

# “You Need a Song to Bring You Through”: The Use of Religious Songs to Manage Stressful Life Events

Jill B. Hamilton, PhD,<sup>\*,1</sup> Margarete Sandelowski, PhD,<sup>1</sup>  
LTC Angelo D. Moore, PhD,<sup>2</sup> Mansi Agarwal, MPH,<sup>1</sup> and Harold G. Koenig, MD<sup>3</sup>

<sup>1</sup>University of North Carolina at Chapel Hill School of Nursing.

<sup>2</sup>U.S. Army, Tripler Army Medical Center, Honolulu, Hawaii.

<sup>3</sup>Duke University Medical Center, Durham, North Carolina.

\*Address correspondence to Jill B. Hamilton, PhD, University of North Carolina at Chapel Hill School of Nursing, CB# 7460, Chapel Hill, NC 27599-7460. E-mail: jhamilto@email.unc.edu

Received December 6, 2011; Accepted April 11, 2012

Decision Editor: Helen Q. Kivnick, PhD

**Purpose:** To explore in a sample of older African Americans how religious songs were used to cope with stressful life events and to explore the religious beliefs associated with these songs. **Design and Methods:** Sixty-five African American older adults residing in the Southeastern US participated in a qualitative descriptive study involving criterion sampling, open-ended semi-structured interviews, qualitative content analysis, and descriptive statistics. **Results:** Religion expressed through song was a coping strategy for participants experiencing stressful life events who described feelings of being comforted, strengthened, able to endure, uplifted, and able to find peace by turning to the types of religious songs described here. Five types of songs were used including those evoking *Thanksgiving and Praise, Instructive, Memory of Forefathers, Communication with God, and Life after Death*. **Implications:** Religious songs are an important form of religious expression important to the mental health of older African Americans. The incorporation of religious songs into spiritual care interventions might enhance the cultural relevance of mental health interventions in this population.

The benefits of religion to mental health are well-documented. In a recent review of empirical research on religion, spirituality, and mental health, Koenig (2009) found that individuals who

were more religious were less depressed and that depressed patients who engaged in religious activities were more likely to overcome their depressive symptoms than depressed patients who did not engage in these activities. Koenig (2009) found also that depressed inpatients were less likely to have religious affiliations, to be religious, and to pray or read scriptures. Although studies have been focused on the link between religion and mental health, the use of religious songs as a religious practice has not been a major consideration (Taylor, Chatters & Levin, 2004). Not yet addressed is how individuals express religious beliefs through religious songs and their perceptions of the effectiveness of these songs in response to life problems. Studying religious songs is important as they represent a specific kind of religious practice used as a mental health-promoting strategy with daily life stressors (Blazer, 2007).

Although the U.S. population is as a whole considered highly religious, African Americans are much more likely to pray at least daily and to report affiliations with a religious group, to indicate that religion is very important in their lives, and to indicate that they are certain God exists (Pew Forum, 2007). Among African Americans, religion encompasses a set of beliefs closely intermingled with everyday life and a set of practices that include praying, reading religious materials, watching or listening to religious

programs or music, and meditation (Chatters, Levin, & Taylor 1992). Religious music, in particular, is an important part of African American culture and therefore a source of knowledge relevant to social and personal issues confronted by that population (Jones, 1993; Saliers, 2007; Walker, 1979). For example, African spirituals have been studied to understand better African Americans' hopes and fears, theological and ethical views, and individual perceptions of God (Cone, 2008; Fisher, 1990; Jones, 1993; Walker, 1979). In addition to being a source of knowledge about religious beliefs, songs are functional and transformative for the individual user (Cone, 2008; Jones, 1993; Walker, 1979). Religious songs have been described as a source of strength, as relieving pain, elevating negative mood, and facilitating finding meaning in suffering (Jones, 1993; Southern, 1997).

### Conceptual Framework

Religion has been distinguished conceptually from religiosity and spirituality, although this remains a controversial area (Koenig, King & Carson, 2012). Religion is defined here as adherence to a set of beliefs, values, rituals, and symbols, and participation in activities of organized religious institutions (Koenig, 2007). "Religiosity" or "religious involvement" refers to beliefs and behaviors related to organized religious institutions (Koenig, 2007).

Spirituality occurs on a more personal level, as a search for answers to questions about life and for a relationship to God that may or may not stem from associations with organized religious institutions (Koenig, 2007). One conceptualization that further distinguishes spirituality from religion stems from the theoretical work of Reed (1992). According to Reed (1992), spirituality is a sense of making meaning of individual human experience through dimensions of connectedness; intrapersonally (within oneself), interpersonally (to others and the environment), or transpersonally (to God or other higher power). These dimensions of connectedness enable the individual to transcend an everyday lived experience to an existence that is meaningful and empowered. Thus, spirituality is a personal experience that facilitates moving beyond a stressful situation to some level of well-being through these dimensions of connectedness. Among African Americans, spirituality—whereby transcendence or connectedness to God is sought and achieved—is shaped by their lived experience and their religion (Carter, 2008).

### Connectedness Through Religious Songs

Outward expressions of faith and struggles have historically been an important aspect of African-American religious culture (Cone, 2008; Jones, 1993; Walker, 1979). For African Americans, "black sacred music" likely originated in the "invisible church," a secluded place that allowed African slaves to worship and express themselves away from the watchful eye of the slave master (Raboteau, 2001; Walker, 1979). By gathering in such places, slaves were connected to each other through praying, singing songs, and consoling one another (Joyner, 1985; Raboteau, 1978). The survival of African slaves in part depended on songs, which were a way for them to communicate their struggles and fears to God and other slaves and to encourage one another in their plight (Raboteau, 1978). Songs permitted African slaves to maintain a positive sense of self (through identity as a child of God), to cope with a life in servitude, and to express their belief in the promise of a future life free of pain and suffering (Cone, 2002; Raboteau, 1978). The invisible church and oral tradition likely sustained the emphasis on singing songs as an emotional release, a religious practice prevalent in African American churches today (Raboteau, 2001).

An extensive body of historical and theological literature on African-American spirituals permits insight into the use of religious songs to manage daily stressors (Cone, 2008; Jones, 1993; Walker, 1979). Spirituals are composed of songs with dominant themes of sorrow and hope for freedom in this world or the next (Walker, 1979). The general consensus of the many scholars who have studied the content and purpose of spirituals (Cone, 2008; Jones, 1993; Walker, 1979) is that these songs consist of Bible-based stories of God delivering oppressed or enslaved persons (Walker, 1979). For example, the songs *Steal Away*; *Joshua Fit de Battle of Jerico*; *Didn't my Lord Deliver Daniel*; *O Mary, Don't You Weep, Don't You Mourn* are Negro Spirituals that express the hopes of being delivered from a lifetime of evil and suffering to a lifetime of joy and happiness (Cone, 2008; Pinn, 1999; Reagon, 2001; Walker, 1979).

Hymns of improvisation are another type of song that expanded the religious consciousness of African Americans involving religious expression within an existing body of hymns written primarily by European-Americans (Walker, 1979). For African Americans, these songs allowed for the continued expressions of messages of hope, and the identification with and praises to a good and righteous

God who would eventually ensure a just world for His Children (Walker, 1979). Improvised European hymns frequently used in Black religious life include *What a Friend We Have in Jesus*; *Amazing Grace*; *God will Take Care of You*; and *Pass Me Not O Gentle Savior* (Walker, 1979). African Americans transformed these songs into meaningful rhythmic expressions and emphasized themes of trust and confidence, praise and adoration, dependence on God, and death and immortality (Walker, 1979). Modern black gospel music followed with songs devoted to requests for divine protection and guidance, deliverance from misery, and testimonies to the goodness of God (Jackson, 2004; Southern, 1997).

Mental health researchers have documented the high incidence of major depression and the infrequent use of mental health services among older African Americans (Fortuna, Alegria, & Gao, 2010; Gonzalez, Tarraf, Whitfield, & Vega, 2010). It is possible that religion is a culturally preferred alternative treatment for self-management of mood disorders such as depression and anxiety, particularly among older African Americans (Gonzalez et al., 2010). This preference is evident in the use of religious expression in mental health programs where older African Americans receiving mental health therapy have included aspects of their religion along with other traditional strategies to alleviate mental health problems (Conner et al., 2010). Mental health scholars suggest that a better understanding of the culturally specific preferences for managing stressful life events is important (Carpenter-Song et al., 2010) and this knowledge is especially important among a population less likely to engage in mental health services for problems.

Scholars have speculated that religion has likely protected African Americans from depression (Koenig, King, & Carson, 2012; Taylor, Chatters, & Levin, 2004), but studies of the effects of religion on depression in African Americans have often been characterized by superficial operationalizations of religion as attending church and praying (Mitchell & Weatherly, 2000; Wittink, Joo, Lewis, & Barg, 2009). Additionally, several elements of religious practice, such as the use of religious songs, have yet to be addressed in empirical research. The purposes of the present study were therefore to explore in a sample of older African Americans the use of religious songs in response to the loss of a loved one or to life-threatening health problems, and to explore the meanings associated with these songs. The primary research questions that directed this exploration of religious songs among older

African Americans included: What are the types of religious songs used? Are there differences in the types of songs used among age groupings of young old, middle old, and oldest old African Americans.

## Design and Methods

Methods consisted of a qualitative descriptive design (Sandelowski, 2000, 2010) that included criterion sampling, open-ended semi-structured interviews, and content analysis (Hsieh & Shannon, 2005). Criterion sampling guided our selection of participants with known religious affiliations and likely to respond to the interview questions. A conventional qualitative content analysis included the interpretation of narrative responses (religious expressions of song lyrics and subjective personal meanings) through a process of coding that generated categories or a typology of expressions (Hsieh & Shannon, 2005).

Quantitative descriptive statistics were also used and consisted of ANOVA (continuous variables) and  $\chi^2$  test (dichotomous and categorical variables) to determine whether differences in the use of songs according to age groups (young old—50–64, middle old—65–74, and oldest old—75 and older) and stressful event were statistically significant (Tabachnick & Fidell, 2007). Our decision to focus our attention on age groups was to explore whether a pattern existed in the use of religious songs with increasing age (Taylor, Chatters, & Levin, 2004). The age grouping was chosen because to be consistent with age groupings in mental health research conducted with national samples of African Americans (Woodward et al., 2011). All quantitative analyses were performed with SPSS version 19. Approval for this study was obtained from the Institutional Review Board of the University of North Carolina at Chapel Hill.

## Participants

The sample included 65 African American men and women residing in the southeastern United States. Inclusion criteria were: African American ethnicity by self-report; at least 50 years old; and having experienced the loss of a loved one or a life-threatening illness. Recruitment efforts targeted participants with current religious affiliations and likely to use religious practices in their daily lives. These involved oral presentations of the study by the first author, church elders or ministers during regularly scheduled church services, prayer meetings,



and other church-based community group meetings. The first author also presented the study during regularly scheduled meetings of an African-American cancer support group.

### Procedures

The first author conducted semi-structured interviews lasting 15–60 min in participants' homes or private rooms located in their churches. Participants were given a \$25 gift card. All interviews were conducted between 2008 and 2010.

Participants were asked to talk about whether and how they used religious songs, scriptures, and prayers to help them when they had a stressful event such as a loss of a loved one or a life-threatening illness. The interviews consisted of three open-ended questions: "Can you recall a time in your life that was particularly stressful for you?" "Tell me about a religious song, scripture, or prayer that helped you during that time," and "Tell me how that song, scripture and/or prayer helped you during that time." Follow-up questions included: "Can you recall how you were feeling when you used that song or scripture, or prayer?" and "Tell me why you used that particular song, scripture, or prayer." Participants responded to these interview questions with narratives that consisted of lyrics to songs, quotes from scriptures, wording of prayers, and subjective meanings attached to these religious expressions.

### Data Analysis

All interviews were audiotaped and then transcribed verbatim with the first author and a research assistant reviewing each transcript for accuracy. Initial steps of content analysis were to construct a table that organized the data collected: participants' responses consisting of whether a song, scripture, or prayer was used; the words of the songs, scriptures, and prayers; the personal meanings of the songs, scriptures, or prayers; and the outcomes derived from using any of these religious expressions. The first author and a School of Divinity graduate student worked together to identify key categories of songs, scriptures, and prayers from participants' descriptions of them. These categories were labeled using texts drawn from religion, theology, musicology, and annotations from a New King James Version (NKJV) Bible and from the participants narrative responses on the personal meanings of these songs. Ministers within the African American religious community validated the formulation of this typology of songs, scriptures, and prayers.

This initial analysis of songs, the focus of this paper, led to the placement of songs and their personal meanings, into seven categories: (a) Identification with sufferings of singer, (b) Testimony of God's grace, (c) God as provider, (d) Instructive—reminder of what to do when suffering, (e) Memory—recall of past events, (f) Communication with God, and (g) Life after death. An SPSS database was created that allowed for a type of song(s) from each participant interview to be coded yes (1), song reflected a category or no (0), song did not reflect a category. Personal meanings of songs were given priority over lyrics of songs, and a more central role in the development of categories.

Intercoder reliability was evaluated on three separate occasions. On the first occasion, the first author (JH) and a co-author (AM) independently read seven (10% of the total sample) transcripts and summary sheets randomly selected according to variations in age and sex. An initial lack of clarity in the definitions of the categories or type of song resulted in a relatively low (<60%) percent agreement. These two researchers then met to discuss and clarify the definitions for the type of song. On this second meeting, considerations of time and person added clarity to the definitions. For example, we determined that songs could be distinguished according to the perspective of time (i.e., whether they addressed past, present, or future time) and aspect of person (i.e., whether the song was directed to God or others). As a result of this meeting, the previous seven song categories were reduced to five. Three categories of songs were merged: *Identification with sufferings of singer* and *God as provider* were merged with the type of songs that were *Instructive*. The remaining four categories of songs were renamed to reflect more accurately their definitions. This revised typology resulted in five categories of songs: (a) Songs of Thanksgiving and Praise; (b) Songs that are Instructive; (c) Songs that evoke Memory of Forefathers; (d) Songs that are Communication (prayers) with God; and (e) Songs reflecting a belief in Life after Death (see Table 1).

The second round of intercoder reliability was conducted with seven transcripts (which had not been previously coded) and summary sheets randomly selected again according to age and sex. The percent agreement of intercoder reliability rose to 83%. Intercoder reliability was conducted using an additional 15 (20% of the total sample) transcripts and summary sheets not previously coded. Cohen's Kappa was calculated with SPSS

Table 1. Type of Songs and Definitions

Types of songs	Definitions
Songs of <i>Thanksgiving and Praise</i>	Lyrics of songs and personal meanings reflect expressions of thanksgiving to God for His past acts of goodness, mercy, grace. Words are testimonies of past deliverance from suffering, oppression and illness.
Songs that are <i>Instructive</i>	Lyrics of songs and personal meanings express what one should do when presently troubled; when sick; when feeling down. Songs also contain words of encouragement to others to persevere hardships; to remind others that God has the ability to resolve health issues.
Songs that evoke <i>Memory of Forefathers</i> .	Personal meanings of songs connect individuals to a past events or person.
Songs that are a form of <i>Communication (prayers) with God</i>	Lyrics of songs and personal meanings are expressions to God of some unmet need; desires for protection; need for healing; strength; help when in trouble; relief from pain and suffering.
Songs that reflect a belief in <i>Life after Death</i> .	Lyrics of songs and personal meanings express belief in life after death; life is full of battles that may not be overcome in this life but will be in life after death; belief in immortality after death; hopes of going to Heaven after death (there is a religious consciousness of another better world after death).

version 19 and deemed satisfactory (.73–.84; Burla et al., 2008).

## Results

### Participant Characteristics

The 22 participants in the young old (50–64) group were primarily women ( $n = 19$ , 86%); had completed college ( $n = 15$ , 68%); were employed ( $n = 14$ , 64%); were Baptist in their adult years ( $n = 14$ , 64%); and, were living in rural areas ( $n = 16$ , 73%). The 21 participants in the middle old (65–74) group were primarily women ( $n = 13$ , 62%); had completed high school ( $n = 14$ , 67%); were retired ( $n = 15$ , 71%); were Baptist in their adult years ( $n = 16$ , 76%); and were living in rural areas ( $n = 12$ , 57%). The 22 participants in the oldest old (75 and older) group were primarily women ( $n = 14$ , 64%); had less than a high school education ( $n = 11$ , 50%); were retired ( $n = 22$ , 100%); were Baptist in their adult years ( $n = 17$ , 77%); and were living in rural areas ( $n = 5$ , 23%). Chi-square analyses showed significant differences among the age groups in education, marital status, employment status, and place of residence (see Table 2). The young old group had higher percentages of participants who had completed college, were employed, and living in rural geographical areas. The oldest old group had higher percentages of participants with less than high school education, in retirement, and living in urban geographical areas. The oldest old group had the lowest percentage of married participants.

*Stressful Events Experienced.*—As shown in Table 3, the stressful events participants experienced

were the loss of a loved one, followed by a life-threatening illness, and stress related to work. Participants experienced one or more family deaths that included the caregiving and ultimate death of a spouse, parent, sibling, or child. They experienced life-threatening illness including—heart disease, cancer, stroke, and unintentional injuries, all leading causes of death among African-Americans (Centers for Disease Control, 2010). Participants also described stressful chronic and functionally limiting illnesses that included kidney failure, insulin-dependent diabetes, and arthritis. Work-related stressors were derived from the demands of the job or conflicts with co-workers and the anxiety and depression participants associated with them. The three age groups differed significantly on the stressful event of caregiving and ultimate death of a spouse (see Table 3). The oldest old age group had higher numbers of participants with this type of stressful event than the other age groups.

*Type of Religious Song.*—Overall, the type of song used most frequently across the three age groups was *Thanksgiving and Praise* and least frequently, *Memory of Forefathers* (see Table 4). With the exception of the type of song reflecting *Life after Death*, the overall type of song used by each age group was not significantly different. The oldest old group had higher numbers of participants using *Life after Death* songs.

*Stressful Event and Type of Religious Song.*—When the type of song was examined in relation to

Table 2. Demographics of Sample by Age Group

	Young old (50–64) <i>n</i> = 22	Middle old (65–74) <i>n</i> = 21	Oldest old (≥75) <i>n</i> = 22	( <i>F</i> or $\chi^2$ )
Age				
<i>M</i> ( <i>SD</i> )	56 (4.0)	68 (2.8)	82 (4.8)	<i>F</i> = 241.05**
Gender				
Male	3 (13.6%)	8 (38.1%)	8 (36.4%)	$\chi^2$ = 3.93
Female	19 (86.4%)	13 (61.9%)	14 (63.6%)	
Education				
Less than HS	2 (9.1%)	0 (0%)	11 (50%)	$\chi^2$ = 32.30**
Completed HS	5 (22.7%)	14 (66.7%)	8 (36.4%)	
Completed college	15 (68.2%)	7 (33.3%)	3 (13.6%)	
Marital status				
Married	12 (54.5%)	10 (47.6%)	9 (40.9%)	$\chi^2$ = 21.90*
Not married	10 (45.5%)	11 (52.4%)	13 (59.1%)	
Employment status				
Employed	14 (63.6%)	3 (14.3%)	0 (0%)	$\chi^2$ = 37.24**
Disabled	5 (22.7%)	3 (14.3%)	0 (0%)	
Retired	3 (13.6%)	15 (71.4%)	22 (100%)	
Religious affiliation (early years)				
Baptist	16 (72.7%)	14 (66.7%)	15 (68.2%)	$\chi^2$ = 4.36
Missionary Baptist	1 (4.5%)	1 (4.8%)	1 (4.5%)	
AME	2 (9.1%)	3 (14.3%)	3 (13.6%)	
AME Zion	1 (4.5%)	0 (0%)	1 (4.5%)	
Catholic	2 (9.1%)	3 (14.3%)	1 (4.5%)	
CME	0 (0%)	0 (0%)	1 (4.5%)	
Religious affiliation (adult years)				
Baptist	14 (63.6%)	16 (76.2%)	17 (77.3%)	$\chi^2$ = 7.67
Missionary Baptist	0 (0%)	1 (4.8%)	1 (4.5%)	
AME	1 (4.5%)	1 (4.8%)	2 (9.1%)	
AME Zion	1 (4.5%)	0 (0%)	1 (4.5%)	
Catholic	4 (18.2%)	2 (9.2%)	1 (4.5%)	
Holiness	1 (4.5%)	2 (9.2%)	0 (0%)	
Community size				
Rural	16 (72.7%)	12 (57.1%)	5 (22.7%)	$\chi^2$ = 11.51*
Urban	6 (27.3%)	9 (42.9%)	17 (77.3%)	

Notes: AME = African Methodist Episcopal; AME Zion = African Methodist Episcopal Zion; CME = Christian Methodist Episcopal; HS = High School.

\**p* ≤ .05. \*\**p* ≤ .01.

the most stressful event, songs of *Thanksgiving and Praise* and songs that were *Instructive* were those most frequently used when the most stressful event was the death of a loved one or life-threatening illness (see Table 5). When the most stressful event was work-related, *Communication with God* was used more often than the other types of songs. The groups were significantly different on the use of songs that were *Instructive* when illness was the most stressful event.

In the section that follows, we show with brief quotations from participants how the type of song was used in response to a stressful event and the meaning of that particular song to them. Song

titles and their lyrics provided by participants and featured in this section are italicized.

*Songs of thanksgiving and praise.* The most frequently used type of song was a testimony to others of how God was a deliverer from suffering, burden, and illness, consistent with Walker (1979). Participants using songs of *Thanksgiving and Praise* found these songs to be uplifting, comforting, and relaxing. A favorite song in this category was *Amazing Grace*.

An 85 year-old woman spoke of the song she used during stressful events of being the only sibling to survive and the caregiving and ultimate death of her

Table 3. Stressful Event by Age Group

Event	Young old (50–64) (n = 22)	Middle old (65–74) (n = 21)	Oldest old (≥75) (n = 22)	χ <sup>2</sup>
Family death event				
Spouse	2	2	11	13.58**
Mother	5	10	9	
Father	8	6	5	0.99
Child	2	2	3	0.29
Sibling	5	5	3	0.85
Illness event				
Cancer	11	7	5	3.64
Heart disease/CV	1	3	5	3.05
Trauma/accident	1	3	0	3.95
Other chronic illness	7	4	7	1.16
Work-related event	3	2	1	1.09

Notes: Participants could have had more than one stressful event. CV = Cardiovascular disease.

\*p ≤ .05. \*\*p ≤ .01.

husband. The song, *Amazing Grace*, was a reminder always to acknowledge and depend on God for support with life’s problems. As she explained:

I had twelve brothers and sisters . . . and all of them are gone but me; I’m the only one living. . . My husband, that was a stressful time when I lost my husband . . . because he was sick for a long time. . . I used to sing ‘Amazing Grace’ a lot all the time. Seemed like that was special to me—that hymn . . . I used to like it the old way because they used to sing it at prayer meetings when I was a child growing up at church. . . . Because it just—it’s just uplifting, and you just think about seeking God first . . . and —not man. ‘because He can do anything but fail. Man can’t go but so far, but God will be there when man fails. Man will disappoint you, but God will always be there; He’s not gonna let you down. He’ll be there when you need Him at all times, anytime.

A 66-year-old man who had lost both parents and experienced a life-threatening illness (brain aneurysm) recalled lyrics of a gospel song, *God is My Everything*, that he thought of and sang often

in his church choir. This is a song of *Thanksgiving and Praise*, a testimony of what God did for him during his illness, and of what He continued to do for him. As he sang and observed:

[man singing] *God is my everything, He’s my joy in sorrow, He’s my hope for tomorrow, He’s my rock in a weary land, A shelter in time of storm, God is, God is my everything.* [man talking] He brought me through, yeah, He’s still bringing me through. This is a day of the walk, it’s not just when I go to church and hear the preaching . . . that’s not it. Every day I walk for the Lord.

*Songs of instruction.* Participants used this type of song to instruct themselves and others of what to do when troubled, sick, or feeling down. These songs typically reminded them of God’s power to heal and encouraged them to remain faithful and patient with God’s ability to resolve problems and health issues. The song *Hold to God’s Unchanging Hand* was one of the *Songs of Instruction* the oldest old age group frequently reported. The text of this song encouraged them to have faith and trust in

Table 4. Type of Song by Age Group

Theme	Young old (50–64) (n = 22)	Middle old (65–74) (n = 21)	Oldest old (≥75) (n = 22)	χ <sup>2</sup>
Thanksgiving and Praise	9	13	12	1.97
Instructive	6	8	11	2.40
Memory of Forefathers	3	4	1	2.15
Communication with God	6	9	8	1.16
Life after Death	3	2	9	7.49*

Notes: Participants could have used more than one type of song in response to stress event.

\*p ≤ .05. \*\*p ≤ .01.



Table 5. Type of Song by Age Group for Most Stressful Event (Family Death Event)

	Young old (50–64) (n = 22)	Middle old (65–74) (n = 21)	Oldest old (≥75) (n = 22)	χ <sup>2</sup>
Family death event				
Thanksgiving and Praise	7	10	10	2.50
Instructive	3	6	9	2.65
Memory of Forefathers	3	1	1	2.36
Communication with God	4	4	7	.28
Life after Death	2	1	7	4.51
Illness event				
Thanksgiving and Praise	3	3	3	1.60
Instructive	3	1	4	6.08*
Memory of Forefathers	2	1	0	1.02
Communication with God	3	3	1	.82
Life after Death	1	1	3	5.57
Work-related event				
Thanksgiving and Praise	0	1	1	3.75
Instructive	2	1	0	1.33
Memory of Forefathers	0	0	0	—
Communication with God	1	2	0	3.33
Life after Death	0	0	0	—

Notes: Participants could have used more than one type of song in response to stress event.

\* $p \leq .05$ . \*\* $p \leq .01$ .

God for help with troubles when there was no one else, emphasizing that He will never leave you. A 62-year-old woman mentioned another long-time gospel favorite among African Americans, *There's a Bright Side Somewhere*. This song has an overall message to think positive, to be faithful, and to know that God will make a way during troubling times. This woman who experienced the deaths of her father and child stated and sang:

And you can fall on your knees and you can pray, and it's just something about that verse right there that I just love. . . [woman singing] *I can go into my secret closet*. . . [woman talking]. . . and it's just something about that that I just love. . . And just know that there's gonna be a bright side when you wake up.

One participant was able to recall not only the stressful event, the type of song, and outcome but the specific time when the song was used. A 50-year-old (young old) participant diagnosed with cancer named her favorite song which was based on the Bible verse Hebrews 11:1, “Now faith is the substance of things hoped for, the evidence of things not seen.” For this participant the song *Harvest Time*, gave her hope and reminded her to be patient. As she recalled:

I'd always, going to the treatments, I'd always have a song on my way that I'd sing, and the whole time I was in treatment. You know, I'd have a song—I'd play it on the way there, and when I got out of

chemo, I'd have something to look forward to . . . and the song . . . it brought me through.

*Songs that evoke memory of forefathers.* When stressed, participants recalled learning songs from parents or grandparents or using songs that connected them of a past time with a loved one. A 69-year-old man with a cancer diagnosis recalled a previous time with his grandmother, whom he perceived to be a woman of strength. For him, this perception of strength was comforting and psychologically protective. His comment that follows is an example of the oral tradition of preserving the history of songs. As he noted:

And the song—that particular song speaks to that, ‘*How tedious and tasteless the hour when Jesus no longer I see,*’ because in that case Jesus and their religion was the center of their—of their life, and it would tend to give them strength—hope—and comfort—dealing with the things that were either tasteless or tasteful to them, and it was their lift. I call it the intake that was going on with a degree of unconsciousness but then you do the replay and it's almost automatic, and you're doing the replay from the intake that comes later; it's like a computer and you start playing it back. And you can identify with what was going on then to what it is—in fact the circumstance may be different in terms of the specific incident; but struggle, hardship, pain, anguish,—satisfaction, accomplishment, success,—the, peaks and valleys of the day, you know, all of that [is similar to today].”



*Songs that communicate with God.* This type of song was likened to a prayer and emphasized a direct conversation with God to request protection, healing, strength, and relief from pain and suffering. Frequently mentioned songs were *Jesus be a Fence all Around Me*, *Precious Lord Take my Hand*, and *Touch Me Lord Jesus*. A 69-year-old woman living in a small town talked about the song, *Jesus be a Fence all Around Me* that brought her comfort after a car accident in which she sustained life-threatening injuries. As she recalled:

I had lost my right eye; my head went through the windshield, but thank God. I was thanking Him all the time that I was just still alive. [I]—don't have to fear, and I feel the same way about my body; I feel that God has put a fence around me so that I'm protected. I don't have to fear of being sick, or having any illnesses. Because I just had a feeling that anytime I got into a stressful time, if I just think about—He's here with me. He's gonna carry me through this.

*Songs that reflect a belief in life after death.* The focus of these songs was a belief in *Life after Death*, in a heavenly home free of pain and suffering and where loved ones would be seen again. Favorite songs listed were primarily from the genre of the Negro spirituals including, *Swing Low Sweet Chariot*, *Old Ship of Zion*, *By and By*, and *Climbing up the Rough Side of the Mountain*. Collectively, these songs attest to God's ability to bring one through life's storms and burdens and to carry one to a place free of troubles and heartaches. Also embedded in these songs is the belief that troubles in this life are to be expected but those who remain faithful will endure and be rewarded if not in this life then in a future life in Heaven (Jones, 1993; Raboteau, 2001; Walker, 1979).

An 81-year-old man and Deacon in his church was known in his church and community for the song *Come On, Come On, Don't You Want to Go?* He learned this song at a revival held in a neighboring community and was frequently asked to sing his song at church services. For this man, this song seemed to reflect an anticipation of a better life after this one but also the belief that God wasn't ready for him [to die] yet. As he sang and remarked:

[Man singing] *Come on, come on, come on, don't you wanna go? Come on, Come on, Come on, don't you wanna go? Well, come on, come one, come on, don't you wanna go? I said yes, I want to go.* [Man talking] Well, I sing this song spiritually. The spirit is in me, and I think about going home and then God

comes in the picture. I'm not ready to go yet; He's not ready for me yet. Don't you wanna go? You know . . .

## Discussion

The findings of this study show that religion expressed through song was a useful strategy for these middle-aged and older African Americans experiencing stressful life events. Participants in this study referred to their use of religious song as a connectedness to God and others. This connectedness resulted in feelings of being comforted, strengthened, able to endure, uplifted, and able to find peace through the songs described here.

Historians and theological scholars have suggested that their examination of religious songs is informative of an individual's beliefs and values. These songs can transform the mood of the user from negative to a more positive, hopeful one (Jones, 1993; Reagon, 2001). For the middle-aged and older African Americans in this study, religious songs allowed them to express their belief in an all-powerful Deity with the capability to take them from a place of weakness and vulnerability to that of strength and power in this world; from an earthly world of pain, suffering, and oppression to a future world of peace, serenity, and equality; and to a heavenly place where wrongs are righted and the old becomes new (Herald-Sun, 2011).

Among the most notable findings was the participants' frequent use of songs of *Thanksgiving and Praise* in response to the death of a close family member and their own brush with mortality. Collectively, these songs are used to thank God for His past acts of mercy and show a prevailing belief and faith in the power of God, that if He delivered previously, He will do it again (Pinn, 1999; Thurman, 1996). On a personal level, these songs indicate a connectedness to God in using language similar to that expressed in the narratives of individuals experiencing tragic life events (Lawson & Thomas, 2007). For example, the narratives of Katrina victims revealed a coping strategy that emphasized a reliance on God and a faith in His ability to help them endure tragic life events. This faith and belief were sources of strength and resilience, resulting in feelings of comfort and sense of control (Lawson & Thomas, 2007). Also notable in our study was that the participants never indicated any lack of faith or doubt that the songs they turned to in times of adversity would help them. Participants always expected that God eventually would intervene in a positive way on their behalf.

The second most frequently used type of song was *Instructive*. *Instructive* songs provided participants guidance and kept them spiritually connected to others. These songs were personal expressions of beliefs in how one should behave or act when in need, when sick, or feeling down. More importantly, the words expressed in this type of song encouraged and reminded participants that help from God was forthcoming. One aspect of spirituality is an obligation to help others who are less fortunate, believing that God will reciprocate the good deed (Hamilton & Sandelowski, 2003; Lawson & Thomas, 2007). Within the African American community and among the sick and shut-in, helping others less fortunate has traditionally been recognized as helping through assistance with types of instrumental support involving sharing clothing, food, and the services of transportation (Carlton-LaNey, Hamilton, Ruiz, & Alexander, 2001). The use of *Instructive* songs in response to stressful life events served as reminders to be patient for God to deliver and as sources of emotional support that become the medium for the support provided to others during stressful life events.

The results of our study suggest that some types of songs are also a direct *Communication to God* (prayers). Research has shown that prayers as a collective religious expression are of importance to individuals regardless of ethnicity or religious background (Gillum & Griffith, 2010; Mitchell & Weatherly, 2000). When overwhelmed with the stress of a tragic life event, the cognitive process of constructing the words for a prayer may be difficult. Yet, it might be less difficult to recall the words when remembered as a song. Participants were taught to memorize songs during their formative years in their homes, churches, and schools. The practice of teaching younger generations religious songs in their formative years suggests that previous generations somehow anticipated that some form of religious practice would be needed to overcome future life stressors and a religious song would “get them through.” Recent research suggests that intergenerational support from aging parents to offspring is influenced by the resources available to them (Fingerman, Vandrift, Dotterer, Birditt, & Zarit, 2011). Perhaps the teaching of songs as a mental health-promoting strategy was a type of intergenerational support among these religiously oriented older African Americans. Whatever the rationale, the practice of memorizing songs in early life that were then later recalled provided an important resource for mental health issues in subsequent years.

Although infrequently used, songs of *Memory of Forefathers* and *Life after Death* are illustrative of the likely relevance of these types of songs as a connectedness to others in the past and to others and God in the future. *Memory of our Forefathers* appeared to serve a positive mental health function similar to reminiscence as these songs were focused on past lived experiences, and on memories of family members who died (Bohlmeijer, Kramer, Smit, Onrust, & van Marwijk, 2009). Yet the less frequent use of these songs may be explained by the likelihood that such memories were a source of comfort for some but a source of pain and sorrow for others. *Life after Death* songs used mostly by the oldest old and focused on a future life in heaven after death were likely comforting and reassuring, and provided a sense of peace which facilitated their coping with the inevitable. *Life after Death* songs, however, might not be as yet relevant to the younger age groups by virtue of their age. Such songs, originally written to help African Americans cope with slavery (Cone, 2008; Walker, 1979), also might not have been as relevant to African Americans who came of age during the post-civil rights era and who were better educated and more economically prosperous.

#### *Limitations of Present Study*

Participants were those with current religious affiliations and we did not explore the use of religious songs among those persons unaffiliated with religious groups who might have different experiences. Additionally, the majority of the participants were women affiliated with Baptist Congregations. Nevertheless, the participants enrolled in this study generally reflected the composition of African-American religious affiliations (Pew Forum, 2007) and although the men were fewer in number than the women, they were as open about their religious experiences as were the women and the content was not greatly different.

#### *Implications for Research and Practice*

Researchers and mental health practitioners have acknowledged the need for programs and interventions to address the specific needs for treatment of mental health problems among African Americans in general (Conner et al., 2010; Fortuna, Algeria, & Gao, 2010; Himelhoch et al., 2011; Siegel, Haugland, Reid-Rose & Hopper, 2011) and older African Americans in particular (Conner

et al., 2010). Mindfulness-based stress reduction programs that teach meditation skills to cope with daily stressors have been successful with older African Americans (Szanton, Wenzel, Connolly, & Piferi, 2011). This success was likely enhanced by their use of religious expressions along with the meditation skills taught suggesting that spiritually based mindfulness-based therapies would likely enhance acceptability and participation in these and other similarly constructed mental health programs delivered to older African Americans (Szanton et al., 2011).

Researchers have also had some success with tailored cognitive behavioral interventions in decreasing depression among African American populations (Himelhoch et al., 2011; Kohn, Oden, Munoz, Robinson, & Leavitt, 2002; Lai, Larson, Rockoff, & Bakken, 2008). Although these interventions were not spiritually based, the researchers did determine that culturally adapted interventions had better outcomes than those interventions that were not adapted. A tailored cognitive behavioral intervention incorporating self-care and self-comforting components was especially acceptable with the management of depressive symptoms among African Americans (Lai et al., 2008). The use of religious songs is a self-care strategy that could be readily incorporated into this type intervention.

Reminiscence therapy as a mental health intervention has been shown to improve outcomes when compared to a traditional health education program designed to decrease depressive symptoms among an older African American population (Shellman, Mokel, & Hewitt, 2009). The reminiscence component of this therapy guided the participants to recall previous experiences to enable them to come to terms with losses and find meaning in past events that shaped their current situations. Religious songs could be incorporated into reminiscence interventions as we found that older African Americans were comforted through the memories of past events and family members and the songs that gave them strength and comfort.

In comparison to Caucasians, African Americans are more likely to experience disparities with patient-physician communication and depression care (Ghods et al., 2008). Yet, discussions of a patient's religious beliefs might encourage discussions of mental health issues (Alcorn et al., 2010; Wittink et al., 2009) and improve mental health (Kristeller, Rhodes, Cripe, & Sheets, 2005). For the middle-aged and older African American patient, an

inquiry into a favorite religious song used in response to stressful events may be an effective way of initiating a conversation between African American patients and mental health care providers. Depressive care protocols targeted toward promoting patient communication skills and understanding patient cultural beliefs and values (Conner et al., 2010) might be enhanced by the incorporation of religious expressions among their older African American clients. Other researchers have suggested that prayer be incorporated into spiritual care interventions (Wittink et al., 2009), but health care practitioners might feel more at ease with conversations around religious songs as a way to assess and address patient's spiritual and emotional needs.

Finally, research on interventions using music therapy has shown that listening to music has health benefits (Gallagher, 2011; Guetin et al., 2012; Wu et al., 2011). However, health benefits are derived from singing as well as listening to music (Sorrell & Sorrell, 2008). Singing has been recognized as a "healing art" providing both mental and physical stimulation, an activity that may be particularly beneficial to older populations and those less able to engage in physical types of exercise (Skingley & Vella-Burrows, 2010; Sorrell & Sorrell, 2008). There is also some evidence that singing has some effects on elevating negative moods (Kenny & Faunce, 2004; Morgan & Jorm, 2008), stimulating cognitive functioning, and promoting memory recall and learning (Skingley & Bungay, 2010), all of which are important to the psychological health and well-being of older adults.

Potential next steps for this type research would be an exploration of the use of religious songs in other African American populations without religious affiliations or those residing in other geographical locations. The use of religious songs among the participants in this study appeared to be a mental health-promoting strategy, one that has been a part of the oral tradition of African Americans for generations. Yet, the results of a recent Pew Forum (2010) suggest that younger individuals are less likely than older persons to have religious affiliations, less likely to attend church, and less likely to engage in religious activities such as praying. Investigators might explore whether older African Americans are teaching their children the spiritually based mental health promoting strategies they learned in their formative years and whether younger individuals are receptive to such teaching.



## Conclusion

Our findings are consistent with the notion that religious practices in the form of songs are beneficial to mental health. Although future research on this topic is warranted, these results suggest that the strong relationship found between religious practices and well-being among African American populations in general (Koenig, King, & Carson, 2012) might be extended to the use of religious songs in particular. This information might have practical use for clinicians who are seeking an acceptable and sensitive way of approaching mental health issues in older African American patients.

## Acknowledgments

The authors would like to acknowledge the participants who openly shared their use of religious song in the daily lives. A special thank you to those individuals who helped with recruitment and interpretation of findings—Deacon William Marvin Hamilton, Rev. Dr. Marcus V. Ingram, Sr., Rev. Chester Spruill, Rev. William E. Daye, Mr. Jerome C. Martin, Ms. Amey Adkins, NAKIA Best, MSN; Dorothy L. Coverson, Ph.D., Rev. Dr. Donald L. Smith, and Ms. Priscilla Lewis and Ms. Valerie Worthy of Sisters Network, Inc. The views expressed in this manuscript are those of the authors and do not reflect the official policy or position of the Department of the Army, Department of Defense, or the U.S. Government.

## References

Alcorn, S. R., Balboni, M. J., Prigerson, H. G., Reynolds, A., Phelps, A. C., Wright, A. A., et al. (2010). "If God wanted me yesterday, I wouldn't be here today": Religious and spiritual themes in patients' experiences of advanced cancer. *Journal of Palliative Medicine*, *13*, 581–588. doi:10.1089/jpm.2009.0343

Blazer, D. G. (2007). Religious beliefs, practices and mental health outcomes: What is the research question? *American Journal of Geriatric Psychiatry*, *15*, 269–272. doi:10.1097/JGP.0b013e318034193a

Bohlmeijer, E., Kramer, J., Smit, F., Onrust, S., & van Marwijk, H. (2009). The effects of integrative reminiscence on depressive symptomatology and mastery of older adults. *Community Mental Health Journal*, *45*, 476–484. doi:10.1007/s10597-009-9246-z

Burla, L., Knierim, B., Barth, J., Liewald, K., Duetz, M., & Abel, T. (2008). From text to codings: intercoder reliability assessment in qualitative content analysis. *Nursing Research*, *57*, 113–117. doi:10.1097/01.NNR.0000313482.33917.7d

Carlton-LaNey, I., Hamilton, J., Ruiz, D., & Alexander, S. (2001). Sitting with the sick: African American women's philanthropy. *Affiliate Journal of Women and Social Work*, *16*, 447–466.

Carpenter-Song, E., Chu, E., Drake, R. E., Ritsema, M., Smith, B., & Alverson, H. (2010). Ethno-cultural variations in the experience and meaning of mental illness and treatment: implications for access and utilization. *Transcultural Psychiatry*, *47*, 224–251. doi:10.1177/1363461510368906

Carter, J. K. (2008). *Race: A theological account*. New York: Oxford University Press.

Centers for Disease Control. (2010). *Racial and Ethnic Populations*. Office of Minority Health and Health Disparities. Retrieved May 6, 2010, from <http://www.cdc.gov/omhd/Populations/populations.htm>

Chatters, L. M., Levin, J. S., & Taylor, R. J. (1992). Antecedents and dimensions of religious involvement among older black adults. *Journal of Gerontology*, *47*, S269–S278. doi:10.1093/geronj/47.6.S269

Cone, J. H. (2002). *God of the oppressed*. Maryknoll, NY: Orbis Books.

Cone, J. H. (2008). *The spirituals and the blues*. Maryknoll, NY: Orbis Books.

Conner, K. O., Copeland, V. C., Grote, N. K., Rosen, D., Albert, S., McMurray, M. L., et al. (2010). Barriers to treatment and culturally endorsed coping strategies among depressed African-American

older adults. *Aging and Mental Health*, *14*, 971–983. doi:10.1080/13607863.2010.501061

Fingerman, K. L., VanderDrift, L. E., Dotterer, A. M., Birditt, K. S., & Zarit, S. H. (2011). Support to aging parents and grown children in Black and White families. *The Gerontologist*, *51*, 441–452. doi:10.1093/geront/gnq114

Fisher, M. M. (1990). *Negro slave songs in the United States*. New York: Carol Publishing Group.

Fortuna, L. R., Alegria, M., & Gao, S. (2010). Retention in depression treatment among ethnic and racial minority groups in the United States. *Depression & Anxiety*, *27*, 485–494. doi:10.1002/da.20685

Gallagher, L. M. (2011). The role of music therapy in palliative medicine and supportive care. *Seminars in Oncology*, *38*, 403–406.

Ghods, B. K., Roter, D. L., Ford, D. E., Larson, S., Arbelaez, J. J., & Cooper, L. A. (2008). Patient-physician communication in the primary care visits of African Americans and whites with depression. *Journal of General Internal Medicine*, *23*, 600–606. doi:10.1007/s11606-008-0539-7

Gillum, F., & Griffith, D. M. (2010). Prayer and spiritual practices for health reasons among American adults: The role of race and ethnicity. *Journal of Religion and Health*, *49*, 283–295. doi:10.1007/s10943-009-9249-7

Gonzalez, H. M., Tarraf, W., Whitfield, K. E., & Vega, W. A. (2010). The epidemiology of major depression and ethnicity in the United States. *Journal of Psychiatric Research*, *44*, 1043–1051. doi:10.1016/j.jpsychires.2010.03.017

Guetin, S., Ginies, P., Sio, D. K., Picot, M. C., Pommie, C., Guldner, E., et al. (2012). The effects of music intervention in the management of chronic pain: A single-blind, randomized, controlled trial. *Clinical Journal of Pain*, *28*, 329–337. doi:10.1097/AJP.0b013e31822be973

Hamilton, J. B., & Sandelowski, M. (2003). Living the golden rule: reciprocal exchanges among African Americans with cancer. *Qualitative Health Research*, *13*, 656–674. doi:10.1177/1049732303013005005

Himelhoch, S., Mohr, D., Maxfield, J., Clayton, S., Weber, E., Medoff, D., et al. (2011). Feasibility of telephone-based cognitive behavioral therapy targeting major depression among urban dwelling African-American people with co-occurring HIV. *Psychological Health & Medicine*, *16*, 156–165. doi:10.1080/13548506.2010.534641

Herald-Sun. (November 28, 2011). *The Rev. Marcus Ingram's sermon*. Durham, NC: Author.

Hsieh, H. F., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research*, *15*, 1277–1288. doi:10.1177/1049732305276687

Jackson, J. A. (2004). *Singing in my soul: Black gospel music in a secular age*. Chapel Hill, NC: The University of North Carolina University Press.

Jones, A. C. (1993). *Wade in the water. The wisdom of the spirituals*. Maryknoll, NY: Orbis Books.

Joyner, C. (1985). *Down by the riverside: A South Carolina slave community*. Chicago: University of Illinois Press.

Kenny, D. T., & Faunce, G. (2004). The impact of group singing on mood, coping, and perceived pain in chronic pain patients attending a multidisciplinary pain clinic. *Journal of Music Therapy*, *41*, 241–258.

Koenig, H. G. (2007). Religion and depression in older medical inpatients. *American Journal of Geriatric Psychiatry*, *15*, 282–291. doi:10.1097/01.JGP.0000246875.93674.0c

Koenig, H. G. (2009). Research on religion, spirituality, and mental health: A review. *Canadian Journal of Psychiatry*, *54*, 283–291.

Koenig, H. G., King, D. E., & Carson, V. B. (2012). *Handbook of religion and health*. NY: Oxford University Press.

Kohn, L. P., Oden, T., Munoz, R. F., Robinson, A., & Leavitt, D. (2002). Adapted cognitive behavioral group therapy for depressed low-income African American women. *Community Mental Health Journal*, *38*, 497–504. doi:10.1023/A:1020884202677

Kristeller, J. L., Rhodes, M., Cripe, L. D., & Sheets, V. (2005). Oncologist Assisted Spiritual Intervention Study (OASIS): Patient acceptability and initial evidence of effects. *International Journal of Psychiatry Medicine*, *35*, 329–347.

Lai, T. Y., Larson, E. L., Rockoff, M. L., & Bakken, S. (2008). User acceptance of HIV TIDES—Tailored Interventions for Management of Depressive Symptoms in persons living with HIV/AIDS. *Journal of American Medicine Informal Association*, *15*, 217–226. doi:10.1197/jamia.M2481

Lawson, E. J., & Thomas, C. (2007). Wading in the waters: Spirituality and older black Katrina survivors. *Journal of Health Care for the Poor and Underserved*, *18*, 341–354. doi:10.1353/hpu.2007.0039



- Mitchell, J., & Weatherly, D. (2000). Beyond church attendance: Religiosity and mental health among rural older adults. *Journal of Cross Cultural Gerontology, 15*, 37–54. doi:10.1023/A:1006752307461
- Morgan, A. J., & Jorm, A. F. (2008). Self-help interventions for depressive disorders and depressive symptoms: a systematic review. *Annals of General Psychiatry, 7*, 13. doi:10.1186/1744-859x-7-13
- Pew Forum. (2007). *A religious portrait of African-Americans*. Pew Forum on Religion & Public Life. Washington, DC: Pew Research Center.
- Pew Forum. (2010). *A religious portrait of African-Americans*. Pew Forum on Religion & Public Life. Washington, DC: Pew Research Center.
- Pinn, A. B. (1999). *Why Lord? Suffering and evil in Black theology*. New York: Continuum.
- Raboteau, A. J. (1978). *Slave religion. The "Invisible Institution" in the Antebellum South*. New York: Oxford University Press.
- Raboteau, A. J. (2001). *Canaan land*. New York: Oxford University Press.
- Reagon, B. J. (2001). *If you don't go don't hinder me. The African American sacred song tradition*. Lincoln, NE: University of Nebraska Press, Bison Books.
- Reed, P. G. (1992). An emerging paradigm for the investigation of spirituality in nursing. *Research in Nursing & Health, 15*, 349–357.
- Saliers, D. G. (2007). *Music and theology*. Nashville, TN: Abingdon Press.
- Sandelowski, M. (2000). Whatever happened to qualitative description? *Research in Nursing & Health, 23*, 334–340. doi:10.1002/1098-240X(200008)23:4<334::AID-NUR9>3.0.CO;2-G
- Sandelowski, M. (2010). What's in a name? Qualitative description revisited. *Research in Nursing & Health, 33*, 77–84. doi:10.1002/nur.20362
- Shellman, J. M., Mokel, M., & Hewitt, N. (2009). The effects of integrative reminiscence on depressive symptoms in older African Americans. *Western Journal of Nursing Research, 31*, 772–786. doi:10.1177/0193945909335863
- Siegel, C., Haugland, G., Reid-Rose, L., & Hopper, K. (2011). Components of cultural competence in three mental health programs. *Psychiatric Services, 62*, 626–631. doi:10.1176/appi.ps.62.6.626
- Skingley, A., & Bungay, H. (2010). The Silver Song Club Project: singing to promote the health of older people. *British Journal of Community Nursing, 15*, 135–140.
- Skingley, A., & Vella-Burrows, T. (2010). Therapeutic effects of music and singing for older people. *Nursing Standard, 24*, 35–41.
- Sorrell, J. A., & Sorrell, J. M. (2008). Music as a healing art for older adults. *Journal of Psychosocial Nursing and Mental Health Services, 46*, 21–24.
- Southern, E. (1997). *The music of Black Americans: A history*. New York: W. W. Norton & Company.
- Szanton, S. L., Wenzel, J., Connolly, A. B., & Piferi, R. L. (2011). Examining mindfulness-based stress reduction: perceptions from minority older adults residing in a low-income housing facility. *BMC Complement Alternative Medicine, 11*, 44. doi:10.1186/1472-6882-11-44
- Tabachnick, B. G., & Fidell, L. S. (2007). *Using Multivariate Statistics*. New York: Harpercollins College.
- Taylor, R. J., Chatters, L. M., & Levin, J. (2004). *Religion in the lives of African Americans: Social, psychological, and health perspectives*. Thousand Oaks, CA: Sage Publications.
- Thurman, H. (1996). *Jesus and the disinherited*. Boston, MA: Beacon Press.
- Walker, W. T. (1979). *Somebody's calling my name. Black sacred music and social change*. Valley Forge, PA: Judson Press.
- Wittink, M. N., Joo, J. H., Lewis, L. M., & Barg, F. K. (2009). Losing faith and using faith: Older African Americans discuss spirituality, religious activities, and depression. *Journal of General Internal Medicine, 24*, 402–407. doi:10.1007/s11606-008-0897-1
- Woodward, A. T., Taylor, R. J., Bullard, K. M., Aranda, M. P., Lincoln, K. D., & Chatters, L. M. (2011). Prevalence of lifetime DSM-IV affective disorders among older African Americans, Black Caribbeans, Latinos, Asians and Non-Hispanic White people. *International Journal of Geriatric Psychiatry*. doi:10.1002/gps.2790
- Wu, J., Chaplin, W., Amico, J., Butler, M., Ojje, M. J., Henedy, D., . . . Clemon, L. (2011). Music for surgical abortion care study: a randomized controlled pilot study. *Contraception*. doi:10.1016/j.contraception.2011.09.018