…I felt really good. There was a song we performed 'Be My Friend, Be My Brother' and I felt especially excited singing it in front of an audience".-P.

"I especially enjoy singing in front of an audience".-H.

"(When the choir performed) I felt elated…I felt I was becoming famous, that people loved my playing more and more".-E.

"I would feel alot of excitement...good excitement".-S.

This was the case albeit most choristers' accounts that performance was also the choir's most stressful and anxiety provoking feature.

6.4.4.2.2.1 Avolition

Motivation had been a key aspect of choral participation. Without it, the choir would not have continued to function or have even existed to begin with. Yet difficulty with initiation and persistence in goal directed behavior was a negative symptom common among The Psychiatric Choir members.

Motivation for joining the choir

Beyond their obvious love for music or singing, these interview results point to a number of additional factors influencing patients' desire to initially join the choir. For at least half of the choristers, singing appears to be a way for them to have their voices finally be heard: S's singing began at home as a child and appears to have been her way of feeling heard by her family:

"They all heard me…".

Even today, she explains that she sings so that "everyone will hear me". She also claims that singing provides an alternate way for her to feel close to her deceased father and to her institutionalized brother, since they too sang. G. also mentioned the value of singing as a means to make her presence know:

"I sing, they don't feel me here, I sing".

H as well claimed that one of the aspects he enjoyed most about singing was making himself heard. V.'s emotional world seems to revolve around being seen and heard as well. This could easily be deduced from her flashy and peculiar attire and appearance, from her piercing voice and constant flow of speech. Participating and especially performing in the choir gave V. a legitimate, socially acceptable stage from which to be heard and seen:

"(I enjoyed singing) before all the people, and they watched me and applauded and I sang in a big voice and everyone heard me…"

It therefore was not surprising that V. strived to be a singer and stressed the importance of singing a solo part and performing in front of a large audience as her principal accomplishment and factors most significant to her choral experience.

For V. and many others of those interviewed, singing and belonging to a choir were symbols of normalcy, since choral singing is a publicly recognized and esteemed activity:

"…singing is health, like all the singers…they're all healthy and I'm healthy too because I know how to sing". -V.

Choral membership also appeared to have provided G. with a feeling of normalcy and of social inclusion, as she stressed numerous times throughout the interview that by participating in the choir she was "like everyone" and "with everyone". The lure of participating in an activity that symbolized "normalcy" was also apparent in D's interview:

"I always wanted to sing in a choir like regular people, who sing and perform in choirs, but there was none".

E. as well explained:

"I felt that beyond the illness I also have healthy parts and that playing is one of them….", "It (being in the choir) gave me a feeling of empowerment, that I have strength in my playing and that I can show people my strengths who don't even know I have schizophrenia".

The very concept of being part of a choir also seemed to allow choral members a feeling that they belonged to an elite group, a group of singers:

> "I saw that *(names of choir members)* and everyone had joined (the choir), so I also wanted to" (G.).

This belief that they, as a special and important group, were about to embark on a journey toward a significant goal that would perhaps gain them social recognition (besides the empowering sense attributed to being accepted as choir members), seems to have generated in them feelings of anticipation, of accomplishing something important, and instilled in them a feeling of pride:

> "I was pleased with myself" (D.)
>
> "Playing is self fulfillment", "…it gives me a feeling of being special" (E.)
>
> "(I felt) good about myself" (M.)
>
> "I felt I'm a singer, I'm respectable, I'm 'a lady'" (V.)
>
> "I felt like I was doing something important", "It very much improved my self image" (P.).

For those afflicted with severe chronic mental illness, the opportunity to improve their self image and to perhaps form a more positive and comprehensible identity may prove to be very enticing. This may also explain why half of the choir's members mentioned actually striving to become singers or musicians during their interviews. The question of whether there may be a connection between choristers' delusions of grandeur and their motivation to join the choir is perhaps a question that begs further research.

Motivation for persevering in the choir

Persistence was a requirement for those wishing to remain active choir members. As aforementioned, choristers were obligated to attend hour-long choir rehearsals bi-weekly in addition to intensive rehearsals prior to performances. This was not a task that came easily to most of them, and at times their motivation would falter, requiring the assistance of the hostel's staff members to get them out of their beds and on their way to rehearsals. Yet the choristers interviewed nonetheless managed to persist in choral participation for a significant number of years, ranging from two to six.

One of the factors mentioned by the interviewees that appears to have contributed to their ongoing choral membership and participation was their

relationship with the conductor. Nearly all former choristers mentioned the importance of this relationship on their own initiative during the interviews, as no direct question relating to this factor was planned as part of the semi-structured interview. Many even maintained that this relationship was central to their enduring choral participation. During interviews conducted for this paper, three participants (S., V. and H.) continued to question this author in regards to her feelings for them, repeatedly asking: "Do you love/like me…?". This finding may further stress the magnitude relationships hold for the severely isolated mentally ill.

Participation in the Psychiatric Choir also appears to have given the choristers a sense of mastery which was uncommon though very empowering for them. All choristers expressed their perception that they had developed their musical skills during their participation in the choir. This gave them a sense of personal satisfaction.

> "My voice changed. I (now) have a beautiful voice and I know how to sing."-H.
>
> "I feel that when I sing in the choir the quality of my singing improves."-P.
>
> "My voice developed. It's better now"- D.
>
> "Now I can sing…and hold a long note, I can sing in a beautiful, strong voice like a singer."-V.
>
> "My singing improved".-M
>
> "(I now have) a very strong voice…I'm very pleased (with my voice). I sing beautifully…".-S.
>
> "My playing changed alot. I discovered many songs that I never thought I could play them. I learned them". –E.
>
> G. also indicated she felt her voice had developed during the period of her choir participation.

Long term effects

Throughout these recent interviews, choristers expressed desire and motivation to continue to advance and improve their musical skills even today:

> "I'd like more singing quality like I had."-P.
>
> "I want to become a great singer…"-V.

"It’s good now (my voice) but it could be stronger. For that I need to learn and progress", "I'd like to learn much more, to progress more", "I want to take voice development lessons", "I want to be a singer". .-D.

"…I still need to learn many many songs and many many melodies", "(What I learned) is a drop in the sea in comparison to what I still plan and require of myself to learn to play", "I want to become a groundbreaking melodica musician…to perform on Independence Day in the Israel Prize ceremony". .-E.

"I want to be heard. I want to be a singer.", "I would like to perform in front of an audience and have the same sense of confidence like you gave us in the choir ".-S.

All choristers interviewed but one further claimed they would gladly continue to participate in the choir should it reunite today. Some participants had already actively taken steps to continue to develop their musical skills and nearly all continued to sing/play songs. At the time the current interviews were conducted, V. was taking weekly voice development and piano lessons, H. and D. had joined the hostel's group singing assemble along with S., who had also begun to sing karaoke, joined an additional group singing assemble at work and claimed she continuously practiced singing throughout the day. G. claimed she was doing her best to actively participate in the psychogeriatric ward's music group and in any case continued to sing independently. Though it technically didn't fit into his schedule, P. expressed much desire to join the hostel's group singing assemble and in any case continued to sing independently when it suited him. E. plays her melodica at the open market and the city's center for passerbyers to raise money. She writes songs and continues to learn new songs and musical styles. These findings were particularly encouraging, given the fact that these same patients (with the exception of E.) had reported minimal to no involvement in structured musical activities prior to their choral involvement.

In stark contrast to their usually very low (and for some non-existent) level of active participation in pastime and in particular goal oriented activities in general prior to joining the choir, many choristers reported being far more active, even over a year after their choral experience:

"(Today) I participate in everything the hostel offers…support groups, physical fitness…Torah study…group singing…before I didn't have anything".-D.

"I'm learning to cook…(I participate in) physical fitness group, walking group…and writing activity…", "I continue to progress. I feel I've progressed and I continue to progress."-S

"(Today I participate in) physical fitness group", "music group".-G.

"I always try to keep myself busy.", "I signed up for a computer course after so many years of procrastinating", "(I pass my free time) playing music, writing stories and songs, writing letters, embroidering, sometimes drawing, giving classes on the verse of the week on the Sabbath, also (attending) the synagogue, trips, I have a photography class…gardening."-E.

"I'm learning English…", "I work very hard all week long".-P.

"I do sports, physical fitness, I attend rehearsals for concerts for music class…cooking class, walking activity".-H.

"I completed the psychometric exam and I've begun to study for additional matriculation exams. I've already completed some…"-V.

While these substantially increased interests in extracurricular activities were not directly attributed by choristers to choral participation, they nonetheless occurred during and subsequent to their choral experience. It may therefore be proposed that choral participation may have positively and enduringly affected most members' negative symptoms of avolition, increasing their motivation to engage in more active pastimes and in goal directed behavior in general (such as work).

For over half of the choristers, it appears their newfound motivation may have even aided in their advancements at their work places, during and following choral involvement: After moving from a sheltered workplace to an independent one following his third year of choral participation, P. continues to work hard at an independent workplace today as well and hopes to continue there, D. was given additional responsibilities at work, has added additional work hours and was granted a raise. H. now succeeds in persevering at his new work place and works additional hours. E. was given a raise before she was transferred to a more challenging workplace:

"…because I began to work more hours, to persevere, to do a good job".

V. spoke of being transferred to a more challenging workplace:

"because they saw I was good at work, I worked well, I was industrious…".

Goals for the future

Most of the choristers were successful in fantasizing about the future and, though not always realistic, expressed motivation to further promote additional areas of their lives, besides those relating to music, and realize personal goals:

> "I want to find a wife.", "I work, but it's not enough for me…I want to operate all the machines (at work)".-D.
>
> "I want to complete all my matriculation exams. And I want to get married."-V.
>
> "I would like to work at a kiosk…"-S.
>
> "I want to be a great author and be famous".-E.
>
> "I want to be healthy, to either be a math teacher in a school or a music teacher".-H.
>
> "I want to learn law", "I want to move to sheltered housing", I'd like to see my son, help him, continue working and continue to contribute as much as I can".-P.

These findings may offer further evidence to the endurance of improvements observed in chorister's negative symptom of avolition beyond the period of their choral participation.

6.4.4.2.2.3 Expressive Impairment

Of those choristers interviewed, all admitted that under ordinary circumstances, emotional expression was difficult for them, with many adding they felt it was even "very difficult". Some choristers expressed a strong desire to be able to better express their emotions:

> "I want to let out what I have inside".-D.

All interviewees but one (who expressed difficulty answering the related question), maintained that they felt they could far better express their emotions through song.

> "I express myself …(through) my singing, my voice, emotions."-S.

Some even stressed the communicative significance of this ability:

> "I expressed myself through the songs…it helped me more to express myself through singing or through the songs before an audience also emotionally".-P.

"Through singing I can express everything! I like love songs and happy songs, but I also know how to sing sad and calm songs, and then in my voice the emotion emerges and touches the emotions of others".-V.

"Through playing (the melodica) it really is easier for me to express emotion, since playing is an abstract thing. It's more abstract than writing or speaking itself…and through playing it's easier since I play songs through which I can speak to those who hear me."-E.

Others attested as to the importance song choice had in conjuring strong emotions in them: E. maintained that certain songs "open closed emotions", while S., P. and V. gave examples of songs that they felt especially connected to and emphasized that these songs moved them emotionally, serving as vehicles for self expression. Performing songs also appears to have facilitated the catharsis of strong emotions for some choristers:

"I sing my fears".-S.

"If I'm sad or angry or if I have something unpleasant in my life or they say something offensive to me, I sit, play (the melodica) and it passes…"-E.

"…It's a song that holds much meaning for me, especially the sentence 'they left me nothing'. That's how I feel in life", "Singing calms me".-P.

"I felt I was singing what I have in my heart".-V.

There was also a consensus among the majority of those who related to the question, that participation in the choir had improved their ability to express emotion even today, over a year after the choir's termination. They felt they could better express their emotions today than in the past, before they had joined the choir:

"It's easier for me today (to express emotion)".-S.

"(Today the feelings I express are) like real emotions".-V.

"Yes, it's become easier. I want to pour out what I have inside me. I'm succeeding more (in this)".-D.

A few attributed this improved ability of emotional expression to their (relatively) recently developed singing voices:

"I feel the quality of my voice improved a lot…(this was important because) I could express myself more and sing better".-P.

As aforementioned, (see Analysis of Musical Excerpts) nearly all choristers actually sang songs of their choice with much emotion during their interviews and did not appear or sound at all apathetic.

6.4.4.2.2.4 Cognitive Dysfunction

The cognitive component was a positive byproduct of the choral experience. Choir participation was a mental challenge requiring considerable focus and concentration from members. These cognitive abilities were lacking in many choristers, as they suffered from the severe cognitive impairment common to schizophrenics.

Concentration

All choristers testified to having difficulties concentrating for extended periods of time, yet the majority reported they had no difficulty focusing during the hour long choral rehearsals held bi-weekly. V's account seemed to be typical of many other choristers' experiences:

> "Sometimes it happens during studying that I suddenly have no strength to concentrate and I'm sick of it and I feel like doing something else, but I can sing without end!"

E. even spoke of playing her melodica for hours at a time at the market:

> "…on Fridays I play at the market about an hour, two, three hours, as much as I can. It helps me…".

Memory

Most choristers also suffered from memory impairment. Nevertheless, their accounts pointed to an apparent increased ability in cognitive processes providing for the processing, disposal and retrieval of information during their participation in the choir, aiding many of them in melody and lyric recollection of songs among the choir's repertoire during that period. However, this improvement seems to have been contingent upon the musical stimulus. Thus, those choristers who reported continued musical activity proved overall more successful at song recollection during the performance of their musical excerpt during the interview, even attending to the multifarious elements of the music, such as dynamics, rhythm, accents, pauses, phrasing, etc. Conversely, those who were no longer as musically active demonstrated

more forgetfulness, especially in lyric recollection, and some even had difficulty recalling songs they once sang when asked to perform during the interview:

> "I used to remember many more of the words of the songs we used to sing".-M.
>
> "There are songs I can no longer play as I did then (during the choir)", "Today in certain songs that I learned from you there has been some deterioration…I can't play them in their entirety. It happens that I don't remember certain verses or modulations we added."-E.

Learning

Choral rehearsals also included an actual learning component. This provided choristers many opportunities for cognitive stimulation and added to their sense of increased musical knowledge and improved musical skills. This served to enhance their self image and confidence in themselves:

> "I discovered that many of the songs I never imagined I could play I actually learned (in the choir)", "In the choir there was the possibility of playing many songs I didn't know before and now I do, or I didn't play in the correct key and by you I learned…", "I felt healthy from the possibility of beginning the lesson…learning with you, playing with you, writing notes and many other wonderful activities and feelings that accompanied me and still do…"-E.
>
> "I learned many songs", "I sing the songs correctly, I memorized all the words I know when to enter (singing)".-V.
>
> "I would make mistakes in the lyrics, phrases of songs…", "It gave me a good feeling (performing)…that I don't have mistakes in the lyrics and songs I sing", "…and I know how to sing".-H.
>
> "Today I have self confidence. I know how to sing...without mistakes".-S.

As previously discussed, all members felt the choir had helped them develop their musical skills to some extent and acquire a sense of mastery.

Organization

An additional benefit of choral singing on choristers' cognitive functioning was its evident organizing properties, which the majority of the choristers claimed affected their ability to organize their thoughts and to think more clearly:

> "(The confusion) was gone. I felt I could think better and clearer (following rehearsals)".-V.
>
> "Following the choir I can better organize my thoughts to writing", "When I would write letters it would happen that I didn't organize the letter good enough before the rehearsal, and when I returned home after the lesson to write the letter it was far more organized".-E.
>
> "I would feel more organized (if the choir performed today)", "(Participating in the choir) helped me organize my thoughts".-P.

6.4.4.2.2.5 Social Dysfunction

Many of those afflicted with severe mental illness suffer from social deprivation and find themselves isolated, at times feeling rejected by society. However, all patients interviewed expressed a strong desire to be accepted by others and form meaningful relations in their lives. The bulk of material obtained from the interviews related to the social aspects of choral participation.

6.4.4.2.2.5.1 Rehearsals

<u>Togetherness</u>

The choir provided a collective atmosphere where the sense of community and experience of "togetherness" seems to have transcended many other benefits of choral participation for the choristers. Nearly all those interviewed preferred the experience of singing together with the group to singing alone or as a soloist in the choir:

> "I felt very good (in the choir)…because we were together".-M.
>
> "(I enjoyed the choir because) I sang with everyone, with everyone".-G.
>
> "I like it when they sing with me…it makes me feel good. Friendship.", "With everybody is confidence. Alone is lonely."-S.

"(I enjoyed most) the atmosphere, the songs, all the singers", "It helped me a lot creating relationships with others. Being part of something with others…"-D.

"(If the choir would perform today)…I would hope each one of us would have progressed and would do a good job and that nobody would be missing".-D.

When asked what she would change about the choir, S. even suggested:

"I would have the entire hostel sing together".

Even V. who made it clear she preferred being a soloist, spoke of the benefits of singing with the group:

"It's like everyone's singing together with me and in the end we create a beautiful song".

Camaraderie

Though the choristers had not always got along ideally, at times arguing or even competing with one another, they all reported having mostly fond memories of the bonds they had formed with other members of the choir. The camaraderie and reciprocity they experienced in the choir resulted in social encounters indicative normal relationships, reminiscent of those usually experienced with family or friends:

"I loved the people who participated in the choir", "They were my friends", "They were good to me and I was good to them", "I felt confidence, I felt everyone was with me, that they love me and I love them".-S.

"(It was a) good friendly relationship".-H.

"I felt good with them".-G.

"Sometimes when I came (to rehearsals) they would annoy me…they were jealous of me… but they loved me and I loved them".-V.

"…I could somehow help them, play for them…", "In the choir there's cooperation between the singers and the accompanist".-E.

"I felt very comfortable (with the other choristers)", "I felt a very special cooperation between myself and the other choir members", "I helped them and they helped me".-P.

All choristers reported feeling their social lives had improved during their choral participation, with friendships usually becoming stronger with their continued membership:

"My relationships with them (the choristers) during the choir became much stronger, and I felt that they were really encouraging me to play, although they didn't always feel like listening".-E.

Some of the female choristers reported using music to aid in the formation or strengthening of relationships outside the choir as well during the period of their choral participation:

"I would help S. learn songs and sing with her". -V.

"One of the patients (at the hostel) would enjoy it when I would play for her because she was very depressed", "There was someone who found it hard to sing, so I sat with her at the sheltered housing and I practiced all the songs we had to perform with her", "One (chorister) felt nobody loved him and I tried to encourage him…we had a love that almost caused us to marry, and he loved to hear me play and he would sing me melodies…"-E.

Social roles

For a few choristers, the choir appears to have aided in developing their social identities through the choral roles they played in the choir. For example, E., the choir's accompanist, who musically often did lead the choristers, expressed feeling she had indeed become their leader in all respects:

"I became the spiritual leader of the mentally ill. I felt myself as a spiritual leader, and this cause was very important…I acquired a positive image", "They felt a special respect toward me…"

V. was often given soloist roles in the choir and appears to have adopted this role as a part of her identity, attesting that as soloist, she was an important member of the choir and played an integral part in the choir's success:

"They all needed me in the choir, I was the soloist!", "(They loved me because) I have a beautiful voice and that's why the choir succeeded…".

Social skills

Many choristers attested to the specific social skills they felt the choir had helped them develop and that evidently remain with them even today to some extent.

V.'s sustained progress was apparent in her subdued conversational tone during the interview and in her account:

> "They (the choristers) told me at first that I sang loudly and they couldn't hear themselves…but I did what you told me to and how we rehearsed and I sang beautifully and delicately and they heard me but not too strong", "I learned to also let others sing and speak and not all the time to sing and speak because others also want…", "Today I sound like a 'lady', beautiful and delicate…you told me I didn't always need to yell and not all the time sing loudly even though I have a beautiful voice and even if I don't speak loudly they'll still hear me, so today I'm delicate and I behave delicately like a 'lady'". –V.

S. had worked intensively during choir rehearsals on making eye contact and raising her voice when singing instead of staring at the floor and whispering as she was accustomed to. The transformation observed in S. during the interview, especially when she sang, was especially impressive. Throughout the interview, she attested:

> "I was shy then and today I'm no longer shy…you know, at work I sit with groups, participate…", "My voice is louder now", "When a person speaks with me I'll look him in the eyes and I'm with him (instead of at the floor). That way he'll feel good."-S.

E's sustained improvements in her social abilities were evident in her conversational style throughout the personal interview, listening patiently as I spoke and posed questions, and in her own accounts of what she perceives as her progress and goals. As aforementioned, when E. first joined the choir, there was very little correlation between what she played on her melodica and what the choristers were singing. Although her memory of the scales she played songs in while accompanying the choir has faded, during the interview she recognized the importance of playing songs in a scale that others can comfortably sing in she took pride in her ability to suit her melodica playing to the musical tastes of others, even utilizing this ability for monetary gain when she plays for handouts:

> "Participating (in the choir) affected me to know how to suit the melodica to know what to play for which people", "Since mid-eastern music has become more popular, I try to fit my repertoire (accordingly), to learn as many mid-eastern songs as possible…" .

6.4.4.2.2.5.2 Performances

In addition to the social interaction that took place within the choir, the importance of social interaction with the larger society was voiced in the latest interviews. As in previous interviews conducted (see Observations during Performances), albeit the anxiety it aroused in many of them, all choristers mentioned that performing for an audience had been their favorite aspect of choral participation, often positively affecting them the most:

> "It helped me more to express myself through singing or through songs before an audience. Also as far as emotional health".-P

Most choristers demonstrated a clear preference for performing for larger, "normal" audiences as well as for family members:

> "…I felt I was especially contributing at…the farewell performance for the district psychiatrist. I felt really good there in the choir".-P.
>
> "(I enjoyed most) singing a solo in the microphone before 300 people during National Health Day" "…my father was in the audience!", "I loved everything (about performing), just that once I thought my parents weren't coming to see me, but it was fine and they came and they saw me"-V.
>
> "(I remember) we performed at the Hebrew Youth Center. My mother and brother came, and …my mother's caretaker came…it was good. It was really good", "I'd like to perform for my family and friends"-S.

These accounts emphasize the value the social aspect of performing held for choristers.

There appear to be many reasons why performing for an audience was such a gratifying component of the choral singing experience, often providing a key motivating factor for choristers. Among the social benefits mentioned during this interview were the opportunities to experience social acceptance and pride, a connection with society, feeling they could contribute to society, and improved self esteem and confidence through the interaction afforded through performances.

Connection with the audience and reciprocity

Reciprocity between the choir and audience allowed them to feel a connection with the community they feel alienated from, seemingly reintroducing them to society in a new, positive light, helping them feel less inadequate:

"…(performing gave me) a love for the audience. I need to also love the audience in order to sing to them from all my heart. Not just to let out (a voice)".-S.

"(Performing gave me) a good feeling…when they (the audience) joined in singing".-H.

"(I especially enjoyed) the performances themselves, in public, and that once in awhile the performance found an echo among the audience…"-E.

"(I felt good) especially when I sang for the audience, I felt I was relating to the choir and the choir was relating to me in these songs".-P.

Acceptance

Choristers appeared to view the audience's applause as an indication of acceptance by society. This acceptance and the praise they received following performances served to generate much pride in the choristers and made them feel wanted and appreciated.

"It made me happy that the audience asked for me. They said to me: 'you sing well', 'get up there' (on stage)."-D.

"(I liked it when) they applauded me. I felt good.".-G.

"(When I performed) everybody loved me and told me: 'good job! Good job!' You're great!' and everyone applauded me when I sang in the microphone…I felt I was happy"-V.

"(I liked) when they applauded me. It was good"-M.

" (I enjoyed when) someone wrote a letter to the hostel, a thank you letter…"-E.

Contribution

Throughout the interview, choristers made numerous references to feeling good about being able to contribute to the choir, its members, society and to bring others joy through their participation and performing in the choir.

"I felt a considerable contribution in it…", "When I sang for an audience I was more excited, but I also felt I was contributing more…" -P.

"I was with them in song and I helped them (the other choristers)", "And because of me everyone was happy because I sang to them (while performing)…"-V.

"I felt I was contributing something to society, that I could make people happy".-E.

"I like to make the audience happy"-S.

Empowerment

The social interactions with the audience provided through the performances, in addition to the very act of performing on stage in front of an appreciate crowd, had a positive effect on all choristers feelings of self worth, improving their self esteem, self confidence and generating in them feelings of accomplishment:

"(The performances) very much improved my self image".-P.

"During rehearsals I would sing quietly. They didn't hear me. But when I sing for an audience I'm heard…because I now have self confidence", "(Performing) gave me confidence. Self confidence".-S.

"(Performing) made me feel good about myself".-D.

"It was a success! (the performances)"-M.

"(Performing gave me) a good feeling…they (the audience) enjoyed me…"-H.

"I felt wonderful! (As though) I'm a real singer, I'm a queen, I'm a rising star and everybody loves me".-V.

"…(I felt) I was becoming more and more famous, that people liked my playing more and more …."-E.

Long term effects

Some choristers felt their social lives remained somewhat improved today following their choral participation, compared to how they were prior to the choir:

"Now it's much better (than before the choir)".-M.

"I'm very satisfied with the relationships with my friends (today). The relationships make me (feel) good".-S.

"I get along with people much better today".-V.

Many of the social skills choristers acquired during choral involvement appeared to have endured and a few choristers even managed to maintain the friendships they had formed during the choir:

> "The relationships I have with (former) choir members are better (than with the other tenants)".-H.
>
> "L. came to visit me and also G. came to visit me from the hospital!", "Send my warm regards to everyone that left (the hostel) and tell them to come visit me", "Today we go to a walking activity together (with former choristers)".-S.

While all choristers emphasized the importance of relationships in their lives and their desire to form significant bonds with others, there were those, mainly male choristers, who informed the interviewer that they felt they unfortunately no longer benefited from the social life they had maintained as choristers:

> "I have no friends (today). I'm alone", "They (the choristers) are no longer my friends that way".-D.
>
> "(My social life) was better during the choir".-M.
>
> "I had more friends, we spoke more (during the choir)", "Actually, my social life was once more sparkling (during the choir)", "I've (now) became more closed up", "We meet at the synagogue, speak a little…"-P.

The endurance of the benefits of choral participation on patients' social functioning is therefore difficult to determine, with certain aspects of their functioning appearing to have been more lastingly affected than others.

A summary of the perceived beneficial effects of choral participation on schizophrenic patients' psychiatric symptoms as indicated by the author's observations and choristers' accounts during these recent interviews can be found in Table 1.

Table 1: Summary of perceived beneficial effects of choir participation on schizophrenic patients' psychiatric symptoms.

All observed improvements in functioning are individual and relative to patients' functioning when they first joined the choir.

Chor-isters	Symptoms																											
	Positive symptoms				Anhedonia				Avolition				Expressive impairment				Cognitive dysfunction				Social dysfunction				Alogia			
	O	A	L	I	O	A	L	I	O	A	L	I	O	A	L	I	O	A	L	I	O	A	L	I	O	A	L	I
E.	+	+	-	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	x	x	x	x
S.	+	+	-	?	+	+	+	+	+	+	+	+	+	+	+	+	+	?	+	+	+	+	+	+	x	x	x	x
G.	+	+	-	-	+	+	-	-	+	+	-	-	+	+	+	+	+	?	-	-	+	+	-	?	+	?	-	?
V.	+	+	-	?	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	x	x	x	x
D.	+	+	-	-	+	+	-	-	+	+	+	+	+	+	+	+	+	+	-	-	+	+	-	-	x	x	x	x
M.	-	+	-	?	+	+	-	-	+	+	-	+	+	+	-	-	+	-	-	-	+	+	-	+	+	?	-	?
P.	+	+	-	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	?	+	+	-	-	x	x	x	x
H.	+	+	-	-	+	+	+	+	-	+	+	+	+	?	+	?	+	-	+	+	+	+	+	?	x	x	x	x

Key to symbols:

O = Observation of symptom improvement during choral participation

A = Chorister's accounts relating to improvement of symptom during the period of choral participation

L = Observation of long term improvements in symptom during recent interview

I = Chorister's account of symptom as currently experienced during recent interview

+ = improvement

+ = slight improvement

- = no improvement

? = unable to determine

x= not relevant

CHAPTER 7

Summary and Discussion

This paper has presented the findings of a six year project of forming and conducting a choir of schizophrenic patients, as part of a psychiatric hostel's rehabilitative music therapy program. The author's main goal in this study was to research the therapeutic effects participation in a choir may have for patients afflicted with schizophrenia. The benefits of choral participation on both the positive and negative symptoms of schizophrenia were investigated, alongside their long-term implications. Many findings of this investigation corroborate those of other studies on group singing experiences with schizophrenics (Tang et al, 1994; Hayashi et al, 2002) and choral singing with populations with varied mental illnesses (Reed 2002; Bailey and Davidson, 2002 and 2005), discovering varying benefits to choristers' emotional, cognitive and social functioning. The novel contribution of this study lies in its inquiry into the potential therapeutic benefits of actual choral singing and performance with solely schizophrenic choristers for the specific symptoms of the illness. This includes the choir's benefits for the positive symptoms of the illness as well as for additional negative symptoms such as avolition, affective flattening/blunting and alogia, not found to be previously discussed in the literature. Additionally, the few studies on group singing with patients diagnosed with schizophrenia have relied on brief trials and have been conducted in in-patient wards, precluding generalizability of the findings to community settings, where locus of care for most patients is now located. There is therefore an additional advantage to the present study relying on a long-term choral project and being conducted with tenants of a psychiatric hostel, outside hospital wards. Moreover, this paper investigates the possible enduring therapeutic benefits of the choral experience over a year following the choir's disbandment, a factor not presented in previous research.

While not all improvements documented may be directly attributable to the choral pursuit, being far from conclusive, these findings nonetheless provide ample evidence of how participation in a therapeutic choir provides possibilities for

promoting increased management of the symptoms inherent to schizophrenia, and establishes the choir as a powerful therapeutic tool.

Results are discussed below and are summarized in Diagram1 and Diagram 2.

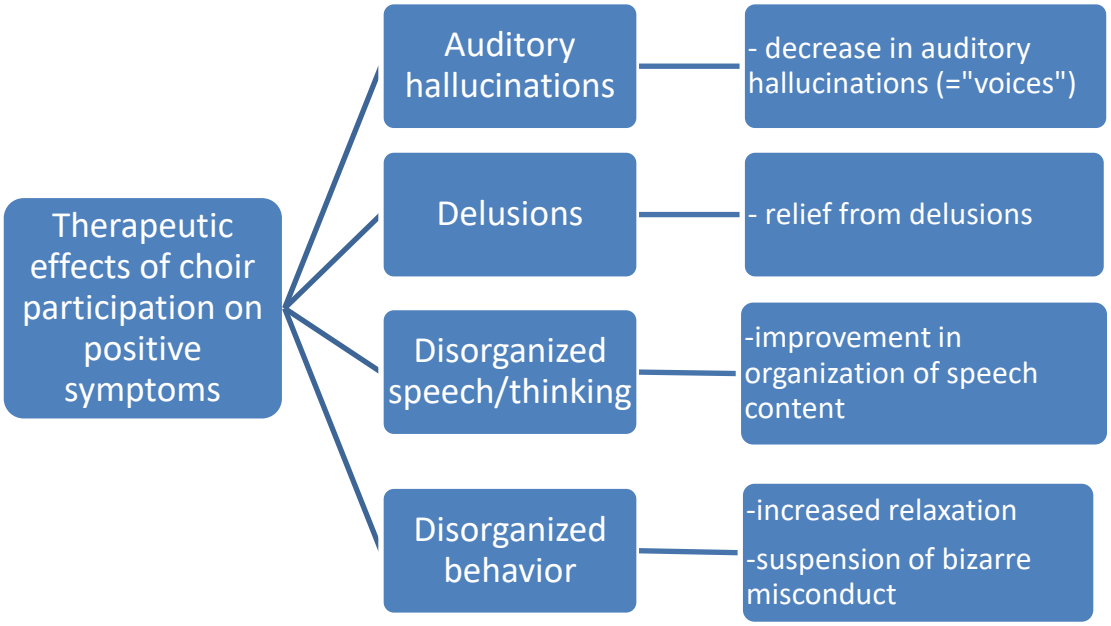
7.1 Positive Symptoms

There was a notable reduction in choristers' auditory hallucinations during rehearsals. This may have been due to the structure provided through choral singing (Margo et. al., 1981) alongside the benefit singing has on countering vocal activity occurring in the brain's non-dominant hemisphere (Nelson, Thrasher & Barnes, 1991 and Green et al. 1989), and on shifting attention and relieving anxiety (Kanungpairn et al., 2007). This author further theorizes that the effectiveness of singing on alleviating auditory hallucinations may also lie in the often non-threatening qualities of this medium. These same elements of distraction and relaxation may have as well contributed greatly to the decrease in some choristers' disorganized and disruptive behavior.

The duration of choristers' relief from the positive symptoms of schizophrenia following choral participation greatly varied. According to their accounts, auditory hallucinations returned immediately for one chorister when she ceased singing, while for the rest, the endurance of their relief from varied positive symptoms lasted from one hour to a week. Though no permanent gains were found in recent interviews, the potential of respite from positive symptoms beyond the immediate duration of the musical stimulus was a positive, unexpected finding of this study. Sustained improvements to positive symptoms remain contingent upon the maintenance of the musical stimulus.

The therapeutic benefits of choral singing on the positive symptoms of schizophrenia are summarized in Diagram 1.

Diagram 1. The temporary therapeutic effects of choir participation on the positive symptoms of schizophrenia.



7.2 Negative Symptoms

7.2.1 Anhedonia

The negative symptom of anhedonia did not seem to affect choristers' ability to derive pleasure from their choral experience. In fact, most choristers even maintained that singing/playing in the choir was a very positive, enjoyable pursuit that filled their lives with much happiness, satisfaction and reduced stress, thereby improving their mood and general quality of life. To this end, most tended to engage themselves in vocal activity outside the choir as well (i.e., community group singing and singing to themselves). These findings are reminiscent of those relating to the well-being benefits choral singing has on the normative population (Clift & Hancox, 2010; Sandgren & Borg, 2009; Beck et al., 2000), associating choral singing with strong immediate feelings of well-being, increasing positive emotional states and

significantly decreasing negative emotional states. Chief factors influencing patients' capacity to derive enjoyment from choral participation included: Performance and personal choice of repertoire. Subsequent to the termination of choral participation, many former choristers interviewed who continued to be musically active appeared to preserve the ability to benefit from music's positive effect on the negative symptom of anhedonia, appearing somewhat content and reporting experiencing enjoyment from their extracurricular musical activities in particular.

7.2.2 Alogia

The low choral enrollment rate of those afflicted with alogia perhaps indicates that the symptom may cause them to be less apt to originally express interest in this form of therapy. Alogia afflicted choral members did not demonstrate any difficulties singing for even significant amounts of time, though they barely spoke. A phenomenon not found to be previously researched, this study found that it appeared that singing may have often prompted these choristers' speech, as their verbalizations would often increase throughout rehearsals. This effect of singing fostering speech seemed to hold true for the remainder of choristers as well. Thus, it was often observed that many choristers would become increasingly talkative subsequent to rehearsals. These benefits were found to be contingent upon the act of singing and had no long term consequences. The efficacy of singing as an intervention in this case may be explained by the fact that alogia is associated with dysfunction of certain brain regions (Stolar et. al., 1994), and musical communication is less dependent on rational or intellectual capacity. When words are pre-composed as in songs, patients need not search their minds for correct verbal responses. Moreover, while neurologically, speech is processed predominately in the left hemisphere of the brain, processing music involves both left and right hemispheres, depending on the musical aspects being processed (Sparks, Helm & Martin, 1974).

7.2.2 Avolition

As Skelly and Haslerud (1952) found, music therapy interventions in general seem to possess the ability to motivate apathetic schizophrenic patients and escalate their general level of activity. This study found that aspects impacting choristers' initial decision to enroll in the choir included: Enjoyment of music, normalization of participating in a culturally acceptable and valued pastime, belonging to an exclusive, social group, having their voiced heard by family members and by society, anticipation, and feelings of pride and accomplishment. Perseverance in the choir was found to be influenced by a positive relationship with the conductor and the empowering experience of mastery from developing their musical and performance skills. This supports Ruud's (1997) claims that music may be an important source of the experience of mastery and self-esteem, involving diverse skills that may be applied in many life situations.

The positive reinforcement choristers received during and following performances was found to have increased their motivation for participating in the choir. According to their testimonies following performances, they were experiencing achievement, competency, meaning, a feeling of empowerment and control over themselves and their surroundings, and found this enjoyable and motivating. It could be understood that the choir became a source for self-esteem for many of its' members, instilling in them a sense of purpose, agency and positive identity. Attendance of rehearsals and performances appears to have also provided the choristers a release from the monotony of their repetitive daily regimen.

This author postulates that the positive experience of working toward a goal, committing to it and actually achieving it, may have motivated choristers toward other goal-directed activities. This is somewhat reminiscent of Matthews (1980) findings with schizophrenics enrolled in a work program and of Baily & Davidson's (2005) discoveries regarding homeless choristers' advancements in living arrangements. The novel findings of this study were that many choristers made significant gains in additional areas in their lives during the period of their choral participation relating not only to their living arrangements, but also to job status and work hours, extracurricular activities, and studies. The majority of those recently interviewed expressed desire and motivation to continue to promote their musical skills even today and nearly all former choristers were still musically active. These findings were particularly encouraging, given the fact that that majority of these patients had reported minimal to no involvement in structured musical activities prior to their

choral involvement. Similarly, in contrast to their usually very low to non-existent level of active participation in goal oriented activities and pastimes preceding their choral membership, many reported being far more active in general, over a year subsequent to their choral experience (participating in various extracurricular activities, attending classes, developing skills, etc.). Additionally, over half of the choristers demonstrated advancements at their work places following choral involvement. During recent interviews, most expressed motivation to further promote additional areas of their lives and realize personal goals. Since these developments transpired during and subsequent to their choral experience, this author proposes that choral participation may have somewhat contributed to this occurrence, thereby playing an enduring role in benefitting most members' negative symptoms of avolition.

7.2.4 Expressive Impairment

Choral participation managed to release seemingly normal emotions and expressiveness in schizophrenic choristers, influencing, reflecting, augmenting and altering emotional responses. The choristers' ability and readiness to express emotion in varying shades and degrees through song developed as their membership in the choir continued. This further strengthens Hodges's (1996) documentations of affective responses to music, which indicate that music evokes emotional and mood reactions and can alter a listener's mood. Corroborating Thaut's (2005) findings of how these responses may be generalized and transferred to nonmusical purposes, it was observed that choristers' affective responses to performing songs were transferred to their vocal and facial expression.

Novel findings based on the subjective consensus among the majority of choristers were that:

A. Choristers found it easier to express emotions through song rather than through speech.
B. Participation in the choir had improved choristers ability to express emotions during their period of choral participation.
C. As hypothesized, choral singing had long-term effects on choristers' sense of improved emotional expression. Choristers conveyed feeling they could

better express their emotions today than previous to their choral participation.

In addition, most choristers demonstrated their sustained ability to convey emotion through song during their performance of musical excerpts in their latest interview. Enhanced ability for emotional expression through song during and subsequent to choral participation was attributed by the choristers to the development of their musical and performance skills, and to the selecting of repertoire that held personal meaning for them. All these served to promote self expression and the opportunity for catharsis and sublimation, reinforcing Capek's (1981) claim that music can be used as a medium for emotional release and response.

7.2.5 Cognitive Dysfunction

Results from this paper corroborate Thaut's (2005) research in which he suggests that affective musical experiences lead to the enhancement of cognitive functioning, intrinsic to rehabilitative learning in processes such as focus of attention, executive functioning, and memory encoding and decoding. The mental challenge of actively participating in the choir further promoted mental stimulation and engagement, and benefitted memory functions in several areas. Choral participation also provided opportunities to develop musical skills and increase musical knowledge. Beyond increasing their musical repertoire, choir members learned to develop, control and use their singing voices and the melodica accompanist enhanced her accompanying skills.

Since singing required the choristers' focused concentration and attention, it had the added benefit of providing a source of distraction from their ongoing preoccupations and concerns, therefore putting them more at ease. The majority of choristers demonstrated signs of increased relaxation during rehearsals and spoke of the choir's soothing effect on them, more so during rehearsals than during performances. This may further establish findings that the deep controlled breathing during singing counteracts anxiety (Buchholz, 1994) and that music temporarily reduces schizophrenics' chronic hyperarousal, thus enabling them to better focus on tasks (Glicksohn & Cohen, 2000). Choral singing also provided many and diverse organizing properties which positively affected choristers' ability to organize their thoughts and to think more clearly. This may confirm the findings of studies (Thaut,

2005 and Gaston & Eagle, 1970), that it is possible to developing cognitive organization in patients with psychiatric disorders through time-ordered and organized musical elements and structures.

Though most choristers' accounts pointed to an increased ability in cognitive processes providing for improved focus, attention span, organization of thoughts and behavior, processing, integration and retrieval of information during their participation in the choir, this improvement seems to have been temporary. An original finding of this study was that improvements appeared to be contingent upon sustained choir participation. Consequently, choristers who no longer remained as musically active following the choir's termination demonstrated poorer memory, especially in lyric recollection, with some unable to recall songs from the choir's repertoire. During recent interviews, choristers who reported systematically persisting in musical activities generally proved more successful in recollecting songs, their melodies and lyrics. Some even accurately recalled and performed the specific musical arrangements the choir learned complete with musical elements, such as changes in dynamics and lyric emphasis, throughout the song.

7.2.6 Social Dysfunction

The choir offered the patients a group setting with people who had similar experiences as theirs and provided its members with an opportunity for social engagement and connection, as Stige et.al (2010) suggest:

> "Creating and performing music together naturally links people into networks, and helps form bridges between people, groups, and communities" (p. 8).

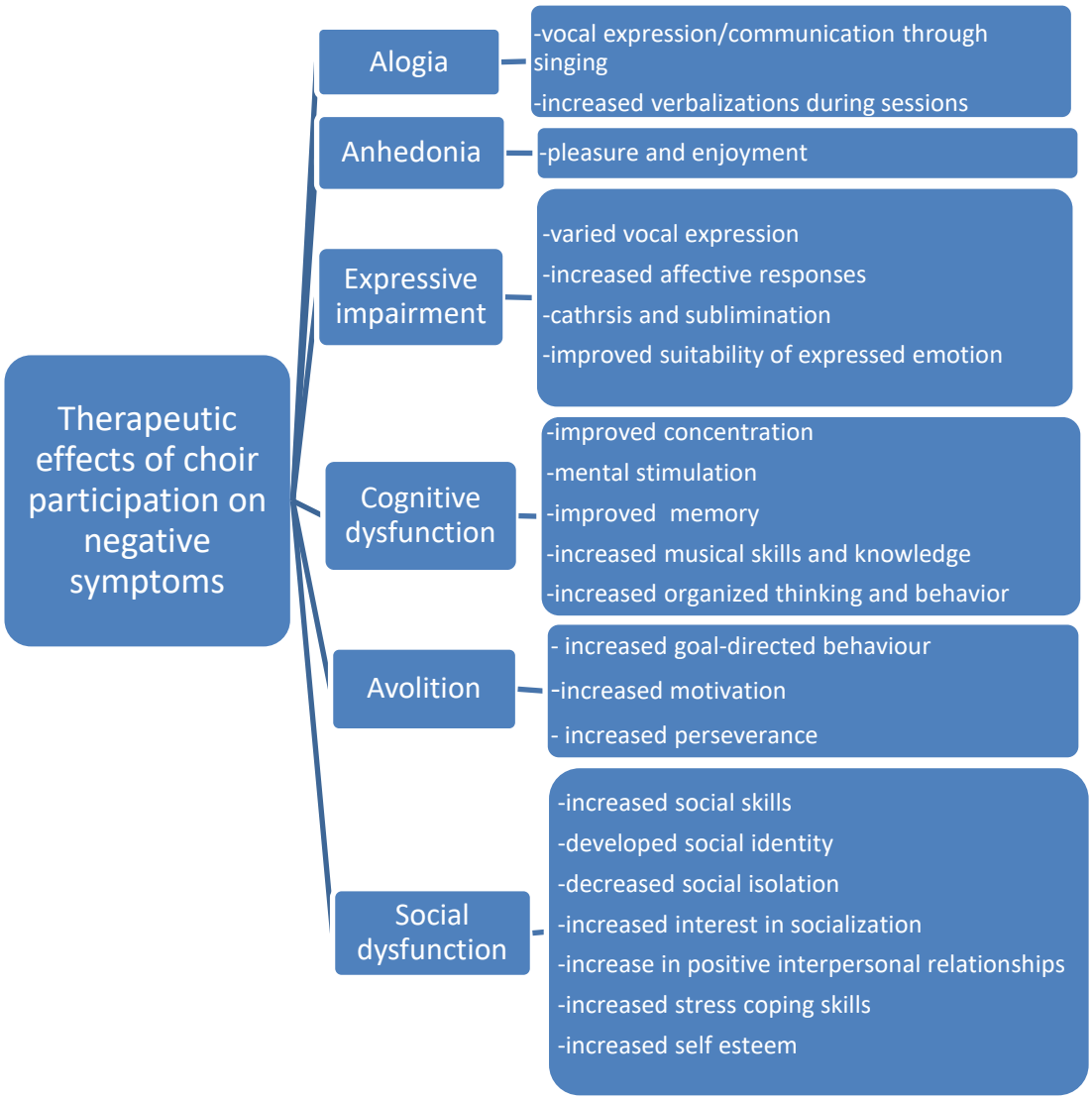
All choristers reported feeling their social lives had improved during their choral participation, with friendships usually becoming stronger with their continued membership. Based on choristers' accounts, regular participation in rehearsals contributed to improved short-term social functioning chiefly through promoting: Togetherness, camaraderie, the development of social roles and of social skills. A surprising manifest occurrence was that once choristers would begin to sing together, their misconduct would usually diminish. Singing together also naturally developed for many of the members into an alternative way of socializing, allowing them to just be together and enjoy the feeling of togetherness without the additional convoluted and intimidating intricacies of standard social interaction. Some choristers reported

using music to aid in the formation or strengthening of relationships outside the choir as well, during the period of their choral participation. This corroborates Pavlicevic's (2003) finding, that when the group singing effort is a sustained one, it can create a bond, at times powerful, between and among the participants, including between sessions. These conclusions also support the findings of Tang et. al (1994) and Hayashi et. al (2002), who found social functioning to be the negative symptom most beneficially affected in schizophrenics engaging in choral activities, reducing social withdrawal and isolation, while increasing their communicative abilities, even to the extent of patients requiring less medication.

In comparison to their social lives prior to their choral involvement, a number of choristers reported feeling social aspects in their lives remained somewhat improved even today, with some managing to maintain the friendships they had formed during the choir. However, while social bonds continued to be of great importance to all choristers, there was also a marked decline in the quality of some of the choristers' social lives following the cessation of choral participation, with some describing feeling socially isolated and "alone". The long-term effect of choral participation on choristers' ability to form and maintain friendships or significant relationships therefore remains inconclusive, with results pointing to the importance of continued choral activity for the maintenance of this benefit, particularly for male choristers. A unique finding of this study was that specific social skills developed during choral participation proved to be the most enduring benefit of the choral experience. These included the maintenance of eye contact, moderation of vocal dynamics, self control and listening skills.

Benefits to social functioning specific to performing are discussed below (see Performing). The therapeutic effects of choir participation on the negative symptoms of schizophrenia are summarized in Diagram 2.

Diagram 2. The therapeutic effects of choir participation on the negative symptoms of schizophrenia.



7.3 Performing

The practice of performing publicly was a central aspect of this choir's identity. Throughout the duration of the choir's existence, this author often speculated whether the positive aspects of the choir's performances outweighed the negative facets, namely the evident anxiety choir members would experience prior to concerts and the rigorous rehearsals they would be subjected to beforehand. Therefore, one of the surprising findings of this research was the unanimous, resounding opinion among participants that the most significant and enjoyable choral experience, their chief motivator for persevering in the choir, and the aspect viewed as most benefiting them therapeutically, was performing for an audience. Moreover, the singers clearly demonstrated a far higher preference for the more challenging performances for normative and large audiences. It may therefore be concluded that for this particular choir, though performances aroused initial and significant anxiety, they were a mostly highly stimulating experience that lead to levels of positive feelings and satisfaction. Beck et. al (2000) suggest that in the long-term, these adaptive changes may become identified with the means for overcoming the stresses of life, thereby leading to improved social functioning. They found that many singers specifically viewed the benefits of singing as highly useful in coping with stress, both with respect to the performance and in life in general.

The choir worked toward long-term musical goals that required many months of practice, developing and refining the musical product before they were to enjoy the fruits of their labor and perform for an audience. This offered a greater orientation towards the future. When an aesthetic and harmonious result was achieved, participants enjoyed the sense of mastery in successfully attaining their musical goals and of putting on a respectable and enjoyable performance. This apparently further motivated them to participate and persevere in additional goal directed behaviors.

Performances offered an opportunity for choristers to positively, and somewhat normatively, interact with the larger society from which they were estranged, through a socially acceptable and even esteemed pursuit. In the choristers' testimonies following performances and during recent interviews, it was in fact the

social gratification and connection with the audience they continuously mentioned as most significant to the overall choral experience, stressing the performances' value as an affirmative group experience. Performing provided choristers opportunities to achieve acknowledgement and experience acceptance, pride, empowerment, connection, confidence, recognition and reciprocity with the larger community. They experienced being needed by others and the growth of individual pride and esteem. Thus, for the duration of the performance and perhaps for a short time afterward, the schizophrenic chorister may no longer have felt so alone or socially rejected.

Therefore, as hypothesized, one of the innovative findings of this study is that performance seems to have been the most therapeutic factor for the schizophrenic chorister, central to the choirs' endurance, and significantly beneficial to schizophrenia's negative symptoms of anhedonia, avolition and social dysfunction.

7.4 Conclusion

In conclusion, one of the objectives of writing on this topic was to assess the legitimacy of choral singing as a therapeutic pursuit for those afflicted with severe mental illness. The study aims to contribute to building an evidence base to support the recognition of choral singing as a unique therapeutic modality, in the interests of promoting greater wellbeing and health in psychiatric communities. Results from this study suggest choral singing may potentially make a significant therapeutic contribution when correctly incorporated in psychiatric rehabilitation programs and in patients' personal therapy regimens. It was found to therapeutically benefit all positive and negative symptoms of schizophrenia in the short-term, and to have more enduring effects specifically for the negative symptoms of avolition, affective blunting, and dysfunction of social skills. It is hoped that this research will spark an interest in the potential choral singing may have for improving schizophrenics' overall functioning and enhancing their quality of life.

CHAPTER 8

Implications

In mental health care with chronically ill patients it's a widely held belief that it's important to strive to maintain the patent's mental status quo and surely not to upset it. In stark contrast to this commonly practiced tendency to attempt to achieve and preserve the patient's tranquil state of mind by eliminating all unsetting and exciting stimuli from his life and environment, a finding of this research suggests a contrary approach may at times be beneficial. Although the choir's performances served as a consistent source of unease, tension and anxiety for some of its members, requiring rigorous rehearsals and dealing with perceived stage fright that some frequently complained of, this study found those very same performances that provoked the most unease and required the most utilization of coping skills, also served as the most profound source of satisfaction and enjoyment for the patients. Moreover, as previously hypothesized, choir members attributed therapeutic improvements of negative symptoms to this very act that had disrupted their status quo and had temporarily disturbed their familiar daily routine and habitual existence. This finding is especially significant given that avolition, the inability to persist in goal-directed behavior, is a common negative symptom in schizophrenia. This discovery may suggest that challenging patients to cope with and confront fears to achieve personal and group goals may in certain cases benefit them far more than shielding them from life's obstacles. It further emphasizes the rehabilitative value of the aspect of musical performance in choirs conducted with those afflicted with schizophrenia.

The psychiatric hostel's current substitute for the choir is a sing along activity managed by a music teacher. This program is far less demanding on the hostel's tenants than the choir was, requiring of them to attend only once a week, and to "perform" rarely and only in the hostel before its tenants, without increased rehearsals or preparations beforehand. While a few of the former choristers regularly attend this activity and find it enjoyable, interestingly, their complaint during the interviews was that they did not feel they were "progressing" anymore, not "getting anywhere" in this "new choir". It seems these comments imply that the mere act of performing for an audience is not the main component of the therapeutic benefits derived from the

performances they experienced during the choir. Feeling mentally and emotionally challenged, feeling that they're constantly progressing, working towards mastery and that their performance is the culmination of their dedicated efforts and hard work, is an important factor in patients' subjective feelings of satisfaction, pride, self worth and mental health. These elements may distinguish the therapeutic benefits of the choral pursuit from those of other group singing activities.

Furthermore, a frequent grievance mentioned during the interviews and throughout the years that the choristers attended rehearsals outside the hostel, related to the inconvenience they experienced departing from the hostel, at times from their bed, to physically arrive at the place of rehearsal (as aforementioned, a short walk of no more than 5 minutes). It would have undoubtedly been simpler for the hostel's staff and more convenient and appeasing for the patients to allow them to remain in their comfort zone, in front of the television or under their bed covers. Persistently encouraging these tenants of the hostel to become active in regularly attending choir rehearsals with all it required of them physically, emotionally and cognitively rather than allowing them to remain comfortably passive, was what eventually set the stage for the various aforementioned positive results to occur. This finding implies the importance of requiring psychiatric patients remain active in all respects, regardless of their resistance and the chronic nature of their illness. It also stresses the need to educate staff working with this population as to the importance of aiding them to remain active and not giving in to patients' tendency to lethargy and passiveness.

The positive relationship formed with the choir's conductor appears to be a factor that may highly motivate patients to attend or to continue to attend choir rehearsals, even during periods of regression. This conductor was quite surprised (albeit pleasantly) at the number of times former choristers mentioned the importance of the relationship formed with the conductor, even though no such question was directed at them. Raising this topic was among the choristers' exceptionally few verbal initiations encountered during the personal interviews held. In the cases of a few of the choristers interviewed, especially those with marked social deprivation, it could even be understood that the interaction with the choir's conductor was the main motivating factor for the choir member to initially attend and to continue to regularly attend choir rehearsals. This finding has imperative implications for choir conductors working with the mentally ill as to the importance of investing in building a relationship with the chorister. Such a relationship may ultimately prove to be the

conductor's most significant contribution to the chorister's progress. This assertion may also guide those who wish to determine who the most appropriate professional may be to conduct such a choir for psychiatric patients. The conductor's personality and in particular his/her ability to form a positive and preferably significant relationship with choir members seems to be essential to the choir's existence, continuance and success.

Though choristers exhibited and reported improvements in their illness's symptoms during the period of their participation in the choir, the majority of these benefits were not durable. In particular, improvements in all of the patients' positive symptoms and in many of their negative symptoms (cognitive dysfunction, anhedonia, alogia, and some symptoms relating to their social dysfunction), appear to be dependent upon sustained choral activity. This finding accentuates the necessity of maintaining choral participation, even in the face of marked improvements in patients' functioning.

While additional research is needed on this subject, it seems that choral singing may pose a simple, cost effective and practical way to improve schizophrenic patients' overall quality of life and benefit many of their distressing symptoms. It may be useful adjunct to antipsychotic drugs, while also carrying the additional benefit of being enjoyable, non-invasive and carrying no risk of adverse reactions or side effects. Given the varied and various contributions participation in a therapeutic choir has been shown to have in this research, it is suggested that this treatment modality be recognized as an essential therapy, and be regularly available in psychiatric rehabilitative facilities, incorporated in the regime of the schizophrenic patient.

CHAPTER 9

Recommendations for Further Research

In all cultures and throughout history, singing has played a significant role in human life. Given the findings of numerous studies that have established that singing can contribute to quality of life, psychological wellbeing and even physical health, it is surprising that so little research has explored the effects of choral singing on mental health communities. Virtually no research has been done on its' specific benefits for sufferers of schizophrenia. The little relevant research which has been undertaken is so limited and variable in character, that it may be concluded that this is clearly a neglected field of research in need of development.

The need for improved rehabilitation of psychiatric patients warrants more research on both short-term and long-term outcomes of participating in and performing in choirs established for this population. Investigating such effects of participating in a choir for psychiatric patients may direct music therapists working with such populations to shape their programs to be most beneficial to their patients and society.

As the research undertaken by this author was qualitative in nature with clearly limited demography, further research should be large scale and might investigate results' statistical significance and assess their applicability to patients suffering from various forms of schizophrenia, at different stages of the illness, in diverse therapeutic settings and situations and with different choir conductors with divergent professional qualifications. The most beneficial format for conducting such a psychiatric choir should be investigated as well. This might take into account the following themes:

A. Rehearsals- number of weekly rehearsals, their length and rehearsal location.
B. Group formation- participation requirements, number of participants, their formal diagnoses, stage of illness, level of functioning in various areas of individual and group performance, their vocal abilities.

C. Choral conducting- choral repertoire and the manner it's decided on, conducting technique and style, conductor's formal training and background, conductor's attitude, managing of the patients, their difficulties and behaviors.

D. Performance- number of performances, their location, target audience.

It would seem that a constructive research format may attempt to measure the degrees of symptom changes following rehearsals and performances throughout a significant specified period of choir participation through questionnaires filled out by participants before and following each rehearsal or performance, alongside employment of specific measurement scales. Video footage of their musical expressions before and throughout their participation period might be filmed and analyzed as well. When possible, choristers may also be encouraged to keep diaries documenting specific symptom changes throughout their period of choir participation. Interviews may be conducted at fixed intervals (a week, month, half a year, a year) following the cessation of the choir to more accurately assess the duration of its beneficial results. The potential significance of gender in relation to the benefits reaped for this population in regard to choral singing may also be taken into account.

Research on the specific benefits of choral singing for additional psychiatric illnesses may also be investigated. These may include an array of mental disorders, such as: anxiety, affective, personality and eating disorders.

Further qualitative and quantitative studies are required to clearly identify those mechanisms which are distinctively and uniquely at work in the process of choral singing as opposed to community sing along. The aspects viewed by this author as most central to investigation in this area include: organization and self discipline, goal orientation and mastery, effort and performance, which appear to distinguish between these two group singing activities. Such research may link the nature, process and experiences of engagement in these pursuits with the corresponding aspects of psychological wellbeing and mental health. This may contribute to an understanding of the distinctive benefits obtainable through each of these mediums. Perhaps it may also contribute to a process of developing the progressive research program needed to advance the area and concept of therapeutic choirs.

Appendices

Appendix A: DSM-IV TR diagnostic criteria for schizophrenia (American Psychiatric Association, 2000)

A. Characteristic symptoms:

Two (or more) of the following, each present for a significant portion of time during a 1-month period (or less if successfully treated):

1. **Delusions** - false beliefs strongly held in spite of invalidating evidence,
   especially as a symptom of mental illness: for example,

    1. Paranoid delusions, or delusions of persecution, for example believing that people are "out to get" you, or the thought that people are doing things when there is no external evidence that such things are taking place.
    2. Delusions of reference - when things in the environment seem to be directly related to you even though they are not. For example it may seem as if people are talking about you or special personal messages are being communicated to you through the TV, radio, or other media.
    3. Somatic Delusions are false beliefs about your body - for example that a terrible physical illness exists or that something foreign is inside or passing through your body.
    4. Delusions of grandeur - for example when you believe that you are very special or have special powers or abilities. An example of a grandiose delusion is thinking you are a famous rock star.
    5.

2. **Hallucinations** - Hallucinations can take a number of different forms - they can be:
    1. Visual (seeing things that are not there or that other people cannot see),
    2. Auditory (hearing voices that other people can't hear,
    3. Tactile (feeling things that other people don't feel or something touching your skin that isn't there.)
    4. Olfactory (smelling things that other people cannot smell, or not smelling the same thing that other people do smell)
    5. Gustatory experiences (tasting things that isn't there)
3. **Disorganized speech** (e.g., frequent derailment or incoherence) - these are also called "word salads". Ongoing disjointed or rambling monologues - in which a person seems to talking to himself/herself or imagined people or voices.
4. **Grossly disorganized or catatonic behavior** (An abnormal

condition variously characterized by stupor/inactivity, mania, and either rigidity or extreme flexibility of the limbs).

5. **"Negative" symptoms of schizophrenia**, these symptoms are the lack of important abilities. Some of these include: affective flattening, alogia, or avolition.

Note: Only one Criterion A symptom is required if delusions are bizarre or hallucinations consist of a voice keeping up a running commentary on the person's behavior or thoughts, or two or more voices conversing with each other.

B. Social/occupational dysfunction: For a significant portion of the time since the onset of the disturbance, one or more major areas of functioning such as work, interpersonal relations, or self-care are markedly below the level achieved prior to the onset (or when the onset is in childhood or adolescence, failure to achieve expected level of interpersonal, academic, or occupational achievement).

C. Duration: Continuous signs of the disturbance persist for at least 6 months. This 6-month period must include at least 1 month of symptoms (or less if successfully treated) that meet Criterion A (i.e., active-phase symptoms) and may include periods of prodromal or residual symptoms. During these prodromal or residual periods, the signs of the disturbance may be manifested by only negative symptoms or two or more symptoms listed in Criterion A present in an attenuated form (e.g., odd beliefs, unusual perceptual experiences).

D. Schizoaffective and mood disorder exclusion: Schizoaffective disorder and mood disorder with psychotic features have been ruled out because either (1) no major depressive, manic, or mixed episodes have occurred concurrently with the active-phase symptoms; or (2) if mood episodes have occurred during active-phase symptoms, their total duration has been brief relative to the duration of the active and residual periods.

E. Substance/general medical condition exclusion: The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition.

F. Relationship to a pervasive developmental disorder: If there is a history of autistic disorder or another pervasive developmental disorder, the additional diagnosis of schizophrenia is made only if prominent delusions or hallucinations are also present for at least a month (or less if successfully treated).

Appendix B: Summary of positive, negative and cognitive symptoms of schizophrenia. (Taken from DSMIV-TR, American Psychiatric Association, 2000).

Positive Symptoms of Schizophrenia

Delusions are firmly held erroneous beliefs due to distortions or exaggerations of reasoning and/or misinterpretations of perceptions or experiences. Delusions of being followed or watched are common, as are beliefs that comments, radio or TV programs, etc., are directing special messages directly to him/her.

Hallucinations are distortions or exaggerations of perception in any of the senses, although auditory hallucinations (hearing voices within, distinct from one's own thoughts) are the most common, followed by visual hallucinations.

Disorganized speech/thinking, also described as thought disorder or loosening of associations, is a key aspect of schizophrenia. Disorganized thinking is usually assessed primarily based on the person's speech. Therefore, tangential, loosely associated, or incoherent speech severe enough to substantially impair effective communication is used as an indicator of thought disorder by the DSM-IV.

Grossly disorganized behavior includes difficulty in goal-directed behavior (leading to difficulties in activities in daily living), unpredictable agitation or silliness, social disinhibition, or behaviors that are bizarre to onlookers. Their purposelessness distinguishes them from unusual behavior prompted by delusional beliefs.

Catatonic behaviors are characterized by a marked decrease in reaction to the immediate surrounding environment, sometimes taking the form of motionless and apparent unawareness, rigid or bizarre postures, or aimless excess motor activity.

Other symptoms sometimes present in schizophrenia but not often enough to be definitional alone include affect inappropriate to the situation or stimuli, unusual motor behavior (pacing, rocking), depersonalization, derealization, and somatic preoccupations.

Negative Symptoms of Schizophrenia

Affective flattening is the reduction in the range and intensity of emotional expression, including facial expression, (voice tone lack of normal intonations and variance), eye contact, and body language.

Alogia, or poverty of speech, is the lessening of speech fluency, content and productivity, thought to reflect slowing or blocked thoughts, and often manifested as short, empty replies to questions.

Avolition is the reduction, difficulty, or inability to initiate and persist in goal-directed behavior; it is often mistaken for apparent disinterest. (examples of avolition include: no longer interested in going out and meeting with friends, no

longer interested in activities that the person used to show enthusiasm for, no longer interested in much of anything, sitting in the house for many hours a day doing nothing.)

Anhedonia - the inability to experience pleasure and to enjoy regular activities (visiting with friends, etc.) as much as before

Additional negative symptoms may include:

1. Low energy - the person tends to sit around and sleep much more than normal
2. Lack of interest in life
3. Inappropriate social skills or lack of interest or ability to socialize with other people
4. Inability to make friends or keep friends, or not caring to have friends
5. Social isolation - person spends most of the day alone or only with close family

Cognitive Symptoms of Schizophrenia

Cognitive symptoms refer to the difficulties with concentration and memory. These can include:

1. disorganized thinking
2. slow thinking
3. difficulty understanding
4. poor concentration
5. poor memory
6. difficulty expressing thoughts
7. difficulty integrating thoughts, feelings and behavior

Appendix C: Choir's original lyrics to song

כמה זה קשה להיות חולה

מילים: חברי המקהלה
לחן: למנגינת זמר נוגה ("התשמע קולי") של שמוליק קראוס

כמה זה קשה
להיות חולה.
בעניין נפשי
אף בזמן מלא.
אלף פחדים
השפעת תרופות
ולהתנצל
עוד לפני זרים.

לא לבכות בכלל
זה קשה מאוד.
הסתכלו עליי
זו הבקשה.
והזמן עובר
לא עוצר בכלל.
ואסור לכעוס
מול ההתנשאות.

השנים חולפות
הטיפול נמשך.
אט אט מזדקנים
הכתם נותר.
נחכה עוד קצת
השקפת רופאים
עשויה תמיד
גם להשתנות.

כמה זה קשה להיות חולה!

Appendix D: Translation of choir's original song from Hebrew

How Difficult it is

Lyrics: The Psychiatric Choir members
Tune: sung to the melody of "A Melancholy Tune" (otherwise known as "Will You Hear my Voice") by Shmulik Kraus.

How difficult it is
To be ill
In a mental way
Though full time.
A thousand fears
Medically affected
And apologizing
Even to strangers.
Not to cry at all
Is very difficult.
Look at me
This is my request.
And time passes
Doesn't stop at all
And it is forbidden to become angry
In the face of condescendence.
The years pass
The treatment continues.
Gradually we grow old
The stain remains.
We'll wait a little longer
Doctors views
may always still change.
How difficult it is to be ill!

Appendix E: Original song

A Melancholy Song

(Shall you Hear My Voice)

Lyrics: by the poet Rachel

Shall you hear my voice,
My far one,
Shall you hear my voice,
Wherever you are?
Strong and clear is my voice,
Yet in in tears it breaks
And over the passing of time
It carries my blessings.
Big and wide is this earth,
And roads aplenty crosses it;
Intersecting for a mere moment they,
Then separates for good.
A man may try,
But as hard as he might,
He is bound to fail;
One cannot regain what is forever lost.
My last day is upon me, probably.
Nearing is the day of farewell-tears
Yet I shall wait for you, till my very last moment
As Rachel did wait for her loved one.

Appendix F: Informed consent form

טופס הסכמה מדעת להשתתפות במחקר

אני הח"מ:

שם משפחה _____ שם פרטי _____ מס' ת.ז. _____

א. מצהיר/ה בזה כי אני מסכים/ה להשתתף במחקר אודות השפעותיה של ההשתתפות במקהלה על הסמפטומים של מחלת הסכיזופרניה.

ב. מצהיר/ה בזה כי הוסבר לי ע"י:

שם החוקר/ת _____ כדלהלן:

1. כי המחקר נערך כחלק מסיום חובות לקבלת תואר שני מטעם האקדמיה למוסיקה ומחול.
2. כי ההשתתפות במחקר היא התנדבותית.
3. כי מותר לי לסרב להשתתף במחקר.
4. כי אני חפשי/ה להפסיק בכל עת את השתתפותי במחקר.
5. כי מובטחת סודיות באשר לזהותי האישית בפרסומים מדעיים.
6. כי בכל בעיה הקשורה למחקר אוכל לפנות לחוקר/ת להתייעצות נוספת.

ג. הנני מצהיר/ה כי נמסר לי מידע מפורט על המחקר ובמיוחד הפרטים הבאים הקשורים: למטרות המחקר, לשיטות, למשך הזמן הצפוי, לאי הנוחות העלולה להיגרם.

ד. הנני מצהיר/ה כי ניתנה לי הזדמנות לשאול שאלות אודות המחקר ועליהן קיבלתי מענה לשביעות רצוני.

ה. הנני מצהיר/ה כי הוסבר לי שהראיונות יוקלטו לצורך שכתוב וניתוח, אך שמי וכל פרט מזהה אחר ישאר חסוי.

ו. הנני מצהיר/ה בזה כי את הסכמתי הנ"ל נתתי מרצוני החופשי וכי הבינותי את כל האמור לעיל.

_____ _____ _____

שם משתתף/ת במחקר חתימה תאריך

ז. <u>הצהרת החוקר/ת</u>

ההסכמה הנ"ל נתקבלה על ידי וזאת לאחר שהסברתי למשתתף/ת במחקר כל האמור לעיל ווידאתי שכל הסברי הובנו על ידו/ידה.

_____ _____ _____

שם החוקר המסביר חתימה תאריך

Appendix G: Translated interview outline

SECTION 1: Musical experiences

Did you participate in musical activities (sing-a-longs, voice development lessons, instrument instruction) prior to joining the choir? (At home, school, community, hospitals)
Have you participated in any musical activities since the choir has dissembled? What, where and how often?
Have you performed in front of an audience for any reason since the choir has dissembled?

SECTION 2: The experience of singing (or for the melodic accompanist: the experience of accompanying the choir)

How do you feel when you are singing?
How did you feel when you were singing in a choir with others?
Does singing affect or change how you feel?
Were there any differences in how you felt before practice and after practice?
If so, what do you think caused that change?
Was there any difference between singing in rehearsals and singing in front of an audience?

SECTION 3: The choir

What prompted you to join?
What prompted you to continue participating?
How long were you a member of the choir?
What did you think about the choir during your first choir session?
Did you relate well to the other choir members?
Did the way you related to the other choir members change throughout your membership? How?
Has the choir affected your personal relationships in general?
What did you enjoy most about the choir?

What fond memories do have from your time as a choir member?
What did you find most difficult in taking part in the choir?
What would you change about the choir?
Do you think your singing changed throughout your choir membership? How?
How do you perceive your singing today?
How do you think you functioned in the choir?
Do you think you functioned better in the choir than in other situations you encounter? If so, how and why?
Is there any other activity that could have contributed to your life what the choir has contributed to your life?
Has the choir affected how you feel about yourself?

SECTION 4: Performing

How did you feel when the choir performed in front of an audience?
What aspect did you enjoy most of performing?
Was there any aspect of performing that you did not enjoy?
How do you think you would feel if the choir was to perform again today?
Could you sing me a song of your choice now? (Attention paid to song choice, lyric and melody recollection, accuracy, performance aspects and emotional expression).

SECTION 5: Leisure time activities

How did you spend your spare time prior to joining the choir?
Were you enrolled in any extracurricular activities, courses or studies? What are they and how often did they take place?
How do you spend your spare time today?
Have you enrolled in any extracurricular activities, courses or studies since the choir dissembled? What are they and how often do they take place?

SECTION 6: Employment and living conditions

Has your employment status or anything related to it changed since joining or concluding membership in the choir?

Have your living conditions changed in any way since joining the choir or since the choir dissembled? In which way?

SECTION 7: Additional symptom check

Did you ever experience troublesome thoughts, hear voices or have hallucinations prior to choir rehearsals or performances?
If so, did this change when you began singing or after rehearsals where finished? For how long did this change last?
Did you find it difficult to concentrate throughout the entire hour-long rehearsals?
Do you usually find it difficult to concentrate for extended amounts of time?
Did you notice any improvement in your ability to organize or express your thoughts following rehearsals?
Under regular circumstances, how difficult is it for you to express emotion?
Is it easier for you to express emotion through singing?
Do you find it easier to express emotion today?
What goals (if any) do you feel you achieved during your time as a choir member?
What goals do you feel you have achieved this past year (since the choir dissembled)?
What are your hopes for the future?

Appendix H: Transcriptions of interviews with choristers

Transcription of interview with E.

שאלה: האם השתתפת בפעילויות מוסיקליות כלשהן לפני שהצטרפת למקהלה?
תשובה: לא פעילויות מוסיקליות קהילתיות, אבל נגינה פרטית. מידי פעם הייתי מנגנת במלודיקה לעצמי כשהשתעממתי או לדודה החורגת כשרצתה להשתעשע ניגנתי לה.
שאלה: מאיזה גיל היית מנגנת?
תשובה: מגיל 17, 18.
שאלה: וקיבלת שיעורי מוסיקה לפני כן?
תשובה: מגיל 7-15 למדתי פסנתר. בקונסרוטוריון שנתיים ואח"כ באופן פרטי.
שאלה: מאז שהמקהלה התפרקה השתתפת בפעילויות מוסיקליות או הופעת?
תשובה: רק לבד, במדרחוב ואח"כ בשוק מחנה יהודה. כך ניסיתי גם להתפרנס וגם לשמח אנשים.
שאלה: איך הרגשת כשליווית את המקהלה במלודיקה?
תשובה: הרגשתי מצויין. נתן לי הרגשה טובה של ביטחון עצמי, של הקלה בכל הלחצים שיש. זה נתן לי הרבה סיפוק והנאה, והרגשתי שאני תורמת משהו לחברה, אני יכולה לשמח אנשים. הרגשתי שבנוסף למחלה יש לי את הצדדים הבריאים שהנגינה היא אחת מהם, והנגינה עצמה נתנה הרגשה טובה שאני מאושרת שאני יודעת לנגן...
שאלה: אז אפשר לומר שההשתתפות במקהלה שיפרה אצלך את מצב הרוח?
תשובה: כן.
שאלה: האם היו שינויים באיך שהרגשת לפני ואחרי החזרות?
תשובה: כן, יש שירים שאני כבר לא יכולה לנגן אותם כפי שניגנתי אז, ומצד שני היו שינויים לטובה שנפגשתי עם איזו חברה שכתבה לי תווים של שירים חדשים שלמדתי לנגן אותם.
שאלה: אחרי החזרות שהיו לנו כאן בחדר, איך יצאת מכאן?
תשובה: יצאתי מאושרת, יצאתי בהרגשה טובה שהרבה מהמחשבות הפסולות, לדעתם של פסיכיאטרים, יצאו, ואני יכולה ממש להרגיש את עצמי בריאה מהאפשרות הזאת של להתחיל את השיעור, לצאת ממנו, או להישאר ולשוחח עם המרפאה במוסיקה, ללמוד ממנה, לנגן איתה, לרשום תווים, ועוד הרבה פעילויות ורגשות מצויינות שליוו אותי ועדיין. אני מצטערת מאוד שהכל הפסיק.
שאלה: דיברת על מחשבות פסולות שיצאו לך מן הראש בעקבות החזרות. את יכולה קצת לפרט איזה מחשבות היו לך לפני ומה קרה למחשבות האלה בזמן החזרות?
תשובה: המחשבות הפסולות האלה היו למעשה חששות שלא היו צריכים להיות. דברים שחשבתי עליהם ואמרתי אחרי השיעור למוסיקה יותר קל לי לארגן את המחשבות לכתיבה.
שאלה: את יכולה לתת לי דוגמה למחשבה?
תשובה: למשל כשאני הייתי כותבת מכתבים קרה שלא ארגנתי את המכתב מספיק טוב לפני השיעור, ואילו אחרי השיעור חזרתי הביתה לכתוב את המכתב והוא היה הרבה יותר מסודר.
שאלה: אז את אומרת שהמקהלה שיפרה אצלך את היכולות הקוגנטיביות?
תשובה: כן.
שאלה: האם היה הבדל בשבילך בין ליווי המקהלה בחזרות לבין ליווי המקהלה בהופעות לפני קהל?
תשובה: לא היה הבדל גדול. לא התרגשתי להופיע בפני קהל כי אני כבר בגיל 18 הופעתי בתור מרצה בבני ברית אצל קהל מאוד משכיל וסלקטיבי, אז לא היתה לי אימת ציבור בקהל [] דווקא משום כך, הופעה שלי דווקא לפני קהל חובב מוסיקה היה משהו מושרש בי.
שאלה: מדוע הצטרפת למקהלה?
תשובה: הצטרפתי למקהלה כי לא יכלתי לוותר על ההזדמנות לנגן, ללמוד כל מיני שירים, להופיע עם שירים שכבר ידעתי. אמרתי סוף סוף יש את המקהלה, יש את הריפוי במוסיקה, למה לא לנצל אותו? גם המפגש עם האישיות המיוחדת הזאת שלך זה מה שעודד אותי להמשיך ולהתמיד הזה גם כשהייתי עייפה או היו נסיבות שלא יכלתי להגיע. ביום שנסעתי להלוויה לאמא שלי זה היה אותו ים שהיה טיפול במוסיקה. כ"כ הצטערתי שלא יכלתי לנסוע איתך להלוויה [].
שאלה: כמה שנים היית חברת מקהלה?

תשובה: 6 שנים.
שאלה: איך התרשמת מהמקהלה בפגישה הראשונה?
תשובה: התרשמתי מכך שהם זקוקים למישהו שידריך אותם, גם בנגינה וגם בדברים אחרים. כשהגעתי להוסטל הרגשתי שאני צריכה לתרום שם הרבה דברים. אחת החולות שהייתה נהנית כשהייתי מנגנת לה כי היתה מדוכאת נורא, וגם בשביל הדיירים האחרים, לנגן להם זו היתה הגשמה עצמית, אם כן לא כולם אהבו את זה.
שאלה: איך הסתדרת עם חברי המקהלה?
תשובה: הסתדרתי איתם יפה. היתה לי מישהי שהתקשתה לשיר, אז ישבתי איתה בדיור המוגן ותירגלנו את כל השירים שהיינו צריכות להופיע איתם.
שאלה: הרגשת בנוח עם כל חברי המקהלה?
תשובה: כן, הרגשתי בנוח בכל פעם ששמעתי מהם שהם נמצאים במצב נפשי הרבה יותר קשה ממני באותו זמן, ואז יכלתי איכשהו לעזור להם, לנגן להם, וגם לדבר איתם, להסביר להם.
שאלה: את מרגישה שהקשרים שלך השתנו איתם מאז תחילת המקהלה?
תשובה: היחסים שלי איתם במסגרת המקהלה התחזקו מאוד, ואני הרגשתי שהם ממש מעודדים אותי לנגן, למרות שלא תמיד התחשק להם לשמוע.
שאלה: את מרגישה שההשתתפות במקהלה איכשהו השפיע על הקשרים שלך בכלל עם אחרים?
תשובה: כן, ההשתתפות השפיעה עלי לדעת לכוון את המלודיקה בצורה כזאת שלדעת מה לנגן לפני אלו אנשים. ולכן בעקבות העידוד במקהלה אבל גם בקבוצת ריפוי במוסיקה- לא לזלזל ולא להתבייש להזכיר את זה כי הריפוי במוסיקה גם השפיע עלי הרבה מאוד- כי כשעליתי על האוטובוס נהג אחד היה מסמן לי בכל פעם לנגן...
שאלה: איך ההשתתפות במקהלה תרמה לכך?
תשובה: היא השפיעה בכך שנתנה לי תחושת כוח. שיש לי כוח בנגינה ואני יכולה את הכוחות האלה להפגין לפני אנשים שבכלל לא ידעו שיש לי סכיזופרניה. אבל עוד משהו, שנגינה הזאת נתנה לי הרבה הרבה שמחת חיים והרגשה טובה, שאני לוקחת את המלודיקה הזאת לכל מקום ויש אנשים שקוראים לי: "תנגני לנו, תנגני לנו!" ואז זה נותן הרגשה מיוחדת.
שאלה: יש לך משהו להציע לחברה.
תשובה: כן.
שאלה: אני זוכרת איך התחלת במקהלה. היית מנגנת איך שבא לך, והמקהלה היתה צריכה לרוץ אחרי קצב הנגינה שלך ולהתאמץ להתאים עצמם לסולם שבחרת לנגן בו. ועם הזמן למדת להקשיב כ"כ טוב ולמדת להתאים את עצמך אל אחרים. לזה אני חושבת שאת מתכוונת כשאת אומרת שאת היום יודעת לנגן שירים לפי מה שאנשים אוהבים. זה חלק מלהתאים את עצמך אל אחרים.
תשובה: כן, כיוון שהיום המוסיקה המזרחית נהייתה יותר ויותר פופולרית, לכן היום אני משתדלת להתאים את הרפרטואר שלי, ללמוד בין היתר כמה שיותר שירים מזרחיים, במידת האפשר להוציא אותם בכלי מערבי, ויש לי חברה שעוזרת לי בזה הרבה מאוד.
שאלה: ממה הכי נהנית מהמקהלה?
תשובה: לעשות את הפתיחה לכל שיר.
שאלה: למה דווקא הפתיחה?
תשובה: כי זה נתן לי הרגשה ביטחון עצמי והתעלות עצמית...
שאלה: קטעי הפתיחה היו גם קטעי הסולו שלך. אולי זה מה שאהבת בפתיחות. היית סולנית ולא רק מלווה.
תשובה: כן, ואני עוד מרגישה שרק הגעתי לאמצע או לראשית הדרך, ואני עדיין צריכה ללמוד הרבה הרבה שירים והרבה הרבה מנגינות.
שאלה: אני שומעת שיש לך עוד הרבה שאיפות.
תשובה: כן.
שאלה: מה היה לך הכי קשה בהשתתפות במקהלה?
תשובה: היה לי הכי קשה מדי פעם להתאים את עצמי לשירים קצביים, כפי שגם את ראית שיותר קל לי להתאים את עצמי במלודיקה לשירים מלודיים מאשר קצביים. ולפעמים היה לי מאוד לא בנוח, אם כי לא אמרתי את זה בקול רם, עם שירים מסויימים שהיו לא רק קצביים, אבל גם אחד מהם היה גם מאוד טפשי גם מבחינת המילים.
שאלה: את זוכרת איזה שיר זה היה?
תשובה: זה היה השיר "יחד לב אל לב" (שיר לאהבה).
שאלה: ומה לא אהבת במילות השיר?

תשובה: הכל. סתם שטויות, שטות, המילים שטויות, המנגינה...ואני במקומך הייתי בוחרת להופיע עם שיר אולי קצבי, אבל אינטלגנטי. של זמרים יותר מתאימים מאשר להקת גאיה.
שאלה: כל חבר מקהלה נאלץ מדי פעם להתחשב בטעם המוסיקלי של האחרים, וזה לא תמיד דיבר אל כל אחד. זה היה חלק מהויתור שאחד עשה למען השני במקהלה...
תשובה: (קוטעת אותי באמצע משפט) כן, אבל איכשהו אני הרגשתי שעם מוסיקה מסויימת אני יכולה להתחבר ב-100%, ועם מוסיקה אחרת לא. אז מה שבאמת היה מפתיע למשל, זה שעם מוסיקה מזרחית כן, עם מוסיקה פופ אמריקאית לא.
שאלה: אני מבינה שהמילים של שירים מאוד חשובות לך, המסר של השיר.
תשובה: כן. כי לפעמים מרכיבים על נוסח מאוד פשוט מנגינה יפה מאוד, ודוגמה קלאסית לכך זה תפילת "כל נדרי" [].
שאלה: מה היית משנה במקהלה?
תשובה: הייתי מוסיפה הרבה שירים שלא הגענו אליהם של ארץ ישראל היפה, שירים בלדינו, שירים ביידיש, מהזמר המזרחי, והייתי מוסיפה גם שירים מתוך האנתלוגיה לחזנות הספרדית של יצחק לוי, ואת המנגינות הנדירות שאני עובדת עליהן של שבת.
שאלה: את מרגישה שהנגינה שלך השתנתה במהלך המקהלה?
תשובה: כן, הנגינה שלי השתנתה הרבה מאוד. גיליתי שהרבה שירים שלא תיארתי לעצמי שאוכל לנגן אותם למדתי אותם, אבל ברור שזה טיפה בים לעומת מה שאני עדיין מתכננת ודורשת מעצמי ללמוד לנגן.
שאלה: ואיך לדעתך הנגינה שלך היום לעומת בתקופה של המקהלה?
תשובה: כיום בשירים מסויימים שלמדתי ממך קצת חלה ירידה. למשל....[] אני לא מנגנת אותם בשלמותם. קורה שאני לא זוכרת בתים מסויימים או את המודולציות שהכנסנו.
שאלה: איך את מרגישה שתפקדת במקהלה בסה"כ?
תשובה: אני חושבת שתפקדתי טוב. הייתי המנהיגה של הזמרים החובבים האלה.
שאלה: איך את חושבת שהנהגת אותם?
תשובה: הנהגתי אותם קודם כל בנגינה, ואח"כ בדברי עידוד מסויימים שהשמעתי להם כשהיו להם תלונות או לא הרגישו בנוח. אחד הרגיש כאילו לא אוהבים אותו וניסיתי לעודד אותו, ומדי פעם ישבנו שנינו ביחד ואפילו היינו מאוהבים, היתה בינינו אהבה שכמעט הביאה אותנו להתחתן, ואז הוא מאוד אהב לשמוע אותי מנגנת והוא היה שר לי מנגינות אחרות....
שאלה: את חושבת שתפקדת יותר טוב במקהלה מאשר במצבים שונים שנתקלת בהם?
תשובה: כן, תפקדתי יותר טוב במקהלה [].
שאלה: באיזה מצבים את מרגישה שאת מתפקדת פחות טוב?
תשובה: כשאין לי אפשרות לנגן. אם יש יום אחד שעובר עליי בלי נגינה זה מקשה עליי.
שאלה: למה את חושבת שתפקדת כ"כ טוב במקהלה? מה אפשר לך את זה?
תשובה: במקהלה יש שיתוף פעולה בין זמרים למלווה, במקהלה יש אפשרות לנגן הרבה שירים שלא הכרתי אותם קודם ועכשיו אני מכירה, או שלא ניגנתי בסולם הנכון ואצלך למדתי, אם כי לצערי בעוונותי הרבים כשאני מופיעה בפני העוברים ושבים בשוק, אז אני חוזרת לסולמות הקודמים שהתרגלתי לנגן בהם לפני המקהלה.
שאלה: האם המקהלה השפיעה על איך שאת מרגישה לגבי עצמך?
תשובה: כן. שאני בכלל לא ידעתי על עצמי שאני בכלל מסוגלת להנהיג מקהלה, כשם שלא תיארתי לעצמי כל הפעילויות שאהיה מסוגלת לעשות בהוסטל: להביא חוג פרשת שבוע לפני הדיירים. לא חשבתי שאגיע לזה [].
שאלה: איך הרגשת כשהמקהלה הופיעה לפני קהל?
תשובה: הרגשתי שאני עולה לגדולה, שאני נעשית יותר ויותר מפורסמת, שאנשים אוהבים יותר ויותר את הנגינה שלי.
שאלה: מאיזה אספקט של ההופעה הכי נהנית?
תשובה: מההופעה בפני עצמה, בציבור, שמדי פעם ההופעה מצאה הד בקרב המאזינים, שמישהו כתב מכתב להוסטל, מכתב תודה לפני פורים, אז כשקיבלתי את ההוראה לענות לו זה נתן לי הרגשה נהדרת.
שאלה: היה משהו בהופעות שלא נהנית ממנה?
תשובה: לא נהניתי רק כשהיו מופיעים עם שירים שלא אהבתי אותם או שלא הכרתי אותם.
שאלה: איך היית מרגישה אם המקהלה היתה מופיעה שוב היום?
תשובה: מצויין! אם המקהלה היתה מתחדשת כאן שוב היום....הייתי מרגישה מצויין. הייתי מוכנה לחדש שוב את החזרות [] בכל הזדמנות שיש, כי זה מאוד מאוד חסר לי.
שאלה: האם את יכולה לבצע עכשיו שיר? איזה שתרצי. ברשותך אני אצלם את זה?
תשובה: טוב, אני לא אוהבת כ"כ להצטלם. בצילום אני נראית יותר מכוערת.
(מסכימה להצטלם ומנגנת שיר קצר במלודיקה.)

שאלה: ספרי לי קצת על מה שניגנת עכשיו. מדוע בחרת בו?
תשובה: ניגנתי שיר בלדינו שפירושו "פתחי נא את דלתך הסגורה", וזה כבר אומר, אם פותחים דלת סגורה פותחים רגשות סגורים, פותחים את מה שיש בסכיזופרניה, בסבל, בכל מה שמעיק, זה דבר גדול.
שאלה: ואת מרגישה שזה מה שהמקהלה עשתה עבורך?
תשובה: כן!
(מציעה לנגן שיר נוסף)
שאלה: מה ניגנת עכשיו?
תשובה: שיר פרידה: "מתי שוב ניפגש". מתי שוב ניפגש, איתך בכלל [] עכשיו זו באמת הפתעה, ואני מאוד מקווה שעוד ניפגש במקומות שונים, ושנקבע, ונעשה משהו.
שאלה: גם אני מאוד מקווה, ואת תמיד מוזמנת ליצור קשר. את יכולה לנגן גם שיר שניגנת במקהלה?
תשובה: כן, אם כי לא באותה שלמות.
(מנגנת שיר שלישי: "חי" בסולם שעבדנו עליו במקהלה, אך מחסירה בתים.)
שאלה: שמת לב שניגנת בסולם שהתאמנו עליו במקהלה?
תשובה: כן, זה אחד השירים המעטים שאני זוכרת בדיוק.
שאלה: בגלל זה בחרת עכשיו לנגן אותו?
תשובה: כן.
שאלה: איך העברת את שעות הפנאי שלך לפני שהצטרפת למקהלה?
תשובה: ניסיתי לנצל את כל שעות הפנאי אם לנגינה, אם לכתיבה, וכל מיני פעילויות אחרות [] ניסיתי להיות כמה שיותר פעילה...אבל היו תקופות ומצבים בהם לא יכלתי להיות כ"כ פעילה [].
שאלה: איך את מעבירה את שעות הפנאי שלך היום?
תשובה: בנגינה, בכתיבת שירים וסיפורים, גם בהתכתבות, גם ברקמת פרובלמים, לפעמים גם בציור, גם בשיעורים על פרשת השבוע בשבת, גם בביה"כ, גם בטיולים בחוה"מ, יש לי חוג לצילום, להכנת פסיפס, בגינון [].
שאלה: נשמע שאת מאוד פעילה היום. את חושבת שאת יותר פעילה היום מאז המקהלה?
תשובה: אני אולי קצת פחות פעילה היום כי אין את המקהלה ואין את הריפוי במוסיקה [] אני משתדלת כל הזמן להעסיק את עצמי.[] אני לפעמים נאלצת לכתוב בלילה, כי עד שאני מסיימת את כל הסידורים שלי, כל החובות, אז אני יכולה לכתוב [].
שאלה: יש משהו שמחליף את המקהלה בחייך היום?
תשובה: רק נגינה פרטית. במתנ"סים יש לי אפשרות. []
שאלה: האם התעסוקה שלך השתנתה מאז שהצטרפת למקהלה?
תשובה: התעסוקה שלי משתנה כל הזמן.[] עבדתי בצורפות, בעבודות שונות כגון אריזה[], אח"כ העבירו אותי לגן הבוטני שאלמד מקצוע []. לפני שהעבירו אותי קיבלתי העלה במשכורת. []
שאלה: את יודעת למה העלו לך את המשכורת?
תשובה: כי התחלתי לעבוד יותר שעות, להתמיד, לעשות עבודה יפה.
בגן הבוטני החלטתי שאתמחה בצמחי מרפא []
שאלה: מאז שהמקהלה התפרקה השתנה משהו מבחינת מקום העבודה?
תשובה: כן, בגן הבוטני לא יכלו לשלם לי כי לא נתתי תפוקה מספקת, אז העבירו אותי למועדון התעסוקתי, שזה כביכול ירידה, אך ירידה לצורך עליה.
שאלה: מאז שהצטרפת למקהלה האם תנאי המגורים שלך השתנו?
תשובה: כן! עברתי מההוסטל לדיור המוגן.
שאלה: האם היו לך אי פעם מחשבות מטרידות, הזיות או ששמעת קולות לפני החזרות של המקהלה?
תשובה: לא זכור לי. דווקא המחשבות שהיו לי בזמן המקהלה היו הרבה יותר טובות. קולות לא שמעתי מאז שעזבתי את בעלי. אם בכלל שמעתי קולות, זה היה של מאנשים שחיו במציאות ונפטרו. כביכול שמעתי מהם טלפונים מהעולם הבא. אבל זה לא גרם לי להרגשה רעה. זה דווקא גרם לי להרגשה טובה שאני יכולה לשבת, לקחת עט סופרים ולכתוב ולקחת את המלודיקה ולנגן. ולעשות כל עבודה אומנותית אחרת. זה מה שעשו לי הקולות. אני לא סיפרתי לאף פסיכיאטר את הקולות האלה.
שאלה: וכשאת מנגנת את עדיין שומעת את הקולות האלה?
תשובה: לא. ואילו קולות שמעתי? של המשורר אביגדור המאירי, של רחל המשוררת, של ביאליק, של טשרניחובסקי, של כל מיני אישים דגולים שהיו פעם. אבל זה לא עשה לי שום דבר רע. בסה"כ זה הביא אותי להתבודד מבעלי, שלא יכלתי לדבר איתו, רק כל הזמן טלפונים מהעולם הבא, אבל זה לא עשה לי רע.

שאלה: כלומר, כשאת שומעת קולות הם נעלמים כשאת מנגנת?
תשובה: כן. ובכלל כשאני מעסיקה את עצמי. ויש גם קולות שהם זכרונות מהעבר: מה אבא שלי אמר לי, מה אמא שלי אמרה לי, מה גרושתי אמר לי [].
שאלה: כשהיו לנו חזרות הן היו של שעה שלמה. מצאת שלעיתים התקשית להתרכז למשך כל השעה?
תשובה: לא. היו לי בעיות ריכוז דווקא באותן התקופות שהייתי תלמידת בי"ס []
שאלה: את בד"כ מוצאת שקשה לך להתרכז לטווחי זמן ארוכים?
תשובה: כן. כי מדי פעם כשאני מתקשה להתרכז יש לי הרהורים אחרים, למשל אם אני נזכרת באיזה ספר שקראתי [].
שאלה: כשאת מנגנת, למשך כמה זמן את מצליחה להישאר מרוכזת בנגינה?
תשובה: תלוי...בימי שישי אני מנגנת בשוק בערך שעה, שעתיים, שלוש שעות, כמה שאני יכולה. זה עוזר לי. תלוי גם כמה זמן אני מחזיקה מעמד גם מבחינה גופנית [].
שאלה: בנסיבות רגילות, כמה קשה לך להביע רגש?
תשובה: כשאני נפגשת עם מישהו שלא הכרתי. כשהורי היו בחיים, התקשיתי בכלל להביע רגשות...
שאלה: היום את מרגישה שאת יותר מצליחה להביע רגשות?
תשובה: כן, בכתיבה מאשר בע"פ.
שאלה: יותר קל לך גם להביע רגש דרך הנגינה?
תשובה: דרך הנגינה באמת יותר קל לי להביע רגש, כי הנגינה הוא דבר מופשט. הוא יותר מופשט מהכתיבה ומהדיבור עצמו...ובאמצעות נגינה עוד יותר קל כי אני מנגנת קטעים שבאמצעותם אני מדברת אל מי ששומע אותי.
שאלה: אז היום יותר קל לך להביע רגשות.
תשובה: כן, כי איכשהו, כשהיתה לי את ההזדמנות לפרוץ בתור נגינאית ובתור סופרת, משוררת, היום בוודאי שיותר קל לי. ברגע שאני כותבת, אני אומרת: אני כותבת כדי לא להשתגע. אני מנגנת כדי לא להשתגע. זה באמת מה שאחד החברים שלנו בעבודה ציטט מהסופר אלי ויזל: "J'ecris pour ne pas devenir foux". (כתובת לי את המשפט).
שאלה: כיצד את מוצאת שהנגינה עוזרת לך שלא "להשתגע"?
תשובה: כך: שאם אני עצובה או אני כועסת או אם יש משהו לא נעים בחיים שלי או אומרים לי משהו פוגע, אני יושבת, מנגנת, וזה עובר.
שאלה: איזה מטרות אם בכלל את מרגישה שהשגת כשהיית חברת מקהלה?
תשובה: המטרות שהשגתי היו אלה שנעשיתי למנהיגה הרוחנית של חולי הנפש, הרגשת את עצמי בתור מנהיגה רוחנית, והמטרה הזאת היתה מאוד חשובה, שאני בעצם כמו כהנת בבית המקדש. החברים כאילו כמו הכבשים שלי שאני רואה אותם שאני מנהיגה אותם...יצא תדמית חיובית עליי.
שאלה: איך זה התבטא במקהלה?
תשובה: שהם הרגישו כלפי כבוד מיוחד. ואפילו המנהלת הראשונה (של ההוסטל) היתה אומרת שאני עמוד התווך של ההוסטל בגלל הנגינה []
שאלה: איזה מטרות הרגשת שהשגת בשנה האחרונה?
תשובה: ללמוד לנגן עוד ועוד שירים שבמקהלה לא הספקנו.
שאלה: ובכלל בחייך האישים?
תשובה: מטרה שאני כבר מאה שנה מדברת עליה: נרשמתי לקורס מחשבים. אחרי כ"כ הרבה שנים שהיססתי.
שאלה: ומה השאיפות שלך לעתיד?
תשובה: להיות סופרת גדולה וגם להיות מפורסמת, להיות אומנית מלודיקה גדולה פורצת דרך, כי אומנים במלודיקה אין הרבה. להמשיך לשכלל את הכלי הזה. להופיע אולי ביום העצמאות בטקס חלוקת פרסי ישראל עם המלודיקה.

Transcript of interview with S.

שאלה: מה את זוכרת מהמקהלה?
תשובה: אהבתי את האנשים שהשתתפו במקהלה.
שאלה: למה אהבת אותם?

תשובה: היו חברים שלי וחברות שלי. ואהבתי אותך ואני עדיין אוהבת אותך. ואהבתי את השיר "מישהו הולך תמיד איתי". אהבתי השיר "הפרח בגני". אהבתי...שירי חנוכה. אהבתי את השירים שבחרנו יחד.
שאלה: מה עוד את זוכרת?
תשובה: שהופענו בבית הנוער העברי. אמא שלי ואח שלי באו. ו...המטפלת של אמא שלי באה.
שאלה: ואיך היה לך להופיע?
תשובה: היה טוב, היה ממש טוב, אבל התרגשתי הרבה כי המשפחה שלי הגיעה לראות אותי מופיעה.
שאלה: זאת היתה התרגשות טובה או לא טובה?
תשובה: זאת היתה התרגשות טובה מאוד.
שאלה: איזה תחושה זה נתן לך?
תשובה: תחושת ביטחון. ביטחון עצמי.
שאלה: למה זה נתן לך תחושת ביטחון עצמי?
תשובה: אני אוהבת לשיר מאוד. אני גם שרה במועדון תעסוקתי בחוג שירה.
שאלה: שמעתי שאת גם משתתפת בשירה בציבור מטעם ההוסטל.
תשובה: כן, בימי שישי. אבל אני מאחרת לשם...
שאלה: את מרגישה שגם שם את מצליחה בשירה?
תשובה: כן, אני מצליחה. זה שונה ממה שאת היית עושה. אנחנו לא כ"כ עובדים על שירים שיצאו להופעה. זה יותר סתם לשיר בשביל הכיף הרבה שירים אבל בסוף שרים בהוסטל לפני כולם. זה גם טוב. אהבתי אצלך שהיינו שרים ומופיעים באמת והיה יוצא יפה. היינו באמת מקהלה.
שאלה: יש עוד משהו שאת עושה היום שקשור למוסיקה?
תשובה: אני כותבת על עופרה חזה. המדריכה כותבת לי מוסיקה ואני שרה. את רוצה שאשיר לך?
שאלה: אני אשמח. אכפת לך שאצלם אותך שרה?
תשובה: זה בסדר. השיר "הפרח בגני"....(מיד קמה ומתחילה לשיר ולאחר מכן מציעה לשיר עוד שני שירים מהמקהלה: "צאי לחלון" ו"מישהו הולך תיד איתי". שרה בקול הרבה יותר חזק, ברור, בטוח, עמוק ומדויק מאיך שהיתה שרה במקהלה. שרה ברגש רב. מסתכלת אל תוך המצלמה תוך כדי השירה ולא אל הרצפה כפי שפעם נהגה לעשות. נזכרת במדוייק בכמעט כל מילות השירים. לאחר כל שיר מנגבת דמעות.)
שאלה: ש., מדוע את בוכה?
תשובה: אני עצובה שעזבת אותי. היה טוב איתך.
שאלה: גם איתך. אבל אני שמחה לשמוע שיש לך היום דברים חדשים וטובים בחייך.
תשובה: (ממשיכה לבכות) אני מתרגשת לשיר. אני שרה גם בחוג שירה וגם לפעמים פה כמה שירים כשיש לי מצב רוח.
שאלה: ולמה בחרת כרגע לשיר דווקא את השירים האלה?
תשובה: הם מזכירים לי את המקהלה. אני אוהבת את זוהר ארגוב מאוד, הוא היה זמר טוב. הוא היה תימני, אבל היה זמר טוב. אני אוהבת תימנים. אני אוהבת את כל העדות []. אני אוהבת את השיר של עופרה חזה למרות מה שקרה לה. אני יודעת, עצוב לשמוע... לא קרה לה כלום, היא ברחה, היא חיה.
שאלה: מה זה עושה לך כשאת שרה את השירים האלה?
תשובה: הרגשה טובה. אבל אנשים אוהבים כשאני שרה או...את אוהבת כשאני שרה?
שאלה: מה את חושבת ש.? את חושבת שאני אוהבת לשמוע אותך שרה?
תשובה: לא יודעת מה מרגישים הקהל כשאני שרה להם. לא יודעת.
שאלה: חשוב לך שהם יהנו מהשירה שלך?
תשובה: כן.
שאלה: אז שימי לב לתגובות שלהם. הם מחייכים כשאת שרה להם?
תשובה: כן.
שאלה: הם מוחאים כפיים?
תשובה: כן.
שאלה: אז הם כנראה מאוד נהנים לשמוע אותך שרה. אני יודעת שאני מאוד אוהבת לשמוע אותך שרה. זה מאוד מרגש ונוגע ללב. שמתי לב שקולך גם מאוד התפתח. שמת לב לאיך שקולך השתנה מאז שהצטרפת למקהלה?
תשובה: כן, קול חזק מאוד. בזכותך אולי. אולי בזכות אלוקים...
שאלה: ואולי בזכות זה שאת ממשיכה להתאמן ולפתח את קולך.
תשובה: אני כל הזמן מתאמנת אליזבט.

שאלה: שמתי לב שגם עמדת זקופה, הרמת את ראשך והסתכלת עליי כששרת כפי שהתאמנו פעם ולא הורדת את הראש כפי שנהגת לעשות.
תשובה: נכון. אני הרבה יושבת ככה (מדגימה כיצד נוהגת לשבת עם ראש נפול כשעיניה בוהות ברצפה).
ומעירים לי. למה מעירים לי?
שאלה: כי אז את לא יוצרת קשר. ברגע שאת מרימה את העיניים ומסתכלת על אנשים מרגישים קשר איתך. חשוב לדבר ולשיר אל בנאדם...
תשובה: אסור לדבר לרצפה, אלוקים לא מסכים...
שאלה: זה לא קשור למותר ואסור. פשוט יותר נוח לדבר עם אדם כשמסתכלים עליו. זה יוצר תחושה של קשר וחיבור.
תשובה: אני בורחת כשבנאדם מדבר איתי.
שאלה: למה?
תשובה: ככה אני.
שאלה: לפעמים אנחנו מורידים את הראש כשאנחנו מפחדים.
תשובה: נכון, לפעמים אני מפחדת. עכשיו כשבנאדם מדבר איתי אני אסתכל עליו ואני אהיה איתו. ככה הוא ירגיש הרגשה טובה.
שאלה: כן, אני מרגישה עכשיו כשאת מסתכלת בעיניי שאת מקשיבה לי באמת. וכשאת מסתכלת עליי כשאת שרה אני מרגישה שאת שרה לי ובשבילי.
תשובה: מה קרה לפ. ? (חברת מקהלה לשעבר). [] ויש לך ד"ש מל. (עוד חברת מקהלה לשעבר). היא באה לבקר אותי. וגם ג. הגיעה מבית החולים לבקר אותי! (חברת מקהלה נוספת).
שאלה: אני שמחה לשמוע. ביקרתי לאחרונה את ו. ואת ג. וא. (חברות מקהלה לשעבר).
תשובה: תמסרי לכולם שעזבו (את ההוסטל) ד"ש חם ותמסרי להם שיבואו לבקר אותי.
שאלה: לפני שהצטרפת למקהלה גם השתתפת בפעילויות שקשורות למוסיקה?
תשובה: בגן שרתי עם כל הילדים.
שאלה: פעם למדת לנגן בכלי או פ"ק לפני המקהלה?
תשובה: לא.
שאלה: והשתתפת בשירה בציבור לפני כן?
תשובה: לא.אבל האמת שרתי הרבה בבית ואמא שלי שמעה אותי ואבא שלי ואח שלי.
שאלה: אז שרת בבית לפני המשפחה.
תשובה: כן. אני אוהבת לשיר.
שאלה: איך את מרגישה כשאת שרה?
תשובה: אני מרגישה טוב, אבל יורדות לי דמעות...
שאלה: תמיד כשאת שרה?
תשובה: לא, רק כשאת כאן כי אני מתרגשת.
שאלה: הבנתי, הנוכחות שלי. אז מה קורה אצלך כשאת שרה?
תשובה: אני מבטאת את עצמי.
שאלה: מה את מבטאת?
תשובה: את השירה, את הקול, הרגשות.
אני אוהבת כששרים איתי. לא שאני שרה לבד. ששרים איתי. עכשיו אני לא מפחדת מאף אחד. עכשיו אני גיבורה.
שאלה: מה עזר לך להיות פתאום גיבורה?
תשובה: השיר הרגיע אותי. הרגשה טובה.
שאלה: מה זה עושה לך כשאת שרה עם כולם?
תשובה: זה עושה טוב. חברות.
שאלה: ואת מרגישה שהם תומכים בך?
תשובה: כן.
שאלה: איך את מרגישה כשאת מסיימת לשיר?
תשובה: עצובה. כי גמרתי לשיר. גמרתי את הפעילות שלי.
שאלה: איך את מרגישה תוך-כדי שירה?
תשובה: שיש לי ביטחון עצמי.
שאלה: ואיך את מרגישה לפני שאת עולה לבמה?
תשובה: עצובה, דואגת. האם אצליח לשיר ואם אשיר האם הקהל יאהב אותי, לא יאהב אותי...כל מיני חששות.
שאלה: ואיך את מתמודדת עם החששות האלה?
תשובה: אני שרה אותם.
שאלה: אז תוך-כדי שירה את מוציאה את החששות?

תשובה: כן.
שאלה: אז אם זה כ"כ קשה לך למה את ממשיכה להופיע?
תשובה: אני אוהבת לעשות שמחה לקהל.
שאלה: זה משמח אותך לשמח את הקהל?
תשובה: כן.
שאלה: את חושבת שזה שווה את זה?
תשובה: שווה את זה. אחרי שמסיימים לשיר למה בוכים?
שאלה: לא כל אחד בוכה אחרי שהוא שר. השאלה היא מדוע את בוכה. את יודעת, השירה לפעמים מוציאה ומשחררת הרבה רגשות.
תשובה: נכון, אולי בגלל זה אני בוכה.
שאלה: היה הבדל בשבילך לשיר בחזרות לעומת השירה בהופעות?
תשובה: בחזרות הייתי שרה בשקט. לא שומעים אותי. אבל שאני שרה עם קהל שומעים אותי.
שאלה: ואיך זה קורה?
תשובה: כי יש לי ביטחון עצמי.
שאלה: אז את אומרת שזה נותן לך ביטחון לשיר לפני קהל?
תשובה: כן, עם כולם, עם כולם. זה ביטחון עצמי. לבד זה בודדה.
שאלה: למה הצטרפת מלכתחילה למקהלה?
תשובה: כי ת'אמת, אבא שלי היה שר. ואח שלי גם במקהלה. רציתי להיות כמוהם. להצטרף למקהלה.
שאלה: אז ככה את מרגישה את הקשר למשפחה, כשאת גם שרה?
תשובה: כן.
שאלה: אחרי שהצטרפת למה המשכת להשתתף?
תשובה: רציתי שישמעו אותי. אני רוצה להיות זמרת. אני זמרת אליזבט?
שאלה: מדוע חשוב לך להיות זמרת?
תשובה: לא בגלל הכסף. כי אני רוצה שהקהל ישמע אותי.
שאלה: ומה זה נותן לך?
תשובה: ביטחון, שמחה, אהבה לקהל. אני צריכה גם לאהוב את הקהל, כדי לשיר להם מכל הלב. לא סתם להוציא.
שאלה: מה זה נותן כששרים מכל הלב?
תשובה: קהל שמח, מוחא כפיים.
שאלה: ואת אוהבת לשמוע את מחיאות הכפיים של הקהל.
תשובה: כן, אוהבת. אבל אני אוהבת לשיר עם קבוצה, לא לבד.
שאלה: ואיך את מרגישה שהסתדרת עם חברי המקהלה?
תשובה: הם טובים אליי ואני טובה אליהם.
שאלה: הרגשת שנוצר קשר טוב?
תשובה: כן.
שאלה: האם הרגשת שהקשר השתנה במשך הזמן ששרתם יחד במקהלה?
תשובה: כן, היה קשר יותר טוב.
שאלה: איך את מרגישה שהקשר השתפר?
תשובה: עכשיו אנחנו יוצאים לחוג הליכה ביחד.
שאלה: איך את מרגישה לגבי הקשרים שלך היום? האם את מרוצה מהם?
תשובה: אני מרוצה מאוד מהקשרים עם החברים שלי ועם החברות שלי. הקשרים עושים לי טוב.
שאלה: את מרגישה שהקשרים שלך יותר טובים היום מבעבר?
תשובה: כן, הייתי ביישנית אז והיום אני לא ביישנית.
שאלה: אני רואה שאת מרימה את הראש יותר ומדברת בקול רם...
תשובה: (קוטעת את דבריי) אבל את יודעת, בעבודה אני יושבת בקבוצות, משתתפת...
שאלה: איזה יופי! ממה הכי נהנית במקהלה?
תשובה: מהשיר "מישהו הולך תמיד איתי".
שאלה: ולמה?
תשובה: שאלוקים תמיד הולך איתי.
שאלה: זה שיר על לא להיות לבד...
תשובה: אבל לפעמים רוצים להיות לבד אליזבט?
שאלה: כן, אבל חשוב שנוכל לבחור מתי אנחנו רוצים להיות לבד ומתי עם אחרים...
תשובה: (קוטעת אותי) אבל אסור להלשין...[]. אני אוהבת אותך אליזבט.
שאלה: תודה, גם אני אותך. את זוכרת מה היה לך הכי קשה במקהלה?

תשובה: לקרוא את האותיות. אבל עוד מעט אני עוברת ניתוח עיניים [].
שאלה: היה עוד משהו שהיה לך קשה איתו?
תשובה: השומר של הבניין. הוא התחיל איתי.
שאלה: היה לך קשה להגיע למקהלה?
תשובה: לא, היה קל למרות שהיינו בדירה, הייתי צריכה לקנות ירקות ופירות ובדיוק אני הייתי אחראית על זה...
שאלה: כן, זה דרש זמן. היה משהו שהיית משנה במקהלה?
תשובה: לא, הייתי בוחרת שכל ההוסטל ישיר.
שאלה: שכל ההוסטל היה שר יחד?
תשובה: כן, יחד.
שאלה: ומה זה היה נותן לדעתך?
תשובה: הרגשה טובה.
שאלה: כי אז כולם איתך?
תשובה: כן.
שאלה: איזה רעיון יפה.
מה את חושבת על השירה שלך היום?
תשובה: אני מרוצה מאוד. אני שרה יפה, בלי שגיאות.
שאלה: איך את חושבת שתפקדת במקהלה?
תשובה: טוב. שרתי, באתי לחזרות. אבל זה היה קשה לי כי הייתי בדירה והייתי צריכה לבשל ולעשות קניות שונות...את חושבת שהשתפרתי או שנשארתי אותו דבר? את תגיעי להופעב שלי?
שאלה: [] אם תזמיני אותי אני אשתדל להגיע. את חושבת שתפקדת יותר טוב במקהלה מאשר במצבים אחרים בחיים?
תשובה: כן, אני חושבת שכן.
שאלה: איך?
תשובה: זה מנע ממני מתח, עצבים, לחץ.
שאלה: מה הכי אהבת בהופעות?
תשובה: שכולנו היינו ביחד ולא הייתי לבד שם. כי לבד אני מתרגשת יותר.
שאלה: איך הרגשת עם זה שכולם הופיעו ביחד לפני קהל?
תשובה: מצויין, תודה לאל, תודה לאל שיש מקהלה.
שאלה: היה משהו שהפריע לך בלהופיע?
תשובה: תכונת הביישנות. הייתי ביישנית יותר מדי. עכשיו אני כבר לא ביישנית []. תודה שעזרת לי ותמכת בי ואני לא אשכח אותך יותר לעולם.
שאלה: תודה. איך היית מרגישה עם כל מי שהיה איתך במקהלה היה חוזר ומופיע איתך שוב היום?
תשובה: הייתי מרגישה שכיף, הייתי שמחה, הייתי מאושרת.
שאלה: לפני שהצטרפת למקהלה מה היית עושה בזמנך הפנוי?
תשובה: היה לי חוג אומנות בבי"ח כפר שאול. הייתי במשלוחים. הייתי במטבח, מבשלת מרק.
שאלה: מה את עושה היום בזמנך הפנוי?
תשובה: אני מכינה סלט. לומדת לבשל בחוג בישול...חוג ספורט, חוג הליכה יש לנו. גם חוג כתיבה...
שאלה: משהו השתנה בעבודה שלך?
תשובה: הייתי חמש שנים ב"משתלבים" וחמש שנים במועדון התעסוקתי.
שאלה: ממה יותר נהנית?
תשובה: מהמועדון התעסוקתי.
שאלה: תמיד עבדת אותן שעות?
תשובה: [] היום פחות שעות. הייתי עייפה.
שאלה: לפני החזרות של המקהלה קרה ששמעת קולות או שמשהו הפריע לך?
תשובה: לא.
שאלה: וכשבאת עצובה למקהלה...
תשובה: (נכנסת לדברייי) לפעמים הייתי בדיכאון כי הייתי חושבת כל הזמן איך כולם עזבו אותי...
שאלה: וכשהיית שרה במקהלה כשהיית בדיכאון זה היה משנה משהו?
תשובה: כן, זה עזר. עכשיו אני כבר לא בדיכאון...
שאלה: אחרי סיום החזרות המשכת להרגיש יותר טוב?
תשובה: כן. להרבה זמן.

שאלה: הרגשת שזה היה הרבה זמן להיות בחזרה של שעה?
תשובה: כן.
שאלה: היה לך קשה להתרכז לפעמים במקהלה?
תשובה: לפעמים, אולי כי אני כל הזמן רעבה או צמאה.
שאלה: אחרי החזרות האם הרגשת שיותר קל לך להביע או לארגן מחשבות?
תשובה: כן.
שאלה: מה הרגשת?
תשובה: הרגשתי טוב ששרתי. הרגשתי שכולם היו בסדר ושרו יפה.
שאלה: האם הרגשת שיותר קל לך להביע רגשות?
תשובה: כן.
שאלה: עד כמה קשה לך להביע רגשות בד"כ?
תשובה: קשה מאוד.
שאלה: האם יותר קל לך להביע רגשות דרך שירה?
תשובה: כן.
שאלה: האם את מרגישה שמשהו השתנה בהבעת רגשות שלך היום לעומת איך שהיה לך בעבר?
תשובה: כן. יותר קל לי היום.
שאלה: איזה מטרות את חושבת שהשגת מאז שנהיית חברת מקהלה?
תשובה: הרגשתי ביטחון, הרגשתי שכולם איתי, שאוהבים אותי ואני אוהבת אותם. הרגשתי שאני אוהבת אותך דבר ראשון, ושאת מדריכה טובה ומורה למוסיקה טובה ומעולה ואת יכולה להיות גם זמרת אם את רוצה אליזבט. והרגשתי שהצוות תומך בי [].
שאלה: ואיזה מטרות את מרגישה שהשגת מאז שהמקהלה הופסקה?
תשובה: קודם כל, חבל שהמקהלה הופסקה. היה טוב איתך. נתת לי ביטחון, ואני ממשיכה עם הביטחון הלאה.
שאלה: אני כ"כ שמחה לשמוע שאת ממשיכה עם הביטחון הלאה.
תשובה: לפעמים אני בוכה...אבל אני ממשיכה להתקדם. אני מרגישה שהתקדמתי ואני ממשיכה להתקדם. עם כולם. לא לבד.
שאלה: מה התקוות שלך לעתיד?
תשובה: הייתי רוצה לעבוד בקיוסק אבל אני לא יודעת חשבון... והייתי רוצה להופיע לפני קהל ולהיות עם תחושת ביטחון כמו שנתת לנו במקהלה.
שאלה: לפני מי היית רוצה להופיע?
תשובה: לפני משפחה וחברות.
שאלה: היום יש לך יותר ביטחון גם לשיר סולו במקהלה?
תשובה: מה זה סולו?
שאלה: זה לשיר קטע לבד.
תשובה: אז כן, יש לי ביטחון לשיר לבד במקהלה.
שאלה: ואת מרגישה שהיום כבר שומעים אותך?
תשובה: כן. אני גם שרה קריוקי. אני אשיר בחנוכה.

Transcription of interview with G.

שאלה: את זוכרת שהשתתפת במקהלה?
תשובה: כן, זוכרת.
שאלה: את זוכרת כמה זמן השתתפת במקהלה?
תשובה: לא.
שאלה: אני זוכרת שהרבה זמן רצית להשתתף במקהלה, נכון?
תשובה: נכון.
שאלה: אני חושבת שזה היה בערך שנתיים וחצי, שזה הרבה זמן. את זוכרת איך היה לך במקהלה?
תשובה: היה לי טוב.
שאלה: את זוכרת למה היה לך טוב?
תשובה: שעושים עם (מציינת את שמות כל חברי הזמרים במקהלה).

שאלה: עם כל חברי המקהלה. היה לך טוב איתם?
תשובה: כן, היה לי טוב איתם.
שאלה: ונהנית לשיר?
תשובה: נהניתי לשיר.
שאלה: למה? מה זה עשה לך ששרת?
תשובה: עשה לי טוב, עשה לי טוב.
שאלה: היית משתתפת בפעילות מוסיקלית לפני שהצטרפת למקהלה?
תשובה: כן...
שאלה: איפה?
תשובה: לא יודעת
שאלה: כשהיית קטנה למדת לנגן או לשיר?
תשובה: לא...
שאלה: ובביתי חולים שרת או ניגנת?
תשובה: שרתי עם אחד...
שאלה: ומאז שהמקהלה הסתיימה את ממשיכה לשיר?
תשובה: אני שרה, לא מרגישים אותי פה, אני שרה
שאלה: לבד או עם כולם?
תשובה: לבד. עם כולם. לא רוצה להיות פה, לא רוצה להיות פה...
שאלה: אני יודעת שקשה לך פה בבית החולים []
מאז שהפסקת לשיר במקהלה הופעת לפני אנשים בשירה?
תשובה: לא בא לי, לא בא לי, לא בא לי להיות פה בבית חולים.
שאלה: [] ואיך את מרגישה כשאת שרה?
תשובה: טוב, זה עושה לי טוב, זה עושה לי טוב, מרגישה יותר טוב.
שאלה: וכששרת במקהלה עם אחרים זה היה לך יותר נעים מאשר לשיר לבד?
תשובה: כן.
שאלה: למה?
תשובה: עם כולם, עם כולם...(כבר לא ניתן להבין אותה. היא מתחילה לבכות)
(לוקח מספר שניות להרגיע אותה)
שאלה: השירה משפיעה על איך שאת מרגישה?
תשובה:ככה ככה.
שאלה: איך היא משפיעה לטובה על איך שאת מרגישה?
תשובה: עושה מצב רוח טוב.
שאלה: משפר לך את המצב רוח?
תשובה: כן, כן.
שאלה: ממה נהנית יותר: לשיר בחזרות או לפני קהל?
תשובה: לפני קהל.
שאלה: מה אהבת בלשיר לפני קהל?
תשובה: אני עצבנית. לא יכולה לענות לך. לפני הקהל.
שאלה: ולמה הצטרפת למקהלה?
תשובה: ביקשתי מ(שם מנהלת לשעבר של ההוסטל) שאני רוצה להיות במקהלה.
שאלה: למה ביקשת ממנה?
תשובה: כי רציתי.
שאלה: אני זוכרת שהרבה זמן רצית להצטרף [] אז למה כ"כ ביקשת להצטרף?
תשובה: כי ראיתי את (מציינת שוב את שמות כל חברי המקהלה) וכולם. ראיתי שהצטרפו אז גם אני רציתי להצטרף.
שאלה: רצית להיות עם כולם.
תשובה: כן.
שאלה: אבל יכלת להיות עם כולם בהוסטל. למה דווקא במקהלה?
תשובה: הייתי בתוך ההוסטל. הייתי.
שאלה: ואיך היה לך עם חברי המקהלה (אני מציינת את שמותיהם)?
תשובה: היה לי טוב.
שאלה: והאם היה לך אפילו יותר טוב איתם במהלך המקהלה, אחרי שהתחלת להשתתף ולשיר יחד איתם? הקשר שלך איתם השתפר?
תשובה: כן, כן [].
שאלה: ממה הכי נהנית במקהלה?
תשובה: בשירים. לשיר.
שאלה: את זוכרת איזה שירים אהבת?

תשובה: כן . [](מתחילה שוב לבכות ולהתלונן על כך שמאושפזת)
שאלה: איזה זיכרון טוב יש לך מהמקהלה?
תשובה: שהופעתי במקהלה.
שאלה: נכון, הופעת מאוד יפה. ומה היה לך קשה שלא אהבת?
תשובה: לא היה לי קשה.
שאלה: אני זוכרת שהיה לך קשה להגיע לחזרות.
תשובה: להגיע. שהגעתי ש. (חברת מקהלה) הביאה אותי.
שאלה: [] את חושבת שהשירה שלך השתפרה במקהלה?
תשובה: כן, כן.
שאלה: ואיך השירה שלך היום? את עדיין שרה יפה כפי ששרת במקהלה?
תשובה: כן.
שאלה: זה נשאר אותו הדבר?
תשובה: כן.
שאלה: איך את חושבת שתפקדת במקהלה?
תשובה: הייתי בסדר.
שאלה: יש עוד משהו שאת אוהבת לעשות חוץ מלשיר?
תשובה: לשיר, לשיר.
שאלה: רק לשיר?
תשובה: אין לי מצב רוח, אין לי מצב רוח....[]
שאלה: מה אהבת בלהופיע?
תשובה: שמחאו לי כפיים. היה לי טוב.
שאלה: אם המקהלה היתה מופיעה שוב היום, היית רוצה?
תשובה: אני רוצה, הייתי באה.
שאלה: זה היה משמח אותך, לשוב להיות חלק מהמקהלה?
תשובה: כן.
שאלה: את מוכנה עכשיו לשיר לי שיר?
תשובה: אין לי מצב רוח עכשיו... (מתחילה שוב לבכות)
שאלה: יש משהו שאת עושה בשעות פנאי שלך? יש לך חוגים?
תשובה: יש לי חוג מוסיקה.
שאלה: את משתתפת?
תשובה: לפעמים כן, לפעמים לא.
שאלה: יש חוגים נוספים שאת משתתפת בהם?
תשובה: חוג התעמלות.
שאלה: [] ולפני שהצטרפת למקהלה היית בחוגים אחרים?
תשובה: לא לא לא. לפני לא.
שאלה: אין לך עבודה תעסוקתית בבי"ח, לא?
תשובה: לא, אין.
שאלה: לפני שהיית שרה בחזרות המקהלה, היו לך לפני זה מחשבות או קולות שהפריעו לך?
תשובה: מחשבות, קולות, של בן דודה, עם קולות, לא יכלתי עם קולות.
שאלה: אחרי שהתחלת לשיר מה היה קורה לקולות האלה?
תשובה: חוג מוסיקה, חוג מוסיקה.
שאלה: פעם סיפרת לי שכשהתחלת לשיר כבר לא שמעת קולות.
תשובה: נכון, אני שרה ולא שומעת קולות.
שאלה: זה עדיין נכון? כשאת שרה את לא שומעת קולות?
תשובה: לא, לא.
שאלה: ואח"כ הקולות חוזרים?
תשובה: חוזרים מיד.
שאלה: אז הם נעלמים רק בשעה שאת שרה.
תשובה: כן.
שאלה: היה לך לפעמים קשה להתרכז בחזרות שלנו?
תשובה: לא היה לי קשה.
שאלה: לא? זה היה שעה שלמה החזרות.
תשובה: (לא ברור)
שאלה: אבל בד"כ קשה לך להתרכז לאורך הרבה זמן?
תשובה: כן, כן, כן.
שאלה: אז איך זה שבמקהלה לא היה לך קשה להתרכז?

תשובה: היו לי מחשבות רעות, היו ל פחדים, היה לי הכל.
שאלה: ואחרי שהיית מסיימת לשיר והיינו אומרים שלום, היית מרגישה יותר טוב?
תשובה: הרגשתי יותר טוב, כן.
שאלה: הרגשת שיותר קל לך לחשוב, לארגן את המחשבות שלך?
תשובה: כן.
שאלה: הרגשת שיותר קל לך להביע את המחשבות והרגשות שלך?
תשובה: כן.
שאלה: את מרגישה שיותר קל לך להביע רגש דרך שירה?
תשובה: כן, כן, כן.
שאלה: אני זוכרת שהיית שרה עם הרבה מאוד רגש.
תשובה: נכון, בקול, בקול.
שאלה: נכון, בקול רם, בהחלט. ובד"כ עד כמה קשה לך להביע רגש?
תשובה: קשה. קשה נורא.
שאלה: היה לך יותר קשה לפני המקהלה להביע רגש?
תשובה: כן, כן, כן.
שאלה: עכשיו יותר קל?
תשובה: כן, כן.
שאלה: היום הבעת הרבה רגש. מה את מרגישה שהשגת במקהלה?
תשובה: (שתיקה)
שאלה: באת, שרת, הופעת, היית בחזרות, תרמת הרבה מאוד.
תשובה: נכון, נכון.
שאלה: זה מה שרצית לעשות?
תשובה: כן.[]
שאלה: מה השאיפות שלך לעתיד? מה היית רוצה לעשות בהמשך?
תשובה: רוצה למות, לא רוצה לחיות...(מתחילה שוב לבכות)
שאלה: חשבתי שאמרת לי מקודם שאת רוצה לצאת מכאן. זו לא מטרה שלך...?
תשובה: אני רוצה לצאת מכאן, לחזור להוסטל.
שאלה: אז לצאת מכאן זו מטרה. לא צריך להרים ידיים...[]
אני זוכרת שהיה לך קשה לזכור מילים לשירים. את זוכרת?
תשובההה: כן, אני זוכרת.
שאלה: את מרגישה שזה השתפר בזמן שהיית במקהלה?
תשובה השתפר נורא.
שאלה: התחלת לשיר את הפזמון עם כולם.
תשובה: כן, כן, כן
שאלה: מה היה לך הכי כיף, לשיר סולו או לשיר עם כולם?
תשובה: לשיר עם כולם. []

לאחר שכנועים, ג. מסכימה לשיר לי ואז מבקשת להמשיך לשיר עוד ועוד.

Transcription of interview with V.

שאלה: תודה על שהגעת לראיון. אני יודעת שהיית צריכה להגיע לכאן מרחוק במיוחד....
תשובה: כן, נכון, אני באתי במיוחד בשבילך אליזבט. אני כבר לא בהוסטל, הלכתי לגור עם ההורים. מאוד רציתי לראות אותך ולבוא לשיר. אמרת שאת רוצה לראיין אותי, נכון?
שאלה כן, רציתי לראיין אותך. איך קרה שחזרת לגור אצל ההורים?
תשובה: כי אני כבר בסדר, מרגישה טוב, בריאה, אני כבר לא צריכה את ההוסטל הזה...[].
שאלה אני שמחה לשמוע שאת מרגישה יותר טוב. היה לי חשוב לראיין אותך כיוון שהשתתפת שנים רבות במקהלה...
תשובה: (קוטעת אותי) כן, נכון! אני הייתי 3 שנים! תמיד הגעתי, נכון? נכון שתמיד הגעתי ולא פספסתי אף פעם!
שאלה: אני זוכרת שמאוד הקפדת להגיע, אפילו כשהיה לך קשה. מדוע היה לך כ"כ חשוב להשתתף בכל החזרות?

תשובה: כי....היו צריכים אותי במקהלה כולם, אני הייתי הסולנית! אני גם מאוד מאוד מאוד אוהבת לשיר. זה החיים שלי. ואני אוהבת אותך. ויש לי קול יפה, תמיד אומרים לי [].
את גם אוהבת אותי?
שאלה: בוודאי ו. האם השתתפת בפעילויות מוסיקליות כלשהן לפני שהצטרפת למקהלה?
תשובה: כן, תמיד שרתי מאז שהייתי קטנה ושרתי בבי"ח גבעת שאול עם כולם ואצלך אח"כ התחלתי ללמוד פיתוח קול [].
שאלה: באיזה גיל התחלת לשיר?
תשובה: מאז שנולדתי אני שרה, הייתי עושה כאילו יש לי מיקרופון ביד ושרה וכולם היו אומרים "איזה קול יפה יש לך! את זמרת!".
שאלה: פעם למדת לנגן בכלי נגינה?
תשובה: אני מאוד רוצה ללמוד גיטרה וגם פסנתר וגם...איך קוראים לכלי הזה שם?
שאלה: זו אורגנית. ומאז שהמקהלה התפרקה השתתפת בפעילויות מוסיקליות או הופעת?
תשובה: אני תמיד שרה בבית ואני הולכת לשיעורי פיתוח קול בשק"ל ואני רואה זמרים בטלויזיה ואני הולכת להשתתף ב"כוכב נולד" [].
שאלה: איך הרגשת כששרת עם המקהלה?
תשובה: הרגשתי מצויין! שרתי יפה, כולם אמרו ששרתי יפה ואמרו לי "ו. את זמרת!" ונראיתי מצויין. הרגשתי חזקה ובריאה, כי לשיר זו בריאות, כמו כל הזמרות, כמו שרית חדד, כולן בריאות וגם אני בריאה כי אני יודעת לשיר. הרגשתי שאני שרה מה שיש בלב וכולם אוהבים אותי ואומרים לי: "כל הכבוד ו.! כל הכבוד! את גדולה!" וכולם מוחים לי כפיים כשאני שרה במיקרופון ואז אני אומרת לכולם "תודה רבה! תודה רבה" (עושה חיקוי של הד). הרגשתי שאני מאושרת , מין התעלות נפשית שאני עפה מעל כולם. ובגללי גם כולם מאושרים כי אני שרה להם ואני יודעת לשיר יפה.
שאלה: אז אפשר לומר שההשתתפות במקהלה שיפרה אצלך את מצב הרוח?
תשובה: כן, כמובן, תמיד רציתי להגיע ולשיר. לפעמים היו מעצבנים אותי בהוסטל [] וגם כשהייתי באה לפעמים היו מעצבנים אותי ל. (שם בדוי) וכולם אבל הם אהבו אותי ואני אהבתי אותם. הייתי שרה יפה מכולם ושרה סולו ואז כולם היו אומרים "איזה מוכשרת! את גדולה! גדולה!".. את זוכרת כששרתי "הלוויה" ו"אמן"?
שאלה: האם היו שינויים באיך שהרגשת לפני ואחרי החזרות?
תשובה: לפעמים הייתי מגיעה והייתי עצבנית בגלל [] אבל הייתי מגיעה! אחרי זה הרגשתי טוב, הרגשתי שאני חוזרת להיות זמרת ואני מכובדת, אני "ליידי".
שאלה: הרגשת יותר רגועה אחרי החזרות?
תשובה: כן, הייתי יותר רגועה והייתי טובה וכולם אהבו אותי....[].
שאלה: האם היה הבדל בשבילך בין לשיר בחדר הזה בחזרות לבין השירה בהופעות לפני קהל?
תשובה: כמו שהופענו ביום הבריאות? לפני 300 איש? והתלבשתי יפה עם אודם וסרט בשיערות ושרתי במיקרופון וכולם מחאו לנו כפיים, ואבא שלי היה בקהל..[] (מדברת בהתלהבות).
שאלה: אז יותר נהנית להופיע לפני קהל...?
תשובה: כן! לפני כל האנשים והם מסתכלים עליי ומוחאים כפיים ואני שרה בקול גדול וכולם שומעים אותי....[].
שאלה: את זוכרת מדוע הצטרפת למקהלה מלכתחילה?
תשובה: אמרו לי (בהוסטל) "את יודעת לשיר, את צריכה להיות במקהלה", אז הלכתי ופגשתי אותך ואת (שמות חלק מחברי המקהלה) והתחלתי לשיר איתך ועם כולם ולמדתי הרבה שירים והיה לי קול יפה ובגלל זה אמרו לי "בואי תהיי במקהלה"....[].
שאלה: איך הסתדרת עם שאר חברי המקהלה?
תשובה: הסתדרתי בסדר. לפעמים היו מקנאות בי (מציינת שמות משתתפות אחרות) כי שרתי יפה וקיבלתי סולו, אבל הייתי עוזרת ל-ש. ללמוד שירים ושרה איתה...
שאלה: את מרגישה שהקשרים שלך השתנו איתם במהלך המקהלה?
תשובה: כן, הם אהבו אותי. אמרו לי בהתחלה ששרתי חזק ולא יכלו לשמוע את עצמם כי הם שרו חלש ורק אני יכלתי לשיר חזק, אבל עשיתי מה שאמרת לי ואיך שהתאמנו ושרתי יפה ועדין ושמעו אותי אבל לא חזק מדי. אבל עדיין שרתי סולו אבל עדיין שרתי איתם גם.
את גם אוהבת אותי, נכון אליזבט?
שאלה: את יודעת שכן. בזכות מה את חושבת שהם אהבו אותך?
תשובה: כי יש לי קול יפה ובגלל זה המקהלה הצליחה והייתי איתם בשירה ועזרתי להם.
שאלה: את מרגישה שההשתתפות במקהלה איכשהי השפיעה על הקשרים שלך בכלל עם אחרים?
תשובה: כן, היום אני מסתדרת הרבה יותר טוב עם אנשים.

שאלה: היה משהו שלמדת במקהלה שעזר לך להסתדר עם אחרים?
תשובה: ....למדתי לתת גם לאחרים לשיר ולדבר ולא כל הזמן לשיר ולדבר כי גם אחרים רוצים....למדתי שאני שווה ומיוחדת...[].
שאלה: אני זוכרת שפעם היית מדברת ושרה בקול רם מאוד, והיום אני שומעת את קולך והוא מאוד נעים ורך.
תשובה: כן, נכון, היום אני נשמעת ממש כמו ליידי, יפה ועדינה...ואמרת לי שלא צריך כל הזמן לצעוק ולא כל הזמן לשיר חזק אפילו שיש לי קול יפה ואפילו אם לא אדבר חזק ישמעו אותי, אז אני היום עדינה ומתנהגת עדינה כמו ליידי...[].
שאלה: איזה יופי שאת זוכרת את זה ומיישמת אפילו היום. אני זוכרת שהיה לך לא קל לשיר יחד
עם כולם כשהצטרפת למקהלה. היית רגילה להיות "סולנית" ואהבת להישמע.
תשובה: נכון, יש לי קול של סולנית וגם אצלך שרתי סולו.
שאלה: נכון, אבל אצלי, מלבד קטעי הסולו, גם שרת יחד עם כל חברי המקהלה. את זוכרת?
תשובה: כן, בטח שאני זוכרת.
שאלה: אז במשך הזמן התחלת גם ליהנות מלשיר יחד עם שאר חברי המקהלה?
תשובה: כן, בהתחלה לא חשבתי ששומעים אותי כי כולם שרים יחד ופ. שר ממש חזק, אבל אח"כ שמעתי את עצמי בהקלטה שהקלטת אותנו ושמעתי איך אני שרה יותר חזק מכולם כי הקול שלי חזק ובריא ככה טבעי [].
שאלה: אז ממה נהנית מהשירה יחד עם כולם במקהלה?
תשובה: שזה כאילו כולם ביחד שרים איתי ויוצא לנו בסוף שיר יפה וכולם אומרים "ו. במקהלה" ואני הסולנית של המקהלה!
שאלה: ממה הכי נהנית במקהלה?
תשובה: שהופענו עם השירים שבחרתי וזה ששרתי סולו במיקרופון לפני 300 איש ביום הבריאות ושרנו את השיר "אמן" מהאירווידיון. אה....וזה שבסוף עשית לנו דיסק עם זה ששרנו ועכשיו יש לי דיסק ששומעים אותי [].
שאלה: מה היה לך הכי קשה בהשתתפות במקהלה?
תשובה: כלום לא היה לי קשה, הייתי טובה ובריאה ואני יודעת לשיר כי אני זמרת.
שאלה: מה היית משנה במקהלה?
תשובה: הייתי מוסיפה עוד שירים כמו שיש היום ברדיו, כמו השיר זה (מדגימה)...את מכירה.....[]?
שאלה: את מרגישה שהשירה שלך השתנתה במהלך המקהלה?
תשובה: כן, תשמעי, עכשיו אני יכולה לשיר (מדגימה) "או....." ארוך כזה, להחזיק, ואני יודעת לשיר בקול יפה ועדין וגם חזק כמו זמרת.
שאלה: את חושבת שתפקדת יותר טוב במקהלה מאשר במצבים שונים שנתקלת בהם?
תשובה: אני מתפקדת טוב תמיד, כלומר, אני בריאה...
שאלה: למה את חושבת שתפקדת כ"כ טוב במקהלה? מה אפשר לך את זה?
תשובה: במקהלה מאוד נהניתי לשיר ולראות אותך ואני יודעת לשיר יפה. אני הרגשתי רגועה ובריאה ויפה ושלוות נפש.
שאלה: האם המקהלה השפיעה על איך שאת מרגישה לגבי עצמך?
תשובה: תמיד רציתי לשיר על במה לפני אלפי-מיליון איש כמו שרית חדד ואני עשיתי את זה איתך. תודה רבה לך!
שאלה: ואיך זה גרם לך להרגיש לגבי עצמך?
תשובה: נפלא! אני זמרת אמיתית, אני מלכה, אני כוכב נולד וכולם אוהבים אותי!
שאלה: מאיזה אספקט של ההופעה הכי נהנית?
תשובה: שכולם רואים אותי ושומעים אותי, מוחאים לי כפיים ואומרים לי: "את גדולה! את זמרת!"
שאלה: היה משהו בהופעות שלא נהנית ממנו?
תשובה: אהבתי הכל, רק שפעם חשבתי שההורים שלי לא מגיעים לראות אותי, אבל היה בסדר והם הגיעו והם ראו אותי [].
שאלה: איך היית מרגישה אם המקהלה היתה מופיעה שוב היום?
תשובה: מצויין! אני מאוד רוצה להופיע שוב, חבל לי מאוד שאין לי מקהלה אבל אני בכ"ז שרה [].
שאלה: האם את יכולה לבצע עכשיו שיר? איזה שתרצי. ברשותך אני אצלם את זה?
תשובה: כן! אני אשיר "דרך ארוכה" את זוכרת ששרתי את זה במקהלה? את עושה ממני סרט?

(היא שרה מספר שירים עד שאני עוצרת אותה. שירתה מאוד הבעתית וכוללת ג׳סטות כאילו פונה לקהל ושינויי דינמיקה שעבדנו עליהם במקהלה. היא זוכרת את כל המילים ואת המנגינה בצורה מדוייקת.)
שאלה: איך העברת את שעות הפנאי שלך לפני שהצטרפת למקהלה?
תשובה: שומעת מוסיקה, רואה טלוויזיה, היתה לי חונכת הייתי הולכת איתה לקניון וקונה בגדים....[].
שאלה: איך את מעבירה את שעות הפנאי שלך היום?
תשובה: היום אני הולכת לשיעורי פיתוח קול אצל (שם המורה). היא גם מלמדת אותי לנגן בפסנתר. אני גם מציירת, אני הולכת לחוג אנגלית, אני לומדת לבגרויות ולומדת בפוירשטיין. ואני שרה.
שאלה: נשמע שאת מאוד פעילה היום. את חושבת שאת יותר פעילה היום מאז המקהלה?
תשובה: ....אני עושה הרבה דברים היום, אני מרגישה טובה ובריאה. מאז המקהלה עברתי לגור אצל ההורים של ב(שם העיר) ואני עושה המון דברים. אני גם עוזרת לאמא שלי....[].
שאלה: יש משהו שמחליף את המקהלה בחייך היום?
תשובה: יש לי שיעורי פיתוח קול היום ואני הולכת כל שבוע, אבל זה לא כמו במקהלה, אני לא מופיעה על הבמה.
שאלה: האם התעסוקה שלך השתנתה מאז שהצטרפת למקהלה?
תשובה: כן, כמה פעמים. פעם הייתי עובדת בחסד ואמונה (מפעל תעסוקתי), אח״כ עבדתי באריזה יותר שעות והיום אני עוזרת בחנות פרחים.
שאלה: איזה ממקומות העבודה העדפת?
תשובה:איפה שאני עובדת היום. זה יותר כיף ומשלמים יותר טוב.
שאלה: את יודעת מדוע העבירו אותך מקומות עבודה?
תשובה: כי ראו שאני טובה בעבודה, עבדתי טוב והייתי חרוצה ונחמדה ואמרו עליי: ״ו. יודעת לעבוד יפה!״. וכשעברתי לגור עם ההורים אמרו שאני כבר יכולה לעבוד בעבודה יותר רצינית.
שאלה: אז אני מבינה שתנאי המגורים שלך השתנו מאז שהמקהלה התפרקה. מה קרה שעברת לגור עם ההורים?
תשובה: ההורים אמרו שהם רוצים שאחזור לגור בבית, שאני כבר בריאה ורגועה וגם רציתי לחזור הביתה, נמאס מההוסטל [].
שאלה: האם היו לך אי פעם מחשבות מטרידות, הזיות או ששמעת קולות לפני החזרות של המקהלה?
תשובה: (צוחקת) מה...?
שאלה: היו פעמים בהן לא הרגשת כ״כ טוב לפני שבאת לחזרות? שמשהו מפריע לך?
תשובה: אני לא כמו אלה ששומעים קולות כל היום...כל אלה בהוסטל...אולי לפעמים לא הייתי כ״כ רגועה או הייתי מתבלבלת וחושבת דברים...אבל אני לא כמו ג. היא משוגעת....[].
שאלה: וכשהתחלת לשיר בחזרות עדיין הרגשת לא רגועה ומבולבלת?
תשובה: לא. הייתי מרגישה רגועה, חזקה ושמחה.
שאלה: כמה זמן זה היה נמשך?
תשובה: זה היה נמשך הרבה זמן...עד סוף היום לפעמים.
שאלה: ומה היה קורה לתחושת הבלבול?
תשובה: לא היה. הרגשתי שאני חושבת כבר טוב וברור, שרה את שירים נכון. אני זוכרת את כל המילים בע״פ ויודעת מתי להיכנס....[].
שאלה: אני זוכרת שלפעמים היית מגיעה לחזרות כשאת מתלוננת שחברים אחרים במקהלה רוצים לעשות לך רע או שהשומר של הבניין הציק לך...
תשובה: נכון! הוא היה אומר לי דברים ופעם הוא אפילו הרביץ לי []..
שאלה: מה היה קורה לכל המחשבות והדאגות האלה אחרי שהתחלת לשיר בחזרות?
תשובות: כבר לא הייתי חושבת על הדברים האלה, עליו ועל ל. והאחרים כשהיה מקהלה. חשבתי רק על השירים והשירה שלי [].
שאלה: כשהיו לנו חזרות הן היו של שעה שלמה פעמיים בשבוע. מצאת שלעיתים התקשית להתרכז למשך כל השעה?
תשובה: לא, הייתי יכולה עוד להמשיך עוד ועוד.
שאלה: את בד״כ מוצאת שקשה לך להתרכז לטווחי זמן ארוכים?
תשובה: לפעמים זה קורה כמו בלימודים שפתאום אין לי כוח להתרכז ונמאס לי ובא לי לעשות משהו אחר. אבל אני יכולה לשיר בלי סוף!
שאלה: בנסיבות רגילות, כמה קשה לך להביע רגש?

תשובה: יש לי הרבה רגש, אני מאוד רגישה, לפעמים יותר קל לי להביע, לפעמים יותר קשה.
שאלה: במה זה תלוי?
תשובה: לא יודעת, תלוי מה ועם מי...
שאלה: את מרגישה שיותר קל לך להביע רגש דרך השירה?
תשובה: כן, בשירה אני יכולה להביע הכל! אני אוהבת שירי אהבה ושירים שמחים אבל אני גם יודעת לשיר שירים עצובים ורגועים ואז בקול שלי הרגש יוצא ונוגע ברגש של אחרים. (מתחילה שוב לשיר).
שאלה: את מרגישה שהיום יותר קל לך להביע רגשות מאשר לפני המקהלה?
תשובה: ....אה, אני חושבת שכן, רגשות אמיתיים כאלה.
שאלה: איזו מטרות אם בכלל את מרגישה שהשגת כשהיית חברת מקהלה?
תשובה: כשהייתי במקהלה הופעתי עם המיקרופון לפני הרבה אנשים והייתי על הבמה שרה והייתי סולנית וכולם מחאו לי כפיים... גם למדתי לפסיכומטרי ועשיתי פסיכומטרי והתחלתי ללמוד לעוד בגרויות. כבר סיימתי כמה....[].
שאלה: איזו מטרות אני מרגישה שהשגת בשנה האחרונה מאז שהמקהלה התפרקה?
תשובה: ...התחלתי ללמוד פיתוח קול ופסנתר ואני לומדת לבגרויות ואני כבר גרה בבית עם ההורים.
שאלה: ומה השאיפות שלך לעתיד?
תשובה: להיות זמרת גדולה כמו שרית חדד, כמו נינט! אני רוצה להיות בכוכב נולד ולעשות את כל הבגרויות. ואני רוצה להתחתן!

Transcription of interview with D.

שאלה: אז קודם כל תזכיר לי בן כמה אתה?
תשובה: אני...מבוגר. האמת, אני בסוף ימי. לפעמים אני מפחד מהמוות. אני צריך להיזהר. יש לי סחרחורת לפעמים. אני יכול ליפול כמו כלום...אני מעל 67.
שאלה:: [] וזכור לך כמה שנים השתתפת במקהלה?
תשובה: מן ההתחלה ועד היום. יותר מ-10 שנים.
שאלה: אצלי רשום שזה היה 6 שנים.
תשובה: כן, 6 שנים.
שאלה: לפני שהשתתפת במקהלה האם השתתפת בפעילויות מוסיקלית אחרות?
תשובה: לא, רק במקהלה.
שאלה: ולפני שנכנסת להוסטל?
תשובה: לא, שום דבר.
שאלה: ונגינה בכלי?
תשובה: לא.
שאלה: פעם הופעת לפני שהצטרפת למקהלה?
תשובה: (תשובה לא ברורה)
שאלה: מאז פירוק המקהלה אתה משתתף בפעילות כלשהי?
תשובה: כל יום שישי מ8:30-9:30.
שאלה: שעה שלמה. ומה אתה עושה בשעה הזו?
תשובה: אני שר. (שירה בציבור)
שאלה: ואתה גם מופיע?
תשובה: כן, בהרמת כוסית עם (מציין שם חברת מקהלה לשעבר) ועם מישהו אחר.
שאלה: איך הרגשת כששרת במקהלה?
תשובה: זה נתן לי כוח (צוחק). זה נתן לי אהבת חיים. (ממשיך לצחוק)
שאלה: יש היום דבר נוסף שנותן לך אהבת חיים?
תשובה: חוץ מזה....(מסמן לא עם הראש)
שאלה: האם השירה משפיעה על איך שאתה מרגיש?
תשובה: כשאני שר זה גורם לי להרגיש חופשי. אני מרגיש חופשי.
שאלה: זה משפר את הרגשתך כשאתה שר?
תשובה: כן, הרגשה טובה...אני רוצה פיתוח קול.

שאלה: אני זוכרת איך ששרת במקהלה. קולך באמת היה נשמע מפותח, ברור ועוצמתי. היום יוצא לך במסגרת השירה בציבור לעשות פיתוח קול?
תשובה: אה....קצת.
שאלה: מה אתה מעדיף: לשיר בחזרות או לפני קהל?
תשובה: אני מעדיף לשיר לפני קהל. לפני אחרים ולהופיע.
שאלה: מה זה נותן לך להופיע?
תשובה: זה נותן הרגשה טובה.
שאלה: למה הצטרפת למקהלה מלכתחילה?
תשובה: שאלה אותי אם אני רוצה להיות במקהלה (שם המנהלת של אותו תקופה) אז אמרתי כן.
שאלה: ולמה אמרת כן?
תשובה: למה, כי אני אוהב שירים. מאז שאני קטן אני אוהב לשיר. רציתי תמיד לשיר במקהלה כמו אנשים רגילים, שהם שרים ומופיעים במקהלות, אבל לא היה.
שאלה: מה חשבת על המקהלה בהתחלה?
תשובה: חשבתי שזה דבר טוב מאוד.
שאלה: הרגשת שהסתדרת עם חברי המקהלה האחרים?
תשובה: כן.
שאלה: אתה מרגיש שמשהו השתנה בקשר שלך עם שאר חברי המקהלה במשך זמן השתתפותך?
תשובה: כן, הייתי יותר משתתף איתם (מתקשה להמשיך ולפרט).
שאלה: האם אתה חושב שהמקהלה השפיעה על הקשרים שיצרת עם אחרים?
תשובה: עזרה לי הרבה ליצור קשר עם אחרים. להיות חלק של של משהו עם אחרים...(מתקשה להמשיך ולהתנסח).
שאלה: ממה הכי נהנית במקהלה?
תשובה: מן האווירה, מן השירים, מכל הזמרים...נהניתי מאוד.
שאלה: מה היה לך הכי קשה מבחינת ההשתתפות במקהלה?
תשובה: הכי קשה זה...קשה להגיע...כשאני מגיע אני מרגיש יותר טוב.
שאלה: אז עצם ההגעה הטכנית מההוסטל למקהלה היתה לך קשה?
תשובה: כן.
שאלה: מה היית משנה במקהלה שהיתה?
תשובה: הייתי רוצה ללמוד הרבה יותר, להתקדם עוד. עכשיו אני לא מתקדם. מה שאנחנו עושים זה לא...
שאלה: בזמן שהשתתפת במקהלה הרגשת שאתה מתקדם?
תשובה: כן.
שאלה: האם אתה חושב שהקול שלך השתנה במקהלה?
תשובה: כן! כמו שכתבת לי במכתב (מתכוון למכתב הפרידה שכתבת לו כשנפרדתי מהמקהלה). הקול שלי התפתח. הוא יותר טוב.
שאלה: מה אתה חושב על קולך היום?
תשובה: הוא טוב עכשיו אבל יכ"ל יותר חזק. בשביל זה צריך ללמוד ולהתקדם.
שאלה: איך אתה חושב שתפקדת במקהלה?
תשובה: בהתחלה לא היה כ"כ טוב. אח"כ לאט לאט התחלתי לעלות במדרגות.
שאלה: מאיזה בחינה עלית במדרגות?
תשובה: מאיזה בחינה? זה קשה...
שאלה: האם אתה מרגיש שתפקדת יותר טוב במקהלה מאשר במצבים אחרים בחיים?
תשובה: כן.
שאלה: ישנה פעילות נוספת שיכלה לתרום לך לחיים את מה שהמקהלה תרמה?
תשובה: החיים שלי? אני רוצה להיות כמו אחי, נשוי עם ילדים. זהו. עכשיו אני מבוגר...[].
שאלה: אתה חושב שישנה דבר נוסף אשר יכולה לקדם אותך?
תשובה: אני רוצה למצוא אישה טובה. תסכימי איתי...קודם כל, תסכימי איתי, שלחולה נפש זה קשה.
שאלה: כן, אני מבינה שקשה. אז אתה מרגיש שקשר אישי קרוב זה דבר שיכול היה לעזור לך.
תשובה: כן, אבל אחי הציע לי לא להתחתן []
שאלה: [] האם אתה מרגיש שהמקהלה השפיעה על איך שאתה מרגיש כלפי עצמך?
תשובה: גרמה לי להרגיש...שמחה. יותר שמחה. שירים זה שמחה.
שאלה: ואיך אתה חש כלפי עצמך כשאתה מצליח לשיר את השירים האלה בצורה טובה במסגרת המקהלה?

תשובה: אני מרוצה מעצמי. [].
שאלה: מה הכי שימח אותך כשהופעת?
תשובה: שימח אותי שהקהל דורשים אותי. אומרים לי "אתה שר טוב" ו"תעלה".
שאלה: כן, אני זוכרת את התגובות האוהדות שהיית מקבל. אז הכי אהבת לזכות במשוב חיובי אח"כ.
היה משהו שלא אהבת בהופעות?
תשובה: לא, הכל היה טוב.
שאלה: איך היית מרגיש אם המקהלה היתה חוזרת להופיע היום?
תשובה: טוב. הייתי מקווה שכל אחד מאיתנו היה מתקדם ועושה עבודה טובה. שלא יהיה אף אחד חסר [].
שאלה: אתה חושב שתוכל לשיר לי שיר עכשיו ושאוכל לצלם אותך שר? שיר ששרנו במקהלה.
תשובה: ..."אדון עולם"...מה עוד? "אמן"...
(מיד פורץ בשירת השיר "אמן". שר בית ראשון. בתחילה שוכח את המילים אך עד מהרה נזכר בהן. שר מאוד בקצרה. קולו חלש יותר משהיה בימי המקהלה וקצת רועד, אך ניכר כי הוא שר ברגש.)
שאלה: לפני שהצטרפת למקהלה האם היו לך תחביבים שונים?
תשובה: לא, רק מקהלה. יש לי עבודה, מקהלה והוסטל.
שאלה: והיום?
תשובה: היום הייתי בעבודה.
שאלה: האם יש לך היום תחביבים שונים?
תשובה: יש לנו הרמת כוסית [].
שאלה: כל כמה זמן יש לך "הרמת כוסית"?
תשובה: רק הפעם.
שאלה: אני יודעת שאתה משתתף בחוג שירה בציבור. האם יש חוג נוסף שאתה משתתף בו?
תשובה: פרשת שבוע בצרפתית []...מפרשים את הפרשה עמוק עמוק.
שאלה: יש משהו נוסף?
תשובה: אני משתתף בכל מה שיש בהוסטל.
שאלה: מה יש פה בהוסטל?
תשובה: יש קבוצת תמיכה, קבוצת התעמלות...
שאלה: בכל אלה אתה משתתף? יפה. גם השתתפת בפעילויות כאלה לפני המקהלה?
תשובה: לא. התחלתי אח"כ.
שאלה: מאז ההשתתפות במקהלה חלה שינוי בעבודה שלך?
תשובה: אני באותו מקום.
שאלה: משהו השתנה בתנאי העבודה? שעות, משכורת או בתפקיד?
תשובה: מה אני מרוויח, שום דבר....[] בעבודה אני עובד אבל לא מספיק לי.
שאלה: היית רוצה לעבוד יותר?
תשובה: כן, יותר. עכשיו הציעו לי לעבוד חצי שעה יותר כל יום וזה מה שאני עושה. במקום 4.5 שעות, 5 שעות.
שאלה: ומתי התחלת לעבוד 5 שעות?
תשובה: לפני שבוע.
שאלה: וזה לא קשה לך?
תשובה: לא.
שאלה: ומשלמים לך יותר על זה שאתה עובד יותר שעות?
תשובה: כן, משלמים לי [].
שאלה: יש משהו שהיית רוצה לעבוד בו במקום בעבודה הנוכחית?
תשובה: בעבודה אני רוצה להפעיל את כל המכונות. היום אני מפעיל רק את מכונת האריזה.
שאלה: מאז ההשתתפות במקהלה האם חלו שינויים בתנאי המגורים שלך?
תשובה: לא.
שאלה: לפני החזרות של המקהלה קרה שהיו לך מחשבות שהפריעו לך?
תשובה: לפעמים קורה לי. אין מה לעשות, אין מה לעשות. פוגעים בי.
שאלה: ומישהו באמת פוגע בך?
תשובה: אני חושב כך. אני מנסה לדעת מה רוצים ממני. זה קשה.
שאלה: אני זוכרת שלפעמים היית מגיע למקהלה עם תלונות כאלה. מה היה קורה למחשבות האלה לאחר שהיית מתחיל לשיר?
תשובה: היה יותר טוב.

שאלה: ראיתי שאחרי שהיית מתחיל לשיר...
תשובה: (צוחק)
שאלה: פתאום כבר לא היו יותר תלונות והיית כבר מתחיל לחייך. היה נראה שמצב הרוח שלך משתפר.
תשובה: כן.
שאלה: היו פעמים ששמעת קולות?
תשובה: לא, אף פעם לא.
שאלה: מה היה קורה למחשבות שהטרידו לך כשסיימת לשיר וחזרת להוסטל?
תשובה: לא זוכר...בא והולך.
שאלה: אז לפעמים זה היה חוזר לך?
תשובה: לפעמים.
שאלה: היה לך קשה להתרכז במשך החזרות? הן היו ארוכות. שעה שלמה.
תשובה: לפעמים אני בלחץ, האמת. אין מה לעשות. ניסיתי הכל. אני רוצה להיות שמח כל הזמן.
שאלה: כשאתה שר זה מצליח להרגיע אותך?
תשובה: בטח! כל מה שאני עושה בציבור זה משמח אותי. הייתי רוצה להיות דברן.
שאלה: ומה עושה דברן?
תשובה: מדבר. מדבר. כמו כולם. שאני אהיה כמו זה בשיעור שמדבר כ"כ טוב. אני...מקנא בו.
שאלה: [] הרגשת שאתה מתעייף לפעמים בחזרות?
תשובה: לפעמים. קשה לי לעלות מדרגות, לעלות כבישים.
שאלה: אתה מתכוון בכדי להגיע לחזרות?
תשובה: כן, אמרו לי לקחת אוטובוס []
שאלה: אבל עכשיו אתה מדבר על השירה בציבור. כדי להגיע למקהלה בקליניקה לא היית צריך ללכת רחוק בכלל. כשהיית שר במקהלה הרגשת גם עייפות?
תשובה: עייפות זה דבר אחר...[]
שאלה: היה לך קשה ללמוד את המילים לשירים חדשים?
תשובה: לא.
שאלה: בד"כ קשה לך להתרכז בדבר אחד זמן רב?
תשובה: כן, קשה לי להתרכז.
שאלה: וכשאתה שר גם קשה לך להתרכז?
תשובה: לא, כשאני שר אני מרגיש יותר טוב.
שאלה: בנסיבות רגילות האם אתה מרגיש שקשה לך להביע רגש?
תשובה: מה זה להביע רגש?
שאלה: להראות שאתה שמח, שאתה עצוב, מה שעובר עלייך...
תשובה: אני רוצה להוציא מה שיש לי בפנים.
שאלה: ואתה מרגיש שזה קשה לך?
תשובה: זה קשה. כשאני במצב רוח לא טוב אני לא עושה כלום [].
שאלה: האם אתה מרגיש שיותר קל לך להביע רגש דרך השירה?
תשובה: כן.
שאלה: אתה חושב שהיום יותר קל או קשה לך להביע רגש מאשר בעבר?
תשובה: כן, יותר קל. אני רוצה לשפוך את מה שיש לי בפנים.
שאלה: ואתה מרגיש שאתה מצליח לעשות זאת יותר היום?
תשובה: אני מצליח, כן.
שאלה: איזה מטרות בחיים אתה מרגיש שהשגת מאז שהתחלת להיות חבר מקהלה?
תשובה: מטרות זה...(צוחק) להיות זמר (צוחק). אבל להיות זמר צר"ל לכתוב מילים טובות, לחן...
שאלה: רגע, זה לא להיות מלחין...[]
תשובה: רק קבוצות קטנות, לא...
שאלה: למה אתה מתכוון קבוצות קטנות?
תשובה: למשל, הופעות פה, לא הרבה סיבות (כנראה מדבר על השירה בציבור).
שאלה: ואתה רוצה להופיע לפני קהל יותר גדול?
תשובה: כן. [] (מתחיל להעלות זכרונות מהופעות שהיו במקהלה לפני קהל גדול).
שאלה: אתה מרגיש שמשהו בחיים שלך השתנה לטובה מאז המקהלה?
תשובה:...אין לי חברים. אני לבד.
שאלה: מה קרה לחברים שהיו לך במקהלה?
תשובה:...הם כבר לא חברים ככה.

שאלה: לפני שהמקהלה התפרקה אני זוכרת שהיתה לך חברות עם א. היא עדיין חברה שלך?
תשובה: כן, עדיין חברה אבל אני כבר לא רואה אותה. כלום. (כיוון שמאז מעבר ההוסטל למיקום חדש, אותה חברת מקהלה שבדיור מוגן לשעבר כבר לא גרה קרובה להוסטל).
שאלה: היא לא משתתפת בשירה בציבור?
תשובה: לא.
שאלה: אתה שומר על קשר עדיין עם שאר חברי המקהלה הישנים?
תשובה: כן, שומר על קשר. הם "חברים" ככה, לא...
שאלה: יש משהו שאתה מרגיש שהשתפר בחייך מאז שהמקהלה הופסקה?
תשובה: פגשתי את א. ולא המשכתי (למעשה פגש אותה בזמן המקהלה)
שאלה: משהו אחר השתנה בחייך?
תשובה: המשפחה שלי לאט לאט מגיעה לישראל. יש לי אח שעוד מעט עושה עלייה וגם אחות.
שאלה: ומה התקוות שלך לעתיד?
תשובה: התקוות זה להיות כמו אחי.
שאלה: מה זה להיות כמו אחיך?
תשובה: נשוי עם ילדים. ילדים לא. רק נשוי.
שאלה: אני זוכרת שבתקופת המקהלה היית קרוב לחתונה עם א. []
תשובה: נכון.

Transcription of interview with H.

שאלה: אתה זוכר כמה זמן השתתפת במקהלה?
תשובה: אני לא זוכר, באמת שאני לא זוכר.
שאלה: זה היה בערך שנתיים, הרבה זמן.
תשובה: כן, החזקתי מעמד...[]
שאלה: מאוד שמחתי לשמוע שהיום אתה משתתף בשירה בציבור מטעם ההוסטל.
תשובה: כן, אני משתתף, באמת שאני משתתף אליזבט. אני גם עושה ספורט, התעמלות, משתתף לחזרות בקונצרטים של חוג מוסיקה...
שאלה: כל הדברים האלה אתה עושה היום? אני זוכרת שפעם לא היו לך את הפעילויות האלה.
תשובה: אני מקווה שאת לא כועסת. את אוהבת אותי אליזבט?
שאלה: בוודאי שאין על מה לכעוס ואני מאוד אוהבת אותך []. אני שמחה לשמוע שהמשכת לשיר.
תשובה: אמא שלי קוראים לה []....אני רגיל לשיר עכשיו עם אנשים אחרים....אני מקבל יחס טוב [].
שאלה: השתתפת גם מאוד יפה במקהלה שהיתה. אתה זוכר מדוע הפסקת?
תשובה: פ. תמיד היה מתגרה בי.
שאלה: לפני המקהלה היית משתתף גם בדברים אחרים הקשורים למוסיקה?
תשובה: הייתי משחק לפעמים באורגנית...[]
שאלה: באיזה חוגים אחרים היית משתתף פעם?
תשובה: בחוג תנ"ך.
שאלה: והיום במה אתה משתתף חוץ מהשירה בציבור?
תשובה: חוג ספורט, חוג בישול, חוג הליכה [].
שאלה: היו לך שיעורים שקשורים למוסיקה בעבר?
תשובה: פעם [] קצת למדתי אורגנית ...
שאלה: בן כמה היית אז?
תשובה: בן 11, 12.
שאלה: קיבלת גם פיתוח קול פעם?
תשובה: הייתי גם מנגן בחצוצרה לפעמים.
שאלה: איך אתה מרגיש כשאתה שר?
תשובה: סיפוק נפשי.
שאלה: ואיך....

תשובה: (קוטע אותי) אני עושה רושם טוב?
שאלה: אני חושבת שאתה עושה רושם מאוד טוב [].
תשובה: בסדר. [] מצטער שאני שואל שאלות.
שאלה: אתה מוזמן גם לשאול שאלות אם אתה רוצה.
כשאתה שר במקהלה עם כולם מה זה נותן לך?
תשובה: זה עושה לי הרגשה טובה, סיפוק נפשי. זה נותן גם אור ואושר בחיים.
שאלה: יש הבדל בין איך שאתה מרגיש לפני שאתה שר ואחרי שאתה שר?
תשובה: לפני שאני שר אני לא מרגיש טוב כ"כ. אחרי שאני שר זה עובר לי ואני מרגיש טוב.
שאלה: למשך כמה זמן אתה מרגיש יותר טוב אחרי השירה?
תשובה: לתמיד. לכל השבוע עד שיש עוד חוג המוסיקה.
שאלה: נשמע שזה זה מחזיק מעמד הרבה זמן.
תשובה: כן, הרבה זמן.
שאלה: למה אתה חושב שזה משפיע עליך כ"כ, השירה במקהלה?
תשובה: כי אני אוהב לשיר [].
שאלה: זה שונה בשבילך לשיר בחזרות או מול קהל?
תשובה: לשיר בחזרות אני יכול ולשיר לפני קהל גם, אבל אני קצת מתבייש.
שאלה: איך היה לך כששרת לפני קהל?
תשובה: הרגשתי טוב ובנוח. היה בסדר. לא התרגשתי.
שאלה: נהנית לשיר לפני קהל?
תשובה: כן, נהניתי לשיר לפני הקהל.
שאלה: נהנית יותר לשיר לפני קהל או לשיר בחזרות?
תשובה: נהניתי יותר לפני קהל. גם בחזרות אני נהנה לשיר, אבל לפני קהל במיחד.
שאלה: מה אתה אוהב במיוחד בלשיר לפני קהל?
תשובה: הרגשה טובה...מחיאות כפיים, שמצטרפים בשירה, שנהנים ממני...ששומעים איך אני שר. ושאין לי טעויות במילים ובשירים שאני שר.
שאלה: [] מדוע הצטרפת למקהלה מלכתחילה?
תשובה: ...זה מצא חן בעיני החוג הזה...אני גם נהנה מהמקהלה, אני נהנה לבוא לחוג.
שאלה: מה חשבת על האחרים ששרו יחד איתך?
תשובה: הם גם שרים יפה ומשתתפים יפה...
שאלה: איך היה הקשר ביניכם?
תשובה: קשר חברותי טוב.
שאלה: אתה מרגיש שהקשר עם החברים במקהלה השתנה עם הזמן או נשאר אותו דבר?
תשובה: בערך אותו דבר.
שאלה: אתה מרגיש שהקשר עם החברים שהיו במקהלה יותר טוב מהקשר עם הדיירים האחרים בהוסטל?
תשובה: כן, הקשר עם החברים של המקהלה יותר טוב.[].
שאלה: איזה זכרונות יש לך מהמקהלה?
תשובה: אני זוכר שהיה לי סיפור עם פ. וד. במקהלה שלא היה כ"כ טוב...זה הפריע לי להגיע.
שאלה: אתה זוכר איזה בעיות היו לך איתם?
תשובה: את זה אני כבר לא כ"כ זוכר...שהיו מפריעים לי וצוחקים עליי ומציקים לי.
שאלה: היה משהו שהיית משנה במקהלה?
תשובה: הייתי טועה במילים, במשפטים של השירים...מתבלבל.
שאלה: מה אתה חושב על השירה שלך היום?
תשובה: שאני שר יפה.
שאלה: אתה חושב שהקול שלך השתנה במהלך המקהלה?
תשובה: כן, הוא השתנה שיש לי קול יפה ואני יודע לשיר.
שאלה: איפה אתה עובד היום?
תשובה: במועדון בשלום יהודה.
שאלה: מה אתה עושה שם?
תשובה: אני משרטט, אני בא לחוגים, חוג פסיכודרמה, חוג התעמלות, חוג ספורט, חוגים פה [].
שאלה: אתה עושה דברים רבים! כבר כמה שנים אתה כבר במועדון הזה?
תשובה: כבר הרבה זמן, שנים. הייתי גם ב"חסד ואמונה" (מועדון תעסוקתי), אבל לא רצו אותי שם [].
שאלה: למה לא רצו אותך שם?

תשובה: לא הייתי מתמיד בעבודה, לא הייתי מגיע []...במקום להגיע לעבודה הייתי מעשן סיגריות.
שאלה: אז היום יותר טוב לך ואתה מתמיד בעבודה החדשה?
תשובה: כן, יותר טוב, אני מתמיד.
שאלה: היום אתה נמצא יותר או פחות שעות בעבודה?
תשובה: יותר. []
שאלה: אז אתה היום עובד יותר שעות ואתה יותר מרוצה.
תשובה: כן.
שאלה: [] איך ההשתפות במקהלה השפיעה על איך שאתה מרגיש כלפי עצמך?
תשובה: אני מרגיש טוב. אני משתף פעולה.
שאלה: ואיך זה משפיע עליך כשאתה מופיע לפני קהל?
תשובה: נותן הרגשה טובה. [] אני מקווה שאני בסדר.
שאלה: אתה חושב שאתה יכול לשיר לי שיר ושאוכל לצלם אותך?
תשובה: כן.
שאלה: אתה יכול לשיר כל שיר שאתה רוצה.
תשובה:(שר שיר שלמד במקהלה: "היום". ה. מחייך חיוך רחב כששר. קולו צרוד מעישון סיגריות, שר את המנגינה באופן תקין, אך משנה הרבה מאוד מן המילים. לאחר מכן אני מראה לו את עצמו שר בוידאו.)
שאלה: לפני החזרות של המקהלה קרה שהיו לך מחשבות לא טובות או דברים שהפריעו לך?
תשובה: לפעמים אני מבקש כסף מאנשים ברחוב...[].
שאלה: היו פעמים שהיו לך מחשבות לא טובות?
תשובה: יש לי פחדים, יש פחדים, מחשבות מפחידות...הייתי חושב שאבא שלי בא אחרי ומרביץ לי.
שאלה: מה היה קורה למחשבות האלה כשהיית שר בחזרות של המקהלה?
תשובה: זה קשה...זה עוזר לי, אבל הפחד תמיד נשאר. אבא שלי [].
שאלה: כשאתה שר אתה דווקא לא נראה מפחד.
תשובה: אחרי שאני שר הייתי עדין מפחד, אבל פחות.
שאלה: היה לך קשה להתרכז במשך הפגישות של המקהלה?
תשובה: בהתחלה היה לי קשה להתרכז אבל עכשיו לא קשה לי להתרכז.
שאלה: בד"כ קשה לך להתרכז לאורך זמן?
תשובה:קשה לי אבל אני מתגבר על זה. תראי איך אני יודע מה את עושה עכשיו. את מראיינת אותי.
שאלה: נכון []. אחרי שהיית משתתף במקהלה הרגשת שיותר קל לך ארגן מחשבות?
תשובה: מה הכוונה?
שאלה: שאתה מרגיש שהמחשבות שלך יותר שקטות, יותר הגיוניות, או שאתה יכול להביע אותם יותר טוב.
תשובה: (ממלמל) אין מחשבות, אין מחשבות, אין מחשבות.
שאלה: עד כמה קשה לך בד"כ להביע רגש?
תשובה: להביע רגשות אני לא ממש יודע.
שאלה: אתה חושב שדרך שירה אתה מסוגל להביע רגש יותר בקלות?
תשובה: יש לי פחדים, אבא שלי מרביץ לי מכות []...
שאלה: אני יודעת שכל הזמן יש לך את המחשבה הזאת שחוזרת אצלך.
תשובה: אני עד עכשיו חושב על זה, אבל מוסיקה עוזרת.
שאלה: איך המוסיקה עוזרת?
תשובה: לא יודע, זה עבודה של משטרה, של פסיכולוגים. את צריכה לשאול אותם. משטרת ישראל שומרת עליי.
שאלה: אתה מרגיש שהיום יותר קל לך להביע רגשות מאשר בעבר? לספר על איך שאתה מרגיש ומה קורה איתך?
תשובה: אין לי מה להגיד, אין לי מה להגיד...אני לא עושה את זה בכוונה כדי להרגיז אותך או להעליב אותך...
שאלה: זה בסדר גמור. אתה לא צריך לענות על כל השאלות [].
תשובה: אני מתנהג יפה?
שאלה: כן, מאוד יפה.
יש לך איזו מטרה לעתד, משהו שהיית רוצה להשיג?
תשובה: להיות בריא, להיות או מורה לחשבון בבי"ס או להיות מורה למוסיקה.
שאלה: ואיזה מטרות אתה מרגיש שהשגת בינתיים?

תשובה: שלהיות במקהלה [] (כבר א"א לשמוע אותו כמעט או להבין מה הוא אומר).

Transcription of interview with M.

שאלה: אתה זוכר כמה שנים השתתפת במקהלה?
תשובה: 4 שנים.
שאלה: נכון מאוד, זה היה בערך 4 שנים, שזה הרבה זמן. באמת התמדת במקהלה. הבנתי שהיום יש לכם במסגרת ההוסטל שירה בציבור ושבזה אתה לא משתתף.
תשובה: נכון.
שאלה: ולמה?
תשובה: לא רוצה.
שאלה: אתה לא חושב שתהנה מזה?
תשובה: לא חושב.
שאלה: לפני שהצטרפת למקהלה היה משהו אחר שהשתתפת בו: חוגים, לימודים, פעילויות, שיעורים?
תשובה: לא היה.
שאלה: ומאז שהמקהלה הסתיימה אתה משתתף בפעילות מוסיקלית כלשהי?
תשובה: לא.
שאלה: הופעת במשהו מאז שהמקהלה הסתיימה?
תשובה: לא.
שאלה: איך הרגשת כששרת במקהלה עם האחרים?
תשובה: הרגשתי די טוב.
שאלה: מאיזו בחינה?
תשובה: מזה שהיינו ביחד.
שאלה: כן, הייתם ביחד ושרתם יחד. והיו לך גם קטעי סולו. נהנית גם מלשיר לבד בסולו?
תשובה: כן.
שאלה: מה הכי אהבת: לשיר סולו או לשיר עם כולם?
תשובה: לשיר עם כולם.
שאלה: למה?
תשובה: יותר כיף.
שאלה: וכשאתה שר האם זה משפיע על איך שאתה מרגיש?
תשובה: טוב עם עצמי.
שאלה: זה גם משפר את מצב הרוח?
תשובה: כן, זה משפר את מצב הרוח.
שאלה: היית מרגיש יותר טוב לאחר שסיימו את החזרות של המקהלה?
תשובה: כן.
שאלה: היה לך יותר טוב כששרת לפני קהל בהופעות או כששרנו ללא קהל בחזרות?
תשובה: (צוחק) זו היתה הצלחה!
שאלה: אז יותר נהנית כשהופענו?
תשובה: כן.
שאלה: היית רוצה שיהיו יותר הופעות?
תשובה: לא.
שאלה: למה לא אם נהנית מהן?
תשובה: ....אני איש צבא. זה מה שמעניין אותי.
שאלה: ו"אנשי צבא" לא יכולים לשיר?
תשובה: יכולים, אבל זה לא מה שמעניין אותי.
שאלה: למה הצטרפת למקהלה מלכתחילה?
תשובה: הציעו לי.
שאלה: למה הסכמת?
תשובה: לא הייתה לי ברירה. לא יכלתי להגיד לא.
שאלה: אבל אח"כ נשארת ארבע שנים! למה נשארת? למה התמדת במקהלה?
תשובה: (שתיקה)

שאלה: היה משהו במקהלה שאהבת בכ"ז?
תשובה: (שתיקה)
שאלה: היה משהו שהיה נראה לך טוב שם?
תשובה: את היית טובה.
שאלה: תודה רבה. אז הפגישות היו לך טובות.
תשובה: כן.
שאלה: הרגשת שאתה מסתדר עם חברי המקהלה האחרים שהיו שם?
תשובה: מסתדר.
שאלה: היה לך נחמד איתם?
תשובה: כן...
שאלה: הרגשת שנהיה יותר טוב עם הזמן, לאורך ארבעת השנים?
תשובה: כן...
שאלה: מה הכי אהבת במקהלה?
תשובה: אהבתי לשמוע את ד. שר.
שאלה: אתה חושב שיש לו קול יפה?
תשובה: כן.
שאלה: אמרת לו את זה?
תשובה: כן.
שאלה: טוב שאמרת לו. הוא אוהב לשמוע דברים כאלה. אז בעיקר אהבת לשמוע את האחרים שרים?
תשובה: כן.
שאלה: יש לך איזה זיכרון טוב מהמקהלה?
תשובה: כן.
שאלה: מהו?
תשובה: (שתיקה)
שאלה: היה משהו שהיה לך קשה במקהלה?
תשובה: לא....
שאלה: היה משהו שרצית לשנות במקהלה?
תשובה: היה בסדר.
שאלה: אתה חושב שהקול שלך השתנה בעקבות ההשתפות במקהלה?
תשובה: לא השתנה.
שאלה: האם משהו השתנה בשירה שלך?
תשובה: השירה השתפרה.
שאלה: מה בדיוק השתפר?
תשובה: ניסיון.
שאלה: אתה מרוצה מהשירה שלך היום?
תשובה: אני לא חושב על זה.
שאלה: איך אתה חושב שתפקדת במקהלה? זה היה שונה מאשר במסגרות אחרות?
תשובה: (טוען שלא מבין את השאלה. לאחר מספר הבהרות אומר): לא יודע.
שאלה: אתה מרגיש שאתה מתפקד טוב בעבודה?
תשובה: (ממלמל משהו שאני לא מצליחה להבין)
שאלה: מה לגבי התחום החברתי?
תשובה: אין לי חברים חוץ מבהוסטל.
שאלה: אתה מרגיש שיש לך היום יותר חברים בהוסטל מאשר בעבר?
תשובה: כן, כן.
שאלה: איך הרגשת כשהופעת עם המקהלה?
תשובה: (צוחק) איזה שאלות....
שאלה: מה הכי אהבת בהופעות?
תשובה: אהבתי את הסולו שלי...אהבתי להופיע.
שאלה: אתה יודע למה אתה אוהב להופיע?
תשובה: לשיר לפני קהל.
שאלה: ואז כל הקהל שומע אותך ומוחא כפיים. זה מה שאהבת?
תשובה: כן.
שאלה: היה משהו שהפריע לך בהופעות?
תשובה: (שתיקה)
שאלה: אתה יכול לשיר לי עכשיו שיר?

תשובה: איזה שיר?
שאלה: שיר ששרת במקהלה, שיר שאהבת.
תשובה: אני לא זוכר שירים ששרתי.
שאלה: אני זוכרת שאהבת הרבה שירים...
תשובה: "התשמע קולי" (זמר נוגע)
(מ. מיד פוצח בשירה מאוד שקטה וחלשה הנמשכת שניות אחדות בלבד והופכת עד מהרה לזמזום. הקו המלודי אינו מזכיר את השיר כלל והמילים שהוא זוכר במדויק הן מעטות מאוד).
שאלה: תודה, אלו כל המילים שאתה זוכר מהשיר?
תשובה: (צוחק) כן.
שאלה: כן, שוכחים עם הזמן.
תשובה: כן, פעם היית זוכר הרבה יותר מילים מהשירים שהיינו שרים.
שאלה: אתה משתתף היום בחוגים כלשהם?
תשובה: ביום שישי...
שאלה: מה יש לכם ביום שישי?
תשובה: מברכים על היין...
שאלה: קבלת שבת.
תשובה: כן.
שאלה: כשהשתתפת במקהלה השתתפת גם בדברים אחרים במקביל?
תשובה: לא.
שאלה: אתה עובד היום באותו מקום בו עבדת כשהשתתפת במקהלה?
תשובה: במקום אחר.
שאלה: במה עבדת בתקופת המקהלה?
תשובה: בדפוס.
שאלה: והיום?
תשובה: בשטרן.
שאלה: ומה אתה עושה שם?
תשובה: מעביר את הזמן.
שאלה: אתה נהנה מהעבודה שם?
תשובה: לא נהנה מהעבודה שם.
שאלה: גם כשעבדת בדפוס לא נהנית?
תשובה: היה יותר טוב.
שאלה: אז למה העבירו אותך?
תשובה: הייתי בכפר שאול (בי"ח פסיכיאטרי).
שאלה: אז בגלל זה העבירו אותך?
תשובה: כן.
שאלה: איפה היית רוצה לעבוד לו יכלת לבחור?
תשובה: בחייל הים.
שאלה: יש משהו שאתה נהנה ממנו היום בעבודה בשטרן: שעות יותר טובות, תנאים יותר טובים?
תשובה: יש אנשים טובים.
שאלה: גם זה חשוב.
כשהשתתפת במקהלה קרה שלפני החזרות היו לך מחשבות לא טובות או שמשהו הפריע לך?
תשובה: לפעמים משהו הפריע.
שאלה:האם הדבר אשר הפריע לך השתפר אחרי שהשתתפת בחזרות?
תשובה: נראה לי שכן.
שאלה: ותוך כמה זמן זה היה חוזר להפריע לך?
תשובה: אה...לא יודע. אולי כמה שעות.
שאלה: מדובר במחשבות שהטרידו אותך?
תשובה: כן.
שאלה: היה לך לפעמים קשה להתרכז בחזרות הארוכות של המקהלה?
תשובה:כן, היה קשה.
שאלה: במה היה קשה להתרכז: במנגינה, במילים?
תשובה: במנגינה ובמילים.
שאלה: בכ"ז החזקת מעמד יפה. בד"כ אתה מוצא שקשה לך להתרכז לאורך הרבה זמן?
תשובה: כן.

שאלה: בנסיבות רגילות אתה מוצא שקשה לך להביע רגש?
תשובה: כן.
שאלה: היית רוצה להיות מסוגל להביע יותר רגש?
תשובה: (בלחש) כן.
שאלה: כששרת הרגשת שאתה מצליח להביע יותר רגש?
תשובה: כן.
שאלה: גם אני שמתי לב שהרבה יותר הצלחת כששרת.
אתה מרגיש שהיום אתה יותר מצליח להביע רגש מבעבר?
תשובה: היום אני חולם על בי"ח.....[]
שאלה: (אני חוזרת על השאלה) אתה מרגיש שהיום יותר קל לך להביע רגש?
תשובה: לא יודע...
שאלה: איזה מטרות בחייך אתה מרגיש שהשגת בשנים האחרונות?
תשובה: שרתי בהופעות.
שאלה: מה התקוות שלך לעתיד? מה עוד היית רוצה להשיג בחיים?
תשובה: אני רוצה להיות בחייל האוויר.
שאלה: שמתי לב שבמקהלה נהייה לך יותר ביטחון בשירה. גם אתה שמת לב לזה?
תשובה: כן.
שאלה: במיוחד יותר ביטחון כששרת סולו והופעת לפני קהל.
תשובה: כן.
שאלה: יש היום חוג שהיית רוצה להשתתף בו, קורסים או משהו שהיית רוצה ללמוד? משהו שמעניין אותך?
תשובה: (שתיקה)
שאלה: כנראה שלא. כשהשתתפת במקהלה הרגשת שיש לך כוח ואנרגיה להשתתף?
תשובה: כן.
שאלה: היום אם היית רוצה אתה חושב שעדיין יש לך את הכוח לעשות זאת?
תשובה: אין לי היום כוח.
שאלה: אתה מרגיש שיש לך יותר חברה היום?
תשובה: כן.
שאלה: כשהשתתפת במקהלה גם הרגשת שיש לך חברה?
תשובה: כן, היה. היה יותר רציני.
שאלה: ולפני שהשתתפת במקהלה היו לך חברים?
תשובה: עכשיו הרבה יותר טוב.

Transcription of interview with P.

שאלה: לפני שהצטרפת למקהלה האם השתתפת בפעילויות מוסיקליות כלשהן?
תשובה: לא.
שאלה: אפילו לא שירה בציבור, שיעורי פ"ק, שיעורי נגינה...?
תשובה: פעם כשהייתי קטן למדתי פסנתר כמה שיעורים.
שאלה: באיזה גיל זה היה?
תשובה: גיל צעיר מאוד.
שאלה: ופעם שרת בביה"ס או בבי"ח?
תשובה: לא.
שאלה: ומאז שהמקהלה הופסקה האם אתה משתתף בפעילויות מוסיקליות כלשהן?
תשובה: לא.
שאלה: אפילו לא שירה בציבור?
תשובה: לא.
שאלה: אתה הולך להופעות מוסיקליות?
תשובה: יש הופעות שמעניינות אותי, יאיר רוזנבלם, אני חושב שאת מכירה. רציתי ללכתלראות אותו בהופעה אך לא הספקתי.
שאלה: יצא לך להופיע מאז שהמקהלה הופסקה?
תשובה: לא.

שאלה: איך הרגשת כשהשתתפת במקהלה?
תשובה: טוב מאוד
שאלה: מאיזה בחינה?
תשובה: הרגשתי שאני תורם קצת למקהלה, לציבור. סתם שירים אני אוהב לשיר.
שאלה: האם השירה משפיעה על איך שאתה מרגיש?
תשובה: כן.
שאלה: איך זה משפיע?
תשובה: מרגיעה אותי..
שאלה: וכמה זמן נמשכת ההרגעה הזאת?
תשובה: תוך כדי שירה וגם אחרי שירה כמה זמן.
שאלה: היו הבדלים באיך שהרגשת לפני החזרות ואחרי החזרות?
תשובה: ככה אחרי החזרות הייתי יותר רגוע.
שאלה: אתה זוכר כמה שנים השתתפת במקהלה?
תשובה: לא.
שאלה: זה היה כשש שנים, שזה הרבה מאוד זמן. מה גרם לך להמשיך להגיע לחזרותפעמיים בשבוע?
תשובה: הרגשתי מאוד בנוח. הרגשתי גם, אה...נעים להיות במחיצתך ולשיר.
שאלה: תודה, אני שמחה לשמוע. האם היה הבדל מבחינתך לשיר ולהופיע לפני קהל?
תשובה: לפני קהל יותר התרגשתי, אבל הרגשתי גם שאני יותר תורם, במיוחד ב...הופעה לפני הפרידה מהפסיכיאטר המחוזי. היה לי מאוד טוב שמה במקהלה.
שאלה: בגלל התרומה?
תשובה: כן. וגם היתה איזו הופעה בבוקר ב....אה....
שאלה: ביום בריאות הנפש?
תשובה: כן.
שאלה: גם שם היה קהל גדול. אז אני מבינה שאתה אוהב להופיע לפני קהל גדול?
תשובה: כן, כן, כן.
שאלה: וגם לפני אנשים מכובדים.
תשובה: כן, כן.
שאלה: היו שם אנשים שקשורים לתחום הרפואה.
תשובה: כן.
שאלה: ומדוע הצטרפת למקהלה מלכתחילה?
תשובה: הציעו לי להצטרף אז הצטרפתי.
שאלה: וכל מה שמציעים לך אתה מצטרף אליו?
תשובה: לא, ניסיתי, אבל הרגשתי שזה מאוד עוזר לי. במיוחד השירה במקהלה וגם השיחות איתך אחרי זה מאוד גרמו לי להרגיש טוב. גם כאילו הרגשתי שאני עושה משהו חשוב.
שאלה: אתה מתכוון לטיפולים הפרטניים?
תשובה: כן.
שאלה: אתה מרגיש שהסתדרת עם חברי המקהלה האחרים?
תשובה: כן, כן, כן.
שאלה: אתה מרגיש שהקשר שלך איתם השתפר לאורך הזמן?
תשובה: כן, השתפר.
שאלה: איך זה השתפר?
תשובה: ...הרגשתי שאני עוזר לאחרים ואחרים עוזרים לי.
שאלה: איך הרגשת שעוזרים לך?
תשובה: הרגשתי שיתוף פעולה מאוד מיוחד. זה מאוד עזר לי.
שאלה: ממה הכי נהנית במקהלה?
תשובה: היו שירים שהופענו לפני קהל...אה...לפני כל קהל מסויים, והשירים היו מאוד מיוחדים ומאוד יפים.
שאלה: אז נהנית במיוחד מההופעות?
תשובה: כן.
שאלה: ומה היה לך הכי קשה מבחינת ההשתתפות במקהלה?
תשובה: ...להספיק להגיע בזמן מהעבודה או ודברים כאלה. אבל ניסיתי כמה שיותר לתרום למקהלה.
שאלה: יש לך איזה זכרון שאתה יכול לשתף אותי בו שקשור למקהלה?

תשובה: היה שיר שהופענו איתו במקהלה: "היה לי חבר היה לי אח" שמאוד התרגשתי כששרתי את זה במקהלה. לפני קהל. היה עוד שיר שהופענו לפני קהל: "יד ביד" וגם מאוד התרגשתי מזה. וגם בשיחות איתך "מסביב למדורה" ששמענו.
שאלה: כן, איזה שיר יפה. מה היית משנה בקשר למקהלה? היה משהו שהיה משפר את המקהלה בשבילך?
תשובה: לא, הכל היה בסדר.
שאלה: ומדוע התרגשת דווקא מהשירים שציינת מקודם?
תשובה: זה דיבר אליי. זה מאוד דיבר אליי בצורה רגשית. במיוחד כששרתי לפני הקהל, הרגשתי שאני משתף את הקהל והקהל משתף אותי בשירים האלה.
שאלה: אתה חושב שהשירה שלך השתנתה לאורך הזמן כשהיית במקהלה?
תשובה: אני מרגיש שהאיכות של השירה השתפרה מאוד.
שאלה: וזה היה לך חשוב?
תשובה: כן.
שאלה: למה?
תשובה: יכלתי יותר להביע את עצמי ולשיר בצורה טובה והשירים היו מאוד מרגיעים וזה היה תרפיה כזאת. הרגשתי שכשאני שר במקהלה איכות השירה משתפר.
שאלה: ואיך השירה שלך היום לדעתך?
תשובה: הייתי רוצה עוד איכות שירה כזה. אבל בימי שישי (מתכוון לשירה בציבור שמתקיים מטעם ההוסטל היום) קצת קשה לי להשתתף.
שאלה: אתה מרגיש שההתקדמות נשמרה מבחינה קולית?
תשובה: כן, כן.
שאלה: אתה ממשיך לשיר?
תשובה: כן, לפעמים כשזה מתאים לי אני שר לעצמי או למי שנמצא איתי.
שאלה: ואיך אתה מרגיש שתפקדת במקהלה?
תשובה:.....(שתיקה יחסית ארוכה) הרגשתי חלק נכבד של תרומה בזה ושיתוף פעולה ביני לבין החברים במקהלה וחברי המקהלה עוזרים לי...
שאלה: אז הרגשת שאתה מתפקד שם טוב?
תשובה: כן.
שאלה: אתה מרגיש שתפקדת יותר טוב במקהלה מאשר במצבים אחרים בהם נתקלת?
תשובה: כן, כן.
שאלה: איך אתה מסביר את זה?
תשובה: יש יותר משמעות לשירה ביחד עם המקהלה ויותר משמעות רגשית ו....אה....בריאותית כזאת.
שאלה: איך אתה מרגיש שאתה מתפקד במצבים אחרים?
תשובה: איזה מצבים?
שאלה: יומיומיים. מה היה שונה באיך שתפקדת במקהלה מאשר במצבים אחרים?
תשובה: היה יותר מסודר.
שאלה: יש פעילות אחרת שיכולה לתרום לך את מה שהמקהלה תרמה לך?
תשובה: ...גם העבודה מאוד משמעותית עבורי.
שאלה: כי מה אתה מקבל מהעבודה?
תשובה:.....אני מרגיש שאני עוזר לאנשים.
שאלה: אני מבינה שמאוד חשוב לך להרגיש משמעות בחיים, שאתה עוזר לאחרים.
תשובה: כן.
שאלה: האם המקהלה השפיעה על איך שאתה מרגיש כלפי עצמך?
תשובה: עזרה לי להבין את עצמי יותר.
שאלה: מאיזה בחינה?
תשובה: .....אה.....(שתיקה ארוכה). לא הבנתי את השאלה.
שאלה: האם ההשתתפות במקהלה שינתה את הרגשתך כלפי עצמך, למשל (אני נותנת דוגמאות).
תשובה: עזרה לי להבין את עצמי יותר.
שאלה: מבחינת ההופעות, כיצד זה השפיע עליך?
תשובה: זה מאוד....שיפר לי את הדימוי העצמי שלי.
שאלה: היתה משהו בהופעות שלא נהנית ממנה?
תשובה: .....לא.
שאלה: אני זוכרת שמאוד היית נלחץ לפני הופעות.
תשובה: כן.
שאלה: אז אולי זה משהו שלא כ"כ...

תשובה: (קוטע אותי) נכון. החזרות קצת הלחיצו אותי.
שאלה: ואיך אתה חושב שהיית מרגיש אם המקהלה הייתה מופיעה שוב היום?
תשובה: הייתי מרגיש קצת יותר מאורגן.
שאלה: אתה יכול לשיר לי עכשיו שיר? שיר ששרת במקהלה?
תשובה: בסדר.
(מיד מתפרץ בשירה בקול חזק ובטוח באמצע בית של "היה לי חבר היה לי אח": "הם לי השאירו לי דבר, הם לא השאירו לי דבר..."; שזה היה בית הסולו שלו כשהופיע עם השיר במקהלה והמשפט שאמר לפני מספר שנים שהוא הכי מתחבר אליו. אחרי שירת המשפט הוא עוצר ואני צריכה לומר לו להמשיך. הוא ממשיך עד סוף הפזמון.)
שאלה: אני שומעת שהקול שלך אכן נשמר! ואתה גם זוכר את כל המילים.
תשובה: כן.
שאלה: שרת רק קטע עכשיו, אבל אתה באמת זוכר את כל המילים לשירים ששרנו?
תשובה: (מהנהן שכן).
שאלה: מדוע בחרת לשיר "היה לי חבר היה לי אח" עכשיו?
תשובה: זה שיר שיש לו משמעות רבה בשבילי. במיוחד המשפט הזה: "הם לא השאירו לי דבר". ככה אני מרגיש בחיים. []
שאלה: [] איך בילית את שעות הפנאי שלך לפני שהצטרפת למקהלה?
תשובה: היתה לי חונכת...
שאלה: השתתפת בחוגים, קורסים, לימודים כלשהם?
תשובה:.....אה.....לא.
שאלה: וכיצד אתה מעביר את שעות הפנאי שלך היום?
תשובה: רוב היום אני עובד, ואני עובד קשה, אז אני נח קצת.
שאלה: אתה רשום לחוגים או לימודים כלשהם?
תשובה: אני לומד לימודי אנגלית בשק"ל.
שאלה: כמה פעמים בשבוע?
תשובה: פעם בשבוע.
שאלה: גם במהלך המקהלה אני זוכרת שהתחלת ללמוד אנגלית פעם בשבוע, נכון?
תשובה: כן.
שאלה: אז המשכת עם זה.
תשובה: כן.
שאלה: אני זוכרת שגם התעניינת בלימודים נוספים...
תשובה: נכון, משפטים. אבל יכ"ל שזה יהיה בהמשך יותר רלוונטי.
שאלה: אני זוכרת שהרבה השתנה בשבילך מבחינת העבודה במהלך המקהלה.
תשובה: עברתי לעבוד אז בקייטרינג אך המקום נסגר אז עברתי לעבוד במקום אחר והם מתחשבים יותר ועוזרים יותר.
שאלה: כמה זמן אתה כבר במקום החדש?
תשובה: כמעט שנה.
שאלה: התנאים שם יותר טובים?
תשובה: כן.
שאלה: ואתה עובד שם יותר שעות?
תשובה: 5 שעות ביום.
שאלה: גם במקום הקודם היה 5 שעות ביום?
תשובה: כן.
שאלה: משהו השתנה בתאי המגורים שלך?
תשובה: עברנו מקום.
שאלה: וחוץ מזה אותו דבר.
תשובה: כן.
שאלה: יצאת פעם לדיור מוגן?
תשובה: לא, אבל היתה שיחה פעם עם איזו מנהלת.
שאלה: רצית דיור מוגן?
תשובה: כן רציתי, היתה איזו פגישה אבל מאז לא השתנה משהו.
שאלה: לפני כמה זמן היתה הפגישה?
תשובה: לפני חצי שנה בערך.
שאלה: אז יכ"ל שזה משהו שעוד יצא לפועל.
תשובה: כן.
שאלה: האם היו פעמים לפני החזרות שהיו לך מחשבות מטרידות?
תשובה:....מחשבות טורדניות היו לי תמיד.

שאלה: האם משהו השתנה במחשבות האלה כשהתחלת לשיר?
תשובה: זה קצת השכיח לי את המחשבות הטורדניות.
שאלה: ואחרי שסיימת לשיר האם זה עוד השכיח את המחשבות הטורדניות או שהן חזרו מיד?
תשובה: זה השכיח, אבל זה חזר אחרי כמה ימים.
שאלה: רק אחרי כמה ימים?
תשובה: כן.
שאלה: אז זה משמעותי מאוד.
תשובה: כן.
שאלה: היה לך קשה להתרכז במשך החזרות? הן נמשכו שעה שלמה.
תשובה: לא, לא.
שאלה: הרגשת שההשתתפות במקהלה סייעה לך להתארגן מבחינה מחשבתית או התנהגותית?
תשובה: .....זה עזר לי לסדר את המחשבות.
שאלה: אני זוכרת שלפעמים כשהגעת לחזרות לא היית רגוע, ואז במשך החזרות היית נרגע ונכנס לסדר מסויים.
תשובה: כן, כן.
שאלה: בד"כ קשה לך להתרכז לאורך זמן רב?
תשובה: אני יוצא מהריכוז במשך היום, אבל כש....כשנמשך היום יותר משתפר הריכוז.
שאלה: בנסיבות רגילות עד כמה קשה לך להביע רגש?
תשובה: .... (צוחק) זה די בעיה להביע רגש.
שאלה: ולמה זה בעיה לדעתך?
תשובה: (שתיקה)
שאלה: יותר קל לך להביע רגש דרך שירה?
תשובה: (עונה מיד) כן! כן!
שאלה: ראיתי את זה. האם יותר קל לך להביע רגש היום מאשר בעבר?
תשובה: .....כן.
שאלה: איזה מטרות אתה חושב שהשגת במשך כל ששת השנים שהשתתפת במקהלה?
תשובה: הבעתי את עצמי דרך השירים....כלומר, יותר עזר לי להביע את עצמי דרך השירה או דרך השירים לפני קהל. גם מבחינה נפשית.
שאלה: אתה מרגיש שעוד משהו השתפר אלך בחיים, בתפקוד...
תשובה: להגיד ת'אמת, מאוד עזר לי להכיר אותך. זה מאוד השפיע עליי לטובה.
שאלה: תודה, אני שמחה לשמוע. איך זה השפיע עליך לטובה?
תשובה: .....עשית עליי רושם מאוד טוב מבחינה רגשית, וסתם ככה,...מאוד התרגשתי כשהיינו מדברים, שרים ושומעים שירים. זה מאוד עזר לי.
שאלה: אתה משתתף היום בפעילויות שיש בהוסטל?
תשובה: אני עובד כל השבוע קשה וזה מאוד קשה לי, אבל אני מנסה. מנסה להשתתף.
שאלה: יש משהו שכן היית רוצה להשתתף בו?
תשובה: הייתי רוצה להשתתף במקהלה...
שאלה: מה השאיפות שלך לעתיד?
תשובה: ...לימודים, לראות את הבן שלי, ולעזור לו, ולהמשיך לעבוד ולהמשיך לתרום כמה שאני יכול.
שאלה: האם אתה רואה היום את הבן שלך?
תשובה: לא.
שאלה: כשאתה שר אתה מרגיש שאתה שולט יותר על איך שהרגשות יוצאות? כלומר, אם הן יוצאות בצורה יותר מסודרת?
תשובה: כן, כן.
שאלה: אתה מרגיש שחיי החברה שלך השתנו, השתפרו?
תשובה: ת'אמת, פעם חיי החברה שלי היו יותר תוססים.
שאלה: ומה השתנה?
תשובה: נהייתי יותר...יותר סגור.
שאלה: איך זה קרה לדעתך?
תשובה: לא יודע.
שאלה: אתה עוד נשאר בקשר עם חברי המקהלה?
תשובה: לא...בביה"כ אנחנו נפגשים, מדברים קצת.
שאלה: אתה מרגיש שכשהשתתפת במקהלה חיי החברה שלך היו יותר טובים?
תשובה: כן.

שאלה: יותר טובים מאיך שהיו לפני שהשתתפת במקהלה ואחרי שסיימת להשתתף במקהלה?
תשובה: כן.
שאלה: במה זה התבטא? למה היה יותר טוב אז?
תשובה: יותר חברים, דיברנו יותר.
שאלה: היית אז יותר פתוח?
תשובה: כן.

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