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## **Singing for Health: do members of a generic singing for health group experience similar effects on health and wellbeing as those in condition-specific groups?**

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### **Abstract**

Throughout time, and within differing cultures, music has been understood to have a beneficial impact on health. Group singing, in particular, may have specific benefits for health when compared to alternative forms of music making and listening, and there exists a growing body of research examining the impact of singing on health. This mixed methods study explored the benefits to health and wellbeing reported by people attending a generic singing for health group. A comparison of findings was made against existing data regarding benefits reported by people attending condition-specific groups. Results indicated a similarity in reported benefits and a preference for a generic group, which may have implications for the future commissioning of singing for health groups.

### **Keywords:**

singing for health  
arts and health  
commissioning  
participant preference  
wellbeing  
self-funding

### **Introduction**

The world's population is ageing at an unprecedented rate, with the number of people over the age of 60 predicted to exceed the number of those under 60 for the first time in history by 2050 (United Nations 2015). Ageing is associated with an increased risk of developing one or more long-term health conditions (World Health Organization 2015), and this anticipated rise in the number of older people presents challenges for healthcare providers and a focus for research into the development of supportive interventions.

Twenty-three per cent of global disease burden occurs in people aged 60 years or older, mainly in the form of chronic and generally progressive conditions that can impair physical functioning, reduce quality of life and cause premature death (Prince et al. 2015). Treatment for chronic conditions is costly and complicated by a high incidence of comorbidity – the co-occurrence of multiple conditions in one individual - which requires multifaceted and ongoing care (World Health Organization 2015). Individuals with co-morbidities may have reduced resistance to infection (Mercer et al. 2016), along

with an increased risk of developing a mental health disorder such as anxiety or depression as a result of the psychological impact of poor physical health (Naylor et al. 2012).

Treatment and care for older people living with multiple long-term conditions is described as a global challenge (Goodwin et al. 2013) and is particularly complex in countries with universal social care systems due to a high economic and societal burden (Prince et al. 2015). In the United Kingdom, a recent report on the health and care of older people in England highlights a growing demand on social care systems, and an additional £1.65 billion required by 2020/21 to manage the impact of demographic and unit cost pressures alone (Age UK 2017).

In response to the challenges associated with ageing, the World Health Organization recommends profound changes in the way health policies for ageing populations are formulated and services are provided. It calls for countries to commit to action by providing age-friendly environments and sustainable systems of long-term care (World Health Organization 2015; World Health Organization 2016).

### **Creative arts as a public health resource**

Interest is growing internationally in the role of the creative arts as a public health resource that can be both cost effective and meet the challenges associated with ageing and long-term health conditions (Clift 2012; All-Party Parliamentary Group on Arts Health and Wellbeing 2017). Participation in the arts includes music making and listening, singing, dance and drama - in addition to engagement in cultural activities such as art exhibitions, dance performances, live music and opera (Clift 2012). Such activities are successfully being employed across the world as a means to engage communities in improving health literacy, wellbeing, and access to health care services (Ings et al. 2012). This growing area of research is demonstrated in several Cochrane reviews examining the impact of the arts in different areas of health (Gold et al. 2005; Ruddy et al. 2008; Bradt et al. 2011; Meekums et al. 2015; Van der Steen et al. 2017).

The impact of singing, in particular, is thought to have particular and specific benefits for health over other forms of music making and listening, as it involves using the body to produce a sound in a synchronised and coordinated way with other people (Livesey et al. 2012). Several studies have examined the effect of singing on people with specific health conditions: Tamplin et al. (2013) identified positive effects from singing as a form of speech and vocal therapy for people living with aphasia after suffering a stroke, mirroring findings by Evans et al. (2012) in an assessment of singing as an alternative to speech therapy for people with Parkinson's disease.

Similarly, Buetow et al. (2014) contend that group singing could enhance neurorehabilitative care for quality of life for people living with Parkinson's disease. They identified the value of group singing in enabling those living with symptoms to redevelop a sense of connectedness with others. There is also growing evidence that group singing may be beneficial for people with chronic obstructive pulmonary disease (COPD), by facilitating

improvements in lung function (Skingley et al. 2014), and for people with Alzheimer's by improving social inclusion and participation (Bannan & Montgomery-Smith 2008). Moreover, Clift & Morrison's study (2011) offers depth of insight into the potential impact of regular group singing for people suffering from anxiety and depression, with clinically significant improvements measured over a twelve-month period of weekly singing.

Studies concentrating specifically on the benefits of group singing for older people have reported improvements in mental health (Sakano et al. 2014), self-development and sense of community (Teater & Baldwin 2014), and physical health, cognitive stimulation and memory (Skingley & Bungay 2010).



Figure 1: *Generic singing for health group*, 2017, Kent, United Kingdom, © Sonia Price

As the field of arts and health grows internationally, partnerships in England are being developed between public bodies and arts and health providers to explore ways in which services may be developed further. The Royal Society for Public Health (RSPH) regularly publishes reports on the advances in arts and health research, advocating the use of arts interventions and citing international examples (Wyn Owen 2013), yet the challenge of delivering sustainable arts-based interventions, such as singing for health groups, currently falls

to individuals and small choir committees, with little practical support from secure funding streams.

There is a need, therefore, to conduct research into understanding the ways in which effective interventions can be developed and delivered that are appropriate to the needs of older people, including those living with long-term conditions. This study sought to explore the benefits to health and wellbeing reported by people attending a generic singing for health group and compare these with existing data regarding the benefits reported by people attending condition-specific groups.

To establish whether differences in reported benefits exist between a generic singing for health group and condition specific groups, this study included in its comparison findings two long-term conditions that affect older people (chronic obstructive pulmonary disease and Parkinson's), and those living with mental ill health as a third comparison group, encompassing a range of long-term psychological conditions.

## **Design**

A mixed methods design was employed. Qualitative methods involved use of a bespoke questionnaire comprising twelve questions, completed by self-selecting members of a generic singing for health group. Quantitative methods used direct comparison to existing data from three published reports, each examining the effect of group singing for people with a single long-term condition.

## **Participants**

Identified as Group A, 29 self-selecting participants from a weekly generic singing for health group completed the qualitative questionnaire. Participants consisted of mixed gender adults across four age ranges, with a ratio of 1:5 male to female (*Table 1*). Eleven respondents had been members of the singing group for over two years, ten for 1-2 years, and seven from 1-12 months. Located in the south-east of England, this group is unusual within the wider context of singing for health, as it avoids focus on any specific health condition and offers the experience of group singing to any who wish to take part. From a sample size of 40, a total of 29 participants completed the questionnaire (72.5% response rate).

The three comparison reports - identified collectively as Group B - included self-selecting participants from condition-specific singing groups: COPD (Skingley et al. 2014), Parkinson's (Vella-Burrows et al. 2012), and mental health issues such as depression and anxiety (Clift & Morrison 2011). These reports synthesise material from studies conducted

within a close geographical location to Group A, providing as direct a comparison as possible and reflecting the views of participants within a similar social demographic and experience of local health care provision.

	Group A	Group B		
	Singing for health (generic)	Singing for COPD (Skingley et al. 2014)	Singing for mental health (Clift & Morrison 2011)	Singing for Parkinson's (Vella-Burrows et al. 2012)
<b>No. participants providing comments</b>	29	97	137	*
<b>Participant age range</b>	60 – 92	*	27-81	*
<b>Average age of participants</b>	72.5	69.5	59.6	*
<b>Gender split</b>	25 females 5 males	One third male	31 females 11 males	*
<b>Ethnicity</b>	97% White	99% White	*	*

Table 1: Sample characteristics from Groups A and B

\*data unavailable

## Materials

Project information documents, consent forms and questionnaires were printed on A4 sheets in both regular and large print. Hard copies of the Group B reports were obtained from the publishing organisation.

## Procedure

A pre-project visit to the generic singing for health group by the principal researcher facilitated dissemination of project information and consent forms. Participants in the generic group completed their questionnaires at the following singing session, with data analysis taking place over the ensuing month.

## Analysis

Qualitative data from Group A were initially subjected to analysis through a method of open coding, whereby each line of text was read and summarized with a single word or phrase (code) assigned to capture the text. Secondly, codes were subjected to a process of inference and analysis and were either combined or collapsed into similar codes that formed a coherent and

condensing theme. Thematic analysis data from Group B was used as a direct comparison for data collected from Group A.

In view of the small sample size (n=29), quantitative data from Group A were subjected to manual analysis to identify sample characteristics (Table 1) and diagnosed medical conditions (Figure 2). From respondents that provided information on disability (n=29) or diagnosed medical condition (n=20), 68.9% reported they did not have any form of disability and 65% declared one or more diagnosed medical conditions. Thirty-five percent of respondents reported no diagnosed medical condition.

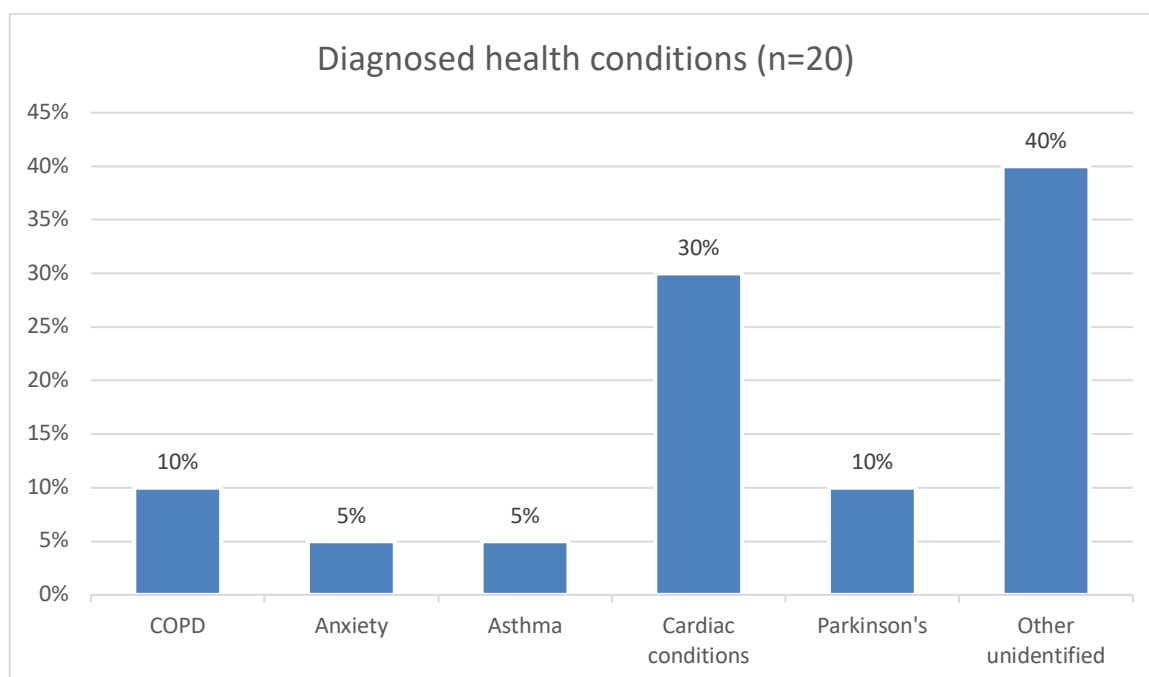


Figure 2 – Diagnosed health conditions reported by Group A participants.

## Results

### Impact on physical health

Nine respondents reported a positive effect on their breathing as a result of attending the singing for health group. These included a greater focus on their breathing, improved breath control and feeling less breathless. One respondent with COPD commented that having attended the group for a period of time they were able to: *'Breathe more deeply which relaxes me more fully at home, when out walking as well as at the class'* (female, 65, COPD and heart disease). Four noted a reduction in chronic cough and a reduction in some medications: *'Since singing in the group I have reduced my need for decongestants and steroid nose spray'* (female, 60, severe allergies).

Seven respondents noted a positive impact on their vocal strength, including an increased vocal range and improvement to stammer. One noted improvement to their swallowing, while another commented that since joining the group she had experienced greater time of being well between exacerbations of COPD. Ten respondents commented that they felt physically energised and uplifted by the singing sessions – *‘the session revitalises me for the coming week’* (male, 72, heart disease) – attributing it to an improvement in sleeping pattern and quality, although one noted that: *‘I was so tired after the first session, but not now’* (female, 68, breast cancer survivor).

### **Impact on mental health and wellbeing**

Fourteen respondents commented on the powerful nature of group attendance in reducing social isolation, and its ability to provide a source of purpose and encouragement when these had been lost. Ten noted their renewed sense of belonging and the making of new friends as being a positive outcome, specifically linking singing in the group to a reduction in symptoms of stress, depression and anxiety – *‘the (chronic) anxiety is almost over now’* (female, 65, chronic anxiety and Parkinson’s).

Two respondents identified singing in the group as helping with the loss of a loved one and providing a relief from the grieving process – *‘I have made new friends and joined the outside world again’* (female, 80, unspecified cancer survivor) – with one commenting that: *‘Physically my health is good. I have, however, had severe depression since the death of my husband. Being a member of the singing group has helped me so much and I am much better now’* (female, 76, depression).

Six respondents identified a sense of purpose – *‘it motivates me to go out’* (female, 58, chronic anxiety) – the development of personal confidence – *‘(singing) resulted in me overcoming speaking problems’* (male, 55, chronic depression) – and, in one case, a reason to persevere in the face of a diagnosis of breast cancer – *‘my attendance has given me the courage to go on’* (female, 68, breast cancer survivor).

One respondent captured succinctly the positive impact of attending the singing group on their experience of ill health, commenting: *‘Choir gives me strength to live with my disabilities rather than suffer from them’* (female, 59, heart disease).

### **Group preference**

When asked about their preference for a generic singing for health group as opposed to a disease-specific group, 100% (n=29) of respondents expressed a preference for the former.



Most participants provided comments explaining their preference. Seven noted the positive experience of meeting people with different health problems and one specifically noted that this provided a 'normal' environment: *'(A general group) reflects society as a whole and therefore provides a more normal opportunity to sing than perhaps a group for one health condition would do' (female, 70, multiple sclerosis).*

A recurrent theme was the notion that membership of a mixed group enabled members to learn about others' difficulties – *'a mixed group increases awareness of other peoples' problems' (female, 64, chronic pain)* – and as a result develop a deeper understanding of and empathy toward others' health problems – *'we achieve a better understanding of others' limitations' (male, 77, heart disease)* with one member commenting: *'When others see the problems a person has it helps them to appreciate their situation more' (female, 67, chronic asthma and arthritis).*

Five respondents noted the lack of focus of health, commenting positively that the singing session provided a distraction from focusing on ill health: *'The positive experience of singing takes everyone's minds off their conditions, in specialist groups they would be reminded of it more and comparisons would no doubt be made' (female, 74, cerebral vascular accident and heart disease).*

Three respondents expressed the opinion that a disease-specific singing group might be inward looking, contrasting this to their experience in a general group: *'A general singing group removes the emphasis on being unwell, which is in itself beneficial' (female, 57, fibromyalgia and chronic anxiety), 'I have attended a specific singing group and found people competing to see whose symptoms were worse' (female 68, COPD).*

Three respondents commented that membership of a general group removed some of the stigma associated with their condition – *'in a general group we are people first, not medical conditions' (female, 48, depression)* – while one stated: *'there is no labelling in a general group' (female, 58, chronic anxiety).* The ability to move away from a labelled condition and focus on the singing was expressed as a positive outcome of group membership. Seven members had experience of attending a disease-specific group and drew comparisons between the two, noting: *'In a specific group the tendency is to compare notes on your condition, whereas in a general group it isn't an issue and you can forget your label' (female, 72, COPD).*

One member, who had experience of both types of group, viewed the greater number of people attending a general group as a positive factor: *'A general singing group seems to attract a greater number of people which encourages us to be aware of our neighbour and share the benefits' (female, 80, COOPD and arthritis).*

Additionally, another member succinctly captured the benefit, in their opinion, of meeting a wide range of different people: *‘The choir is my only social life, so meeting a range of different people is very important’ (female, 74, respiratory disease).*



Figure 3: *Generic singing for health group*, 2017, Kent, United Kingdom, © Sonia Price

## **Findings from Group B – comparison studies**

### **Comparative study 1: Singing for COPD**

Singing for Breathing: Participants’ perceptions of a group singing programme for people with COPD (Skingley et al. 2014)

This study aimed to assess the feasibility, effectiveness, and acceptability of regular singing for people living with COPD. For a period of 36 weeks six singing groups in southeast England met weekly under the guidance of an experienced community musicians. Measures of respiratory function and self-reported quality of life were collected along with qualitative comments from 97 participants at baseline, midpoint and endpoint. A large number of participants expressed the belief that singing had led to a direct improvement in symptoms and psychological wellbeing (Table 2) and noted the positive experience of meeting and socialising with other people living with the same medical condition.

Participants living with COPD	Participants living with Parkinson's	Mental health service users
Promoted breath control Provided techniques for daily activities Promoted muscle control	Improved diaphragm and chest expansion	Provided a positive and uplifting focus; lifted mood
Promoted understanding of the disease Encouraged self-help	Increased lung capacity	Formed a channel through which feelings may be expressed
Promoted awareness of breathing	Improved breath-depth	Distracted from focus on self
Helped concentration Provided distraction Encouraged a positive attitude	Improved posture	Breathing techniques helped management of panic attacks
Promoted relaxation Improved posture	Improved voice production	Become a positive reason to leave the house
Increased coping ability with illness	Reduced vocal slurring and stuttering	Helped to overcome shyness and withdrawal
Became a positive reason to leave the house	Improved walking pace and gait	Encouraged making of friends
Increased lung capacity	Reduction in falls	Provided structure to the day and week
Helped prevent panic attack	Greater overall sense of wellbeing	
Promoted general mental and emotional wellbeing	Greater experience of expectation, achievement and hope	
Boosted confidence Provided a sense of achievement and pride	Increased sense of personal value	
Provided a feel-good factor; adrenaline buzz	Formation of positive relationships	

*Table 2: Benefits of group singing reported by participants in the Group B studies.*

## **Comparative study 2: Singing for mental health**

Group singing fosters mental health and wellbeing: findings from the East Kent 'singing for health' network project (Clift & Morrison 2011)

This multi-method, observational, longitudinal study monitored and evaluated the impact of singing for mental health service users across East Kent. 137 participants gave qualitative comments during the evaluation period and forty-two participants completed the Clinical Outcomes in Routine Evaluation (CORE) questionnaire (IMS 2015), an established tool for evaluating mental distress, at baseline and eight months later. Eleven of the 42 participants that completed the CORE questionnaire demonstrated clinically significant improvement. Table 2 lists the benefits to both physical and mental health reported by participants.

### Comparative study 3: Singing for Parkinson's

Singing, Wellbeing and Health: context, evidence and practice; Singing and people with Parkinson's (Vella-Burrows et al. 2012)

A comparative formal study of participants with Parkinson's attending weekly singing sessions is yet to be undertaken, but a guide document 'Singing and people with Parkinson's' has been produced by the Sidney De Haan Research Centre for Arts and Health, England, UK, which provides qualitative data from several studies and research evidence used within this study as comparative data. Participants reported that singing provided benefits to both their physical and mental health (Table 2).



Figure 4: *Generic singing for health group*, 2017, Kent, United Kingdom, © Sonia Price

### Discussion and Conclusion

The findings support the notion that people value group singing as a positive means to promote their health. Each group of respondents participated in a similar enterprise – singing for health – yet the experience of attending the groups will have differed according to the presence or absence of a condition-based focus. However, the findings here reveal similarity across the genres, with reported benefits to health consistent across the entire cohort. With regards to

gender and socio-economic diversity, there are distinct similarities between the groups, with females representing a larger percentage of respondents and the majority self-identifying as White British. These findings are representative of the racially homogenous nature of the local older population. With regards specifically to gender, similar results were found by Clift & Hancox (2010) in a cross-national survey of 1124 choral singers, in which 72% were female and 28% male.

### **Perceptions of health impact**

Little variation was found between respondents in Group A and Group B regarding their perceptions of the impact of singing. Specific benefits reported by those in Group B relate clearly to the diseases for which the groups were formed and reflect the particular data measurement tools utilised in those studies. However, those in Group A report similar effects (improved breathlessness; stronger voice production; reduction in symptoms of depression and anxiety) and each group reported improvements to general wellbeing.

Nevertheless, the overall focus and type of singing group is clearly central to participants' perception of the perceived benefits to health. Comments from some respondents in Group A identify the issue of health focus, suggesting that a positive factor in a generic group is the focus of wellness as opposed to a medical condition. This is perhaps reflected in the difference in perceived benefits to health reported by participants with no diagnosed medical condition and those using singing to aid management of a specific condition. Those with no diagnosed condition tended to report a general feeling of wellbeing, relaxation and positivity associated with singing in the group, whereas those with specific medical conditions identified additional specific health benefits, albeit at times rather tentatively. This phenomenon of 'tentativeness-certainty' reporting by participants, whereby those who have diagnosed medical conditions report specific benefits to their health, was previously identified by Clift & Hancox (2010) in their study of the effect of singing on the health of choral singers. Their study – in which participants were not recruited based on physical or psychological conditions – may be compared with the Group A sample in that no emphasis was placed on whether the participants conformed to a specific diagnosis, yet those with diagnosed conditions reported specific benefits to health.

Several respondents in Group A commented that the generic nature of the group created an environment that distracts members from their health problems and provides an outlet for positivity and a chance to focus on promoting health. O'Neill (2011) notes the important contribution made to the arts and humanities in later life by those living with long-term

conditions, and comments on the personal enrichment, enlightenment and growth that emerges as a consequence of such involvement. His comments are mirrored by participants in both Group A and Group B studies, who reflect positively upon the experience of taking part in a proactive enterprise. The sense of achievement is profound, providing a balance to the sense of loss of purpose and ability associated with some elements of their condition. It concurs with an Australian study of older people by Hays & Minichiello (2005), which showed that ‘music promotes quality of life by contributing to positive self-esteem, by helping people feel competent and independent, and by lessening feelings of isolation and loneliness.’

### **Singing group preference and implications for service provision**

The singing group used in Group A is unusual within the wider context of singing for health choirs, as it avoids focus on any specific health condition, and offers the experience of group singing to any who wish to take part. Respondents noted this deliberate avoidance of labelling facilitates privacy relating to health status, if desired. Intriguingly, 65% of Group A respondents declared one or more diagnosed conditions, yet chose to attend a generic singing for health group in a geographical area where disease-specific groups were available for such conditions. This suggests members of the generic group feel that this style of singing experience is preferable, with 100% of respondents expressing a preference the generic group.

This statement is given greater credence by the fact that some participants had previously attended condition-specific groups. Moreover, the number of people attending the generic group has grown to over 120 members, while local condition-specific groups are smaller and appear static in size. If singing for health is to become a recognised intervention, the current ‘norm’ of isolated, condition-specific singing groups may not serve purpose, particularly in light of the overwhelming response from Group A respondents in favour of a generic style singing group. This preference must be taken into consideration by those planning a new service, whether private individuals or local health commissioners.

### **Commissioning services**

A recent report by Public Health England (Daykin & Joss 2016) raises the profile of organisations that aim to promote arts and health enterprises, such as singing for health groups, yet there is distinct lack of information as to who will pay for such services, and whether funding should be long-term or short-term in nature. This reflects the experiences of the condition-specific groups in this study, each of which experience the challenge of providing a sustainable service in the absence of long-term funding.



Figure 5: *Generic singing for health group*, 2017, Kent, United Kingdom, © Sonia Price

A striking feature of the generic group used in this study was the business-like approach adopted by founding members, who formed a committee, developed a constitution and sought advice from an external body as to how their choir might develop a sustainable model of delivery. This approach was instrumental in their ability to manage rapid growth in membership and pay an acceptable rate of remuneration to both a musical director and accompanist. However, the group has also received monetary awards from local funding bodies that have provided invaluable help in providing a sustainable community health service. Their experience suggests that singing groups can be sustained through member subscription, with the addition of short-term funding streams.

These results suggest a positive attitude to self-funding of singing for health groups - provided by and for local communities - yet initial start-up expenses commonly deter groups from establishing. The large membership of the generic group, and its ability to self-fund and self-govern, should be of interest to commissioners willing to entertain a short-term funding programme. Thus, an alternative model of commissioning might consider provision of a start-up fund over a period of two to three years during which a group would be expected to become self-funding in order to secure a sustainable service. Such a model might provide creative

individuals with sufficient support to develop a singing for health group that becomes a valued part of the local community, and reflects the desire and ability of its members to take ownership of and ensure the sustainability of a potentially life-enhancing intervention.

### Limitations

This study utilises data collected in a small geographical area and is thus not necessarily representative of singing for health groups across England. This study is also limited due to the nature of the convenience sample, whereby questionnaires were distributed to participants who were willing and able to complete and return them within a given timeframe. Thus, the findings may not be applied generally to the whole singing group, which numbered a regular attendance of 50-65 members each week.

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