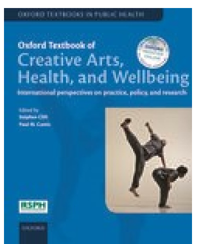

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CHAPTER

31 Group singing as a public health resource

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Abstract

This chapter considers the developing evidence base for the idea that regular group singing can have important benefits for personal and social well-being, but more importantly for mental and physical health. It draws on the findings from a progressive programme of work undertaken by the Sidney De Haan Research Centre for Arts and Health since 2005. The centre has undertaken a series of innovative research studies which have demonstrated that group singing can have an important role in tackling some growing public health challenges associated with increased life expectancy, including the rise in the prevalence of long-term health conditions and the growing costs of health and social care for older people. These are challenges affecting not only the United Kingdom, but all countries throughout the world whatever their levels of economic development and health and social care infrastructures.

Keywords: Group singing, older people, long-term health conditions, well-being, public health, social care

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The value of group singing for wellbeing and health

This chapter considers the developing evidence base for the idea that regular group singing can have important benefits for personal and social wellbeing, but more importantly for mental and physical health. It draws in the main on the findings from a progressive programme of work undertaken by the Sidney De Haan Research Centre for Arts and Health at Canterbury Christ Church University since 2005. The team within the centre, led by Stephen Clift and Grenville Hancox, has undertaken a series of innovative research studies which have demonstrated, we believe convincingly, that group singing can have an important role in tackling some growing public health challenges associated with increased life expectancy, namely a rise in the prevalence of long-term health conditions and growing costs of health and social care. These are challenges affecting not only the United Kingdom but other countries throughout the world whatever their levels of economic development and health and social care infrastructures.

The concern of the De Haan Centre has not simply been to test the idea that regular group singing can have benefits for health and wellbeing in the management and treatment of long-term health conditions. We have also pursued the idea that singing can be an activity, if supported on a sufficiently large-scale, that can make a significant cost-effective contribution at a public health level. Since the De Haan Centre began its work, the United Kingdom has seen a remarkable growth of interest in community singing and its personal, social, and wellbeing benefits, stimulated in particular by the work of Gareth Malone through his BBC TV series promoting choral singing in a wide variety of community and institutional settings. His work has had an enduring legacy, not least the network of Military Wives choirs (http://www.militarywiveschoirs.org), which at the time of writing numbered 58 groups across the United Kingdom with nine in Germany and five outside Europe. A number of other successful initiatives provide striking models of the potential for mobilizing the power of singing for wellbeing in the field of health and social care to achieve population-level impacts. Examples include, Young Voices (http://www.youngvoices.co.uk), which works with primary schools bringing together children from all over the country to participate in large-scale singing events. Equally impressive is the growing phenomenon of the Rock Choir organization (http://www.rockchoir.com), which runs singing groups all over the United Kingdom and organizes regular mass-singing events. Currently, Rock Choir has over 16,000 members and groups meet in over 240 UK towns. The websites for Military Wives, Young Voices, and Rock Choir show the scale of these ventures and the huge number of people involved in their events. Testimonials from participants, together with film material, clearly reveal the powerful impact that joining together in singing with others can have.

Since 2000 there has also been a growth of scientific interest in singing, wellbeing, and health. When Clift and Hancox (2001) conducted their first small-scale, qualitative surveys on the perceived benefits of choral singing they were able to find only four previously published studies which reported very limited data on the possible health benefits of group singing. Ten years later, when Clift et al. (2010) undertook a systematic and critical review of the research on group singing and health, they found no fewer than 48 studies reported in 51 published papers. Additional reviews by Gick (2010), Wan (2010), and Clark and Harding (2012) identify further studies particularly with a focus on the use of group and individual singing in therapeutic settings. At the time of writing a simple Google Scholar search revealed yet more studies published between 2012 and 2014, with the Clift and Hancox (2001) study cited by no fewer than 158 publications. The field is thus a growing one, and the increasing body of evidence lends support to the value of group singing for wellbeing and health. Nevertheless, all of the reviews point to the need for further more robust research designs with larger controlled studies conducted over longer time periods using validated measures of wellbeing and health outcomes. A recent Cochrane Review on singing and bronchiectasis in adults and children is instructive in this respect: the review turned out to be empty, as no controlled trials were found on this topic following a very extensive search of the scientific literature (Irons et al. 2010).

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Reference to two recent studies on singing which address some of the biological dimensions of group singing will help to provide contrast to the work pursued by the De Haan Centre. Vickhoff et al. (2013) have recently shown that when people sing together in groups their individual heart rhythms become synchronized, especially when the structure of the song leads to a coordinated pattern of breathing among the singers. The authors show that the heart rate decelerates during the out-breath and that this is experienced as soothing and may account for the stress-relieving effects that people often report when singing. In a further recent study, Kreutz (2014) reports that group singing leads to a higher level of the hormone oxytocin, often called the 'bonding hormone' as it is released in women during labour, childbirth, and breast feeding, and is associated with feelings of emotional closeness and love. The suggestion is that this hormone may play a part in the positive feelings of belonging people can report when they sing together in a group.

Both of these studies undoubtedly have relevance for the notion that group singing can have health and wellbeing benefits, as they identify some of the physiological mechanisms brought into play when people sing and make music together. However, both studies involved only small groups of young healthy participants singing for short periods of time, and neither provides direct evidence that singing can have sufficient measurable benefits for people experiencing challenges to their mental or physical health to be of interest to health and social care services. This point is reinforced by the fact that the findings from the Vickhoff et al. (2013) study are described on the NHS Choices website but their relevance to the treatment of heart disease is dismissed with a headline 'No proof that singing is good for the heart' and the comment that:

> '… these findings should be viewed in the light of that fact that only 11 teenagers were involved in the analysis, and none of the teenagers were followed up over time. This means that we can't say whether singing in a choir leads to better health.'
>
> NHS Choices (2013)

The work of the De Haan Centre on singing, wellbeing, and health

The De Haan Centre is now (2015) in its eleventh year of a systematic programme of research on singing and health. Our continuing research mission is to build a robust and objective body of evidence on the ways in which, and the extent to which, regular engagement in group singing can be beneficial for wellbeing and health. Several substantial empirical projects have been undertaken to date to explore the wellbeing and health benefits of group singing with a variety of participating groups:

- a cross-national survey of singers in established choral societies and choirs in Australia, England, and Germany
- an evaluation of a network of singing groups for older people including many affected by memory problems
- a randomized controlled trial of the value of weekly group singing for people aged 60 and over living independently in the community
- an evaluation of a network of singing groups for people with enduring mental health issues, and
- a feasibility study to explore the value of group of singing for people with chronic respiratory illness.

As our work has progressed we have been increasingly focused on the contribution that singing can make to the wellbeing of people with long-term health conditions.

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A cross-national survey of choral singing, wellbeing, and health

The cross-national survey involved over a thousand members of choirs in Australia, England, and Germany (Clift et al. 2008, 2009, 2010a; Clift and Hancox, 2010). The principal aims were to build on an earlier study by Clift and Hancox (2001) to document definitively the perceived benefits of singing among choristers, and to describe the demographic and health profile of singers in established community singing groups. The survey included three open questions about singing and health and a specially constructed set of 24 statements on a range of potential effects and benefits associated with singing. It also made use of the WHOQOL-BREF, which measures four domains of quality of life, to place findings on perceptions of choral singing in the context of a conceptually strong and empirically grounded model of health and wellbeing.

A majority of choral singers were well-educated (over half had experienced higher education, and around a quarter further education). Many choir members were in retirement, with an average age of 58 across the three countries, and there were between two and three times as many women as men. Choristers had been singing on average for 25 years, and had been loyal members of their present choir for an average of 6 years. Generally speaking, self-assessed health was high in each of the three national samples, but a significant minority of respondents reported less than satisfactory health. Long-term health problems were reported by approximately half of all participants. Not surprisingly, such problems were more common among the older members of choirs. In order to construct a summary scale or scales to assess the benefits of choral singing the 24 items in the singing questionnaire were subject to factor analysis. A strong first component with substantial loadings from 12 items emerged (e.g. improved mood, enhanced quality of life, greater happiness, stress reduction, and emotional wellbeing) and these were used to create a single, highly reliable measure of the perceived effects of singing on wellbeing. Women scored more highly on this scale, confirming the finding of Clift and Hancox (2001) that women report stronger wellbeing effects from singing than men.

Answers given to the open questions about singing and health produced many rich accounts of the benefits choral singers believe they gained from singing. Here are some examples in which singers highlight the role of singing in promoting feelings of happiness and the more general effects they believe this has on their physical health (Clift et al. 2009):

> Having a good 'quality of life' and feeling at ease psychologically and socially helps me maintain a good mental state of health (at times in my life I have felt anxious/despair etc.). This, for me, is inextricably linked with my physical health, i.e. feeling happy helps my physical health.
>
> I believe I have a better immunity because I am happier than if I didn't sing … and I believe that if you're happier then you're healthier.
>
> I am never happier than when I am singing this can only have a positive effect on my health and wellbeing.
>
> 'Because of the emotional experience of singing and the feeling of wellbeing it engenders, a positive attitude to life follows, which must have a positive effect on physical health.'

As these testimonies illustrate, the singers' accounts also expressed a range of intuitive hypotheses employed to explain how singing can be beneficial. From a careful analysis of such qualitative feedback, six mechanisms were identified which help to account for how singing can have an impact on health and wellbeing: positive affect, focused concentration, deep controlled breathing, social support, cognitive stimulation, and regular commitment. Each of these mechanisms serves to counter factors and processes that are potentially detrimental to wellbeing and health (Clift and Hancox 2010).

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Qualitative evaluation of singing groups for older people: Silver Song Clubs

From the outset, the Sidney De Haan Research Centre has sought to help promote and evaluate community singing projects, and helped to establish a charitable organization called Sing For Your Life which has created a network of Silver Song Clubs for older people (http://www.singforyourlife.org.uk).

At an early stage in the work of Sing For Your Life, researchers at the Sidney De Haan Research Centre undertook a 'formative evaluation' based on six Silver Song Clubs formed in the early stages of the project (Skingley and Bungay 2010). Given the rapid expansion of the network of song clubs following this initial study, the evaluation was followed up with a larger-scale survey of club participants (Bungay et al. 2010).

The initial formative evaluation sought to identify the key characteristics and processes of a Silver Song Club and to gain the views of participants, facilitators, volunteers, and centre managers regarding the health and social benefits of attending the clubs. Semi-structured interviews were conducted with 17 participants from three of the clubs. Participants valued the opportunity to sing with others and they liked the organization of the clubs, including the ways in which different facilitators presented the materials and choice of songs. Approximately three-quarters of those interviewed had quite extensive previous musical experience either as members of choirs or singing groups or playing musical instruments. The following themes were identified as potential benefits for the participants of attending Silver Song Clubs: enjoyment, promotion of wellbeing and mental health, social interaction, physical improvement, and cognitive stimulation.

On the basis of the formative evaluation, participants in all the clubs (32 in the south-east of England at the time) were surveyed to gather information on the age, gender, and living circumstances of participants, and to assess whether the views of those interviewed in the qualitative phase were held more widely (Bungay et al. 2010). A total of 369 members of 26 clubs completed the questionnaire. Ages ranged from 60 to 99, with an average age of 79 years. Most were female (77%) and living in their own homes (88%) as opposed to in nursing or residential care. More than half lived on their own (52%), and a third received some external support (33%). In general, large majorities of the participants enjoyed the clubs, looked forward to them, and felt that singing helped to make them feel better in themselves. Interestingly, however, previous experience of music and singing was an important factor in this respect. Most people with lower previous musical experience enjoyed the clubs (86%), and looked forward to them (82%), but to a lesser extent than those with higher previous experience (98 and 96%, respectively).

A community randomized controlled trial of community singing for older people

On the basis of the qualitative evaluations of Silver Song Clubs, the De Haan Centre worked in partnership with Sing for Your Life and researchers at the University of Kent's Centre for Health Services Research to conduct a randomized control trial on group singing for older people (Clift et al. 2012; Skingley et al. 2014), with funding from the UK National Institute for Health Research.

The study took place in five locations across east Kent in south-east of England, and was open to people over the age of 60 living independently who were not currently members of a singing group or choir. A variety of means were employed to advertise the study (e.g. through newspaper advertising and door-to-door leafleting) and 265 people were enrolled in study who were willing to be randomized into either a weekly singing group running for 3 months or a usual activities control condition. Participants had an average age of 67.3 years and 84% were female. In terms of average age and sex composition, the sample was similar to that investigated in the cross-national study.

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Participants completed a number of standardized health questionnaires before the start of the project, then at the end of the 3-month singing intervention, and then again after a further 3 months when no singing took place. The principal outcome measure for the study was the York SF-12, a short questionnaire which measures self-assessed mental and physical health. The Hospital Anxiety and Depression Scale (HADS) was also used to measure anxiety and depression There was consistent attendance at the singing groups and 80% of participants completed questionnaires on all three occasions.

The findings from the study showed clearly that regular singing resulted in a significant increase in mental wellbeing as measured by the York SF-12 immediately after the end of the intervention compared with the usual activity control. In addition, the improvement in mental wellbeing was maintained over a further 3 months, during which no singing took place (see Fig. 31.1). There were also significant reductions in depression and anxiety scores on the HADS at 3 months, although the benefits for depression and anxiety were not sustained on follow-up.

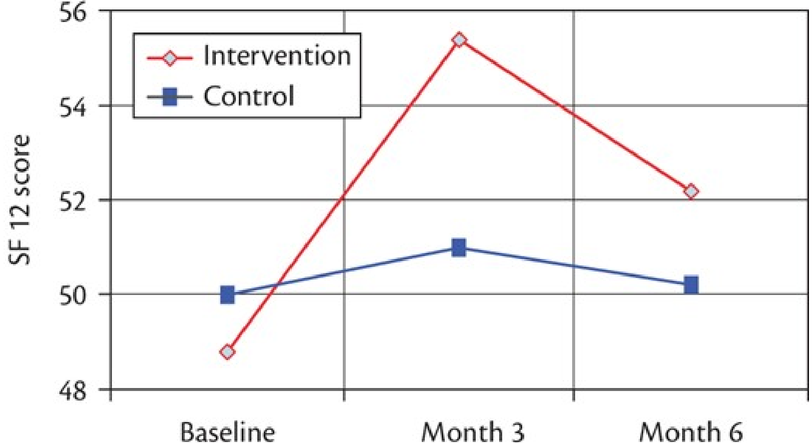

Fig. 31.1 Silver Song Club randomized controlled trial: York SF-12 mental wellbeing component scores for participants in the intervention and control arms (differences between the groups are significant at 3 and 6 months).

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Attention was also given to the feedback provided by participants on the questionnaires completed, and this also clearly revealed that a wide range of benefits were experienced. Those in the singing group wrote positively about:

- enjoyment and pleasure
- impact on the quality of their singing
- impact on mental health and wellbeing
- social benefits through socializing and forming friendships
- improvements in breathing
- the quality of the facilitation of the groups and the repertoire, and
- their hopes for the continuation of the groups after the project.

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The following examples of comments given by participants express some of these themes:

> 'Many times on the morning of the project I haven't felt like coming, but always I came and felt so much better afterwards. Group singing lifts the spirits.'
>
> 'I started my participation in this project just after I retired from work and feeling a little anxious about future life. This project has been instrumental in showing me there is life after work.'
>
> 'The singing has, I feel, boosted my confidence as I tend to be rather shy. I am hoping I may be able to join a singing group/church choir in the near future.'
>
> 'Introspection is the curse of old age—this project reduces such self-awareness and actually offers the realization that there is more living to be done.'

As noted, this project recruited a cross-section of older people living independently in the community. Although many participants disclosed some existing health challenges, on average the level of assessed mental wellbeing at the outset was close to the population norm and means on the anxiety and depression scales of the HADS were below the clinical threshold on this instrument. In further work of the De Haan Centre we have explored the potential value of singing for people who are experiencing mental and physical health challenges.

The east Kent singing for mental health project

In 2009, the De Haan Centre established a network of seven singing groups for people with enduring mental health issues (the East Kent 'Singing for Health' Network Project) (Clift and Morrison 2011) in towns across east Kent. Over the course of 10 months, the choirs grew in size and involved over 100 mental health service users together with friends, family, and health professionals providing support. The choirs came together to form a large chorus for a public performance in February 2010 and then to mark the culmination of the project in June 2010 (see Fig. 31.2). A short film about the project based on the final performance has been produced, including interviews with members of the choirs (<https://www.youtube.com/watch?v=ITDAi9lWhyw>).

Fig. 31.2 Singing for mental health: choirs in the network performing at the end of the project at the Granville Theatre, Ramsgate, UK, June 2010.

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The project was evaluated qualitatively on the basis of observation and interviews, and more systematically employing the Clinical Outcomes in Routine Evaluation (CORE) questionnaire, an instrument widely used in clinical practice within the UK National Health Service (NHS). The questionnaire gives a total score measuring mental distress, but also four subscores measuring 'wellbeing', 'problems', levels of daily 'functioning', and 'risk' to self and others (with lower scores being positive; for details of this instrument see Gray and Mellor-Clark, 2007). For a sample of 42 choir members completing the CORE questionnaire at baseline then 8 month later, there was a statistically significant reduction in the total mental distress score, together with improvements in three of the four subscales (see Table 31.1).

Table 31.1 Singing for mental health: means (standard deviations) on the CORE questionnaire at baseline and the end of the project

	n	Baseline	End of project	*P*-values
Total score	42	9.43 (6.58)	6.85 (5.26)	0.001
Wellbeing	42	1.33 (0.88)	0.96 (0.74)	0.003
Problems	42	1.11 (0.87)	0.80 (0.65)	0.005
Functioning	42	1.03 (0.71)	0.74 (0.61)	0.003
Risk	42	0.19 (0.45)	0.15 (0.26)	n.s.

n.s., not significant.

Higher scores represent greater mental distress. Risk scores are very low as few members of the group reported self-harming behaviour or conflicts with others.

These measurable changes were strongly supported by written feedback given by members of the choirs experiencing challenges of social anxiety, depression and other mental health issues:

> 'I have bipolar disorder. When I am depressed, singing in the group and coming together with other people lifts my mood and gives me something positive and productive to focus on. When I am manic, singing is something I can channel my extra energy into and express my enthusiasm for life through. The choir provides structure and purpose in an otherwise sometimes empty life. The group reminds me that there are many people with difficulties of one kind or another. We can understand each other's problems and support one another.'
>
> 'It helps me to structure my week, to have something to keep going for. I enjoy meeting all types of people. It has been very good to meet new people who have experiences similar to my own. If I feel I might have a panic attack, I know how to breathe properly which helps. I would have very little reason to leave the house if I wasn't doing choirs.'
>
> 'Singing helps as I can become withdrawn with depression, so it helps me express myself. It is nice to be able to express myself through singing. I can be quite self-conscious at times and it is nice to be able to do something in unison. I find my mood is lifted and find myself singing when alone. To be part of a group has helped my self-consciousness.'

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Singing for people with chronic obstructive pulmonary disease (COPD)

The most recent study completed by the De Haan Centre has explored the role that regular group singing may have in improving the wellbeing of people with chronic obstructive pulmonary disease or COPD (Morrison et al. 2013; Skingley et al. 2013). COPD primarily includes bronchitis and emphysema which involve damage to different regions of the lungs (most commonly due to smoking) and lead to difficulties with breathing. COPD worldwide is a major cause of ill-health and death, and in the United Kingdom alone it is estimated that approximately 3 million people are affected by this condition.

A number of small-scale studies, including three clinical trials, have shown that people with COPD find that singing is enjoyable and beneficial in terms of subjective wellbeing and health and helps with their breathing. However, little or no improvement has been found for standard lung function measures and assessments of physical activity (e.g. distance walked before feeling breathless) (Bonilha et al. 2009; Lord et al. 2010, 2012; Goodridge 2013). Possible reasons for the lack of improvement in lung function are that the length and intensity of the singing activities were insufficient to produce positive changes. All of the studies also took place in clinical settings, and in the Goodridge et al. (2013) study, singing was introduced as an adjunct to a more extensive pulmonary rehabilitation programme.

In planning a further study, therefore, a different community singing model was followed, similar to that adopted in our previous studies. A network of six small choirs was established for over 100 people with COPD (with supporters/carers welcome) meeting weekly over the course of 10 months. On three occasions during the project, groups were brought together for larger choral workshops and performances. As no other community-based study has been conducted before over this length of time, the project was designed as a feasibility study rather than a randomized controlled trial (see Fig. 31.3 for a photo of one of the groups involved in the project).

Fig. 31.3 Singing for COPD: the Folkestone group which acted as a pilot for the feasibility study.

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Participants were assessed using standard spirometry before the start of the intervention and then at the conclusion of the project. Two key measures were taken: ‘forced expiratory volume’ or FEV_1 (the amount of air in litres that can be forcefully expelled from the lungs in one second) and ‘forced vital capacity’ or FVC (the amount of air that can be expelled in total when breathing out for a long as possible). These values naturally decline with age for everyone, so in addition to the raw scores, adjusted percentage scores relative to normative values were also calculated. In addition, participants completed a series of questionnaires,

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including the St George's Respiratory Questionnaire (SGRQ) with the total score as the principal outcome measure. This has been used internationally as a condition-specific measure of health status.

From a feasibility point of the view, the study proved to be highly successful. A sample of 106 participants with COPD was successfully recruited. They varied in the severity of their COPD, with 15% mild, 45% moderate, 30% severe, and 10% very severe. The mean age of the people in the sample was 69.5 (SD 7.64) years; a third were male.

Table 31.2 presents the results observed for the lung function measures and the SGRQ total and subscale scores. All the lung function measures increased, and all but FEV_1 to a statistically significant degree. These results are particularly striking as a decline in these values over this period of time would normally be expected. A significant improvement was also found on the SGRQ total score, with this improvement accounted for by the change in the reported impact of breathing problems on daily living.

Table 31.2 Singing for COPD: means (standard deviations) for measures of lung function and the SGRQ at baseline and the end of the project

Measure	*n*	Baseline	End of project	*P*-value
FEV_1	66	1.29 (0.49)	1.32 (0.51)	0.094
FEV_1% predicted	67	54.34 (20.45)	56.28 (21.98)	0.006
FVC	64	2.43 (0.75)	2.54 (0.75)	0.027
FVC% predicted	65	81.72 (22.60)	85.35 (21.70)	0.034
SGRQ total	71	48.71 (16.95)	45.42 (16.96)	0.024
SGRQ symptoms	71	59.16 (23.49)	56.04 (22.05)	0.143
SGRQ activities	71	65.46 (22.41)	63.33 (22.14)	0.204
SGRQ impact	70	35.65 (17.56)	32.21 (15.90)	0.042

SGRQ, St George's Respiratory Questionnaire; FEV, forced expiratory volume; FVC, forced vital capacity.

Qualitative feedback from the participants provided further strong support for the perceived value of weekly singing in helping to improve breathing:

> 'Standing to sing helps posture, you think 'upright' automatically as this gives maximum output from your lungs. The relaxation exercises do just that, and learning to breathe bringing the muscles of the abdomen into play, as well as controlled exhalation, has helped me enormously.'
>
> 'This is the first winter I have not had to call an ambulance or be on several lots of antibiotics and have taken only maintenance doses of steroids. This maybe a coincidence or it may be better because of the breathing help we have received.'
>
> 'I believe that the project is teaching me how to understand my breathing and how to control it. This is very useful; it stops me hyperventilating when my breathing is under pressure, i.e. climbing a steep hill.'

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> 'Helped mentally and physically. Somewhere to go with like-minded people. Have not for the first time in 5 years been admitted to hospital or casualty over the winter period. Opened up doors, i.e. joining the (BLF) Breathe Easy group.'

Personal testimonies on the benefits of singing are also featured in two of the three films produced about the project (<https://www.youtube.com/>, search for 'Sidney de Haan'). As the research was an uncontrolled feasibility study it is not possible to attribute the changes unequivocally to the intervention, but all the quantitative and qualitative evidence gathered points in that direction. It is worth mentioning that the cost to the NHS for one COPD hospital admission is estimated to be almost £2000 (NICE 2011). If this project had helped even one participant to avoid an emergency hospital admission, as described in the last the quotations, the cost saving involved would have been sufficient to run 20 weekly singing groups for 30 or more participants. Further research on community singing for COPD needs to include suitable control groups and also a detailed economic analysis of costs and benefits.

Conclusions

The Sidney De Haan Research Centre is committed to researching the role of music and other participative arts activities in promoting the wellbeing and health of individuals and communities. It is pursuing this mission through a progressive and integrated research programme focused specifically on the value of group singing for wellbeing and health, and particularly for people with enduring chronic health conditions. We believe that our programme of research to date has shown conclusively that regular group singing can give rise to real benefits for the personal and social wellbeing of participants. We have also begun to show that regular singing can have measurable and clinically important benefits for people with existing mental and physical health challenges. As the population in the United Kingdom (and in countries throughout the world) continues to age and the burden of long-term health conditions continues to increase, new approaches will be needed in health and social care provision to meet these challenges. Group singing may well provide one cost-effective activity that can contribute to this growing public health challenge.

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