

## CHAPTER SIX

# SINGING FOR MENTAL HEALTH AND WELLBEING: COMMUNITY INITIATIVES IN ENGLAND

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### **Introduction**

The potential contributions of the arts to health care and health promotion have attracted a growing interest in the United Kingdom (UK) over the last 25 years (Clift et al., 2009). Across the country, a wide range of innovative arts and health projects utilise different forms of creative arts activity that include visual arts, dance, literature and crafts of all kinds. Many projects draw upon the power of music and capitalise on the social and psychological benefits which self-evidently follow from active engagement in music-making. Foremost among musical activities, in terms of accessibility, is singing. Although many people may say, “I can’t sing!”, the fact is that virtually everyone can sing given a supportive context and good facilitation. Undoubtedly, the human capacity to sing is rooted in our

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evolutionary history (Mithen, 2005; Pinker, 2002), and draws upon cognitive and social capacities, which must have had adaptive significance in the survival of our species over the last hundred thousand years. Group singing is fundamentally possible because we all have an innate capacity to synchronise our actions with others, and this in turn has demonstrable physiological, mental and social effects (Wiltermuth & Heath, 2009). Singing interactions between babies and caregivers, especially mothers, are also culturally universal from the earliest moments of life, and clearly form the basis for early associations between the singing voice and bonding and a deep sense of security and comfort (Malloch & Trevarthen, 2009). It is a matter of huge consequence, and real damage, when children at an early age are told that they cannot or should not sing, and many people carry this notion of being unable to sing throughout their lives even though they may feel a deep desire to sing.

There is increasing international interest among health professionals and researchers in the idea that group singing is beneficial in promoting and maintaining health for people who are otherwise free from health problems, and for those whose physical and mental health is compromised in some way (see Clift, Hancox, Staricoff and Whitmore, 2008; Clift, Nichol, Raisbeck and Morrison, under review). In the UK, singing groups have been established, for example, for people affected by chronic obstructive pulmonary disease (COPD)<sup>5</sup>, to help improve breath control and to combat social isolation and increased risks of depression which follow from chronic illness. Similarly, singing groups for people with Parkinson's disease<sup>6</sup> serve the same social and psychological functions for their members, but in addition help to maintain vocal functions such as speech volume and clarity, which are often compromised by the disease. In this chapter, an account is given of the development of three singing for mental health groups and the benefits that mental health service users, with

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<sup>5</sup> Two groups are running in Brighton and Hove, facilitated by Uditia Everett, see: [http://www.uditamusic.co.uk/voice\\_coaching.html](http://www.uditamusic.co.uk/voice_coaching.html)

Singing groups and a small experimental trial are also running at the Royal Brompton and Harefield Hospital in London, See:

<http://www.rbht.nhs.uk/about/fundraising/arts/whats-on/workshops/>

<sup>6</sup> Sing for Joy has been running in London for six years, see:

[http://www.carolgrimes.com/pages/workshops/sing\\_for\\_joy.html](http://www.carolgrimes.com/pages/workshops/sing_for_joy.html)

Q2, Quivers and Quavers, a singing for speech therapy group has been running in Hereford for a similar period of time, see report in the European Parkinson's Nurses Network journal, issue 14, 2008:

<http://www.epda.eu.com/pdfs/epnnJournal/issue14.pdf>

a history of severe and enduring mental health difficulties, have gained from being part of a small choir. The groups are: Sing Your Heart Out, Norwich, the Michaelhouse Chorale, Cambridge and the Mustard Seed Singers, Canterbury. The focus of this chapter is not on singing as a form of music therapy, but on singing as a distinctively human activity that brings its own intrinsic rewards and benefits.

In the context of health services and public health, the case for the value of group singing for wellbeing and health needs to be made empirical given that a strong emphasis is placed on demonstrating that interventions are evidence-based and cost-effective. The challenge of theorising the connections between singing and health may carry less weight in the struggle for securing funding for projects and services yet is central to the scientific task of understanding “how” and “why” singing together can impact on subjective wellbeing and physical health. In this respect, the title of this book *Songs of Resilience* helps to focus attention on a potentially key theoretical mechanism, namely the musical character and lyrical content of what is being sung. When people sing, they sing songs, and the songs themselves, in some contexts, may be central to the impact that singing can have for wellbeing and health. This is an idea explored further in the case studies presented below.

From a social science perspective, Lemerle and Stewart (chapter two) offer a general framework for understanding resilience, which can be applied to the specific case of group singing. Building on a socio-ecological as opposed to bio-medical paradigm for health, they argue that health is influenced “by the combined effects of accrued risks to which one is exposed (both innate and contextual), and those protective factors to which one has access and which may buffer those risks” (p.40). On a social level, they place emphasis on the resources or “capital,” which social systems make available to individuals, and on a personal level, the extent to which individuals have the capacity to access them. Indeed, Lemerle and Stewart suggest that “social systems expose individuals to varying levels of resources or capital that determine the availability of protective factors to which the individual has access, from the macro level ... through the meso level ... and finally micro level” (p.29). Organised health services are an important social resource provided to support people with health problems, but in reality the availability and quality of such services, and the ability or willingness of individuals to access them, are important determinants of health and health inequalities in all societies. But beyond the obvious issue of health services as a form of social system

capital available to address ill-health, Lemerle and Stewart argue for a broader conception of resilience to include personal resources (human capital), social inter-connectedness (social capital) and tangible and intangible resources supporting “a sense of group identity” (community capital). All of these processes are seen to be significant in determining how individuals and communities respond in the face of challenges to wellbeing.

In the context of this book and chapter, therefore, the activity of singing together in groups can be seen as a form of social and community capital, and participation may well contribute to the strengthening of human capital on an individual level. Group singing brings people together in a common pursuit that can build a sense of group identity. The existence of singing groups for individuals to join, and particularly groups which are welcoming to people with existing health issues, is a function of the wider social system, and the extent to which commitment and enthusiasm, as well as finance, resources, venues and personnel, are available to make such activity happen. Equally, individual engagement with the potential benefits afforded by singing groups depends on personal issues of value, self-belief, awareness and accessibility (i.e., Do I want to sing? Do I believe I can sing? Do I know about singing groups locally? Is there a singing group I would feel comfortable to join? Does it meet at a convenient time? Can I actually get to it?).

The challenges of establishing singing for health groups and of keeping groups going is an important theme running through the experience of singing for health groups in the UK. The fact that these groups exist, and have continued to exist in the face of these challenges, is testimony to the tangible benefits participants gain for their wellbeing as people would hardly continue to attend week by week if they did not experience benefits on some level. Such groups also provide a model in miniature of the socio-ecological paradigm of health and the processes involved in developing and maintaining resilience in the face of serious challenges to health and wellbeing.

This chapter is the outcome of a collaborative effort between researchers within the Sidney De Haan Research Centre for Arts and Health and musicians and mental health service users involved in the three singing for health projects noted above. The research team provide an account of the research context in the next section of the introduction. This is followed in the second part of this chapter by accounts from key service users,

managers of services and musicians who set up these singing for health groups. The contributors to these case studies were asked to explain how the groups were established, to describe some the benefits observed among group members, and to identify particular songs which have emerged as having special significance for the groups. No attempt has been made to standardize the style in which these accounts are written.

## **Review of research on singing, wellbeing and health**

Recent systematic reviews of research on singing and wellbeing (Clift et al., 2008; Clift et al., under review) have revealed a relatively small corpus of research which varies considerably in terms of focus, method, sample characteristics, sample size, nature of the singing investigated, data gathered and approach to analysis. In fact, the studies are so diverse that a coherent synthesis of the evidence on the value of singing for wellbeing is not possible. Rather, studies were categorised according to their design and the nature of data gathered, and the evidence they provided critically evaluated.

A number of qualitative studies on the benefits of community singing have been undertaken with diverse samples of singers, and these provide evidence from subjective reports on a range of social, psychological, and health benefits associated with singing. Bailey and Davidson (2002, 2005) for example, interviewed choir singers from a range of social backgrounds in Canada; Silber (2005) explored the impact of a singing group established in a women's prison in Israel, and Watanabe (2005) explored the experience of individual engagement with Karaoke lessons and performance in Japan.

The work of Bailey and Davidson is of particular relevance to the focus of this chapter as many of their participants experienced mental health problems together with difficulties arising from substance dependencies. In their first study (2002), they interviewed members of a small choir for homeless men set up in Montreal. Four themes emerged repeatedly in the men's accounts:

Group singing alleviated depression and enhanced emotional and physical well being;

Performing to an audience encouraged a sense of personal worth and provided a means of re-engaging with wider social networks;

The choir provided a supportive context for the men in which they could develop their social skills and achieve collective goals;

Singing is mentally demanding, and required the men to concentrate and learn new material in order to perform. Such concentration also directed their attention away from internal preoccupation with their problems.

In further work, Bailey and Davidson (2005) interviewed members of a singing group in an economically disadvantaged area, together with more socially advantaged and affluent choral singers. The themes identified in the 2002 paper are considered to be broadly applicable to singers irrespective of social context and the character of the repertoire being sung, but some differences of emphasis did emerge. Both disadvantaged and more privileged singers, for example, highlighted the broadly “therapeutic” value of participation in singing, particularly in relation to creating energy, positive emotional experience and relaxation. For other themes, some important differences emerged, particularly in relation to the cognitive dimensions and the impact of singing in a group. For the more marginalised participants, singing provided a stimulating activity which helped to promote concentration and an ordering of their inner mental space. For the middle class singers, in contrast, a greater stress was placed on developing musical knowledge and skill which enabled them to meet the challenges of classical repertoire and gain a sense of achievement.

The idea that singing can be beneficial for wellbeing and health is also supported by surveys in which choral singers have been asked to respond to a range of statements about the effects of singing. Beck et al. (2000) report that 67 per cent of semi-professional choral singers in their survey agreed or strongly agreed that “Singing has contributed to my personal well-being,” and Clift and Hancox (2001) report that 71 per cent of singers in a university choral society agreed or strongly agreed that singing was beneficial for their “mental wellbeing.” Clift and Hancox identified six dimensions of benefits associated with choral singing from a Principal Components Analysis of their questionnaire. These were labelled (in order) as: “benefits for well-being and relaxation,” “benefits for breathing and posture,” “social benefits,” “spiritual benefits,” “emotional benefits” and “benefits for the heart and immune system.” There is also a clear link between the set of components emerging from this analysis and the model of positive benefits of group singing emerging from the work of Bailey and Davidson (2002, 2005). For the first and most important factor of “wellbeing and relaxation,” Clift and Hancox found that women had

higher scores than men, which suggests that women experience or perceive greater wellbeing benefits from singing.

Clift et al. (2008) report the largest study on choral singing and wellbeing undertaken to date. Their cross-national survey took the World Health Organisation's (WHO) definition of health<sup>7</sup> as a starting point and utilised the short form of the WHO Quality of Life questionnaire (WHOQOL-BREF)<sup>8</sup> to gather data on 1124 choral singers drawn from choirs in Australia, England and Germany. In addition, singers completed a specially constructed 12-item "effects of choral singing scale" and gave written accounts of the effects of choral singing on wellbeing and health in response to open questions.

Clift et al. (2010) and Clift and Hancox (2010) have analysed written accounts of the effects of choral singing on wellbeing given by participants with relatively low psychological wellbeing as assessed by the WHOQOL-BREF, and high scores on the singing scale indicating a strong perceived impact of singing on a sense of personal well-being. Four categories of significant personal and health challenges were disclosed by members of this group: enduring mental health problems; family/relationship problems; physical health challenges and recent bereavement. The following quotations point to the value of singing in supporting resilience in the face of with such challenges:

I have had to stop working due to an on-going medical condition (bi-polar disorder). I have had several episodes of this. Requiring varying lengths of time spent in hospital, followed by months of time needing support for depression and lack of self-confidence. Being a member of this particular choir has lifted my self-esteem again and restored self-belief. English Female 54

I had a full time panic attack last week. Tried some swimming exercises which made it worse – then sang in the car for half an hour. By the end my heart rate and breathing had returned to normal, neck and shoulders relaxed, stomach unknotted. Generally find it unwinds and relaxes me. Always feel "looser" after rehearsals. Australian Male, 38

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<sup>7</sup> "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO, 1946).

<sup>8</sup> The WHOQOL-BREF is the short form of a quality of life questionnaire constructed by the World Health Organization Quality of Life project on the basis of a large-scale international collaborative project. See: [http://www.who.int/substance\\_abuse/research\\_tools/whoqolbref/en/](http://www.who.int/substance_abuse/research_tools/whoqolbref/en/)

As a carer of two relatives stricken with schizophrenia, I have suffered from reactive depression. (...) Having a pleasant start to the day knowing I shall meet like-minded people and enjoy music making, hopefully having a laugh along the way. Hearing the harmonies helps me forget family worries. English Female 70

It plays a significant part in my emotional health and wellbeing. I find music uplifting. When recovering from a major stroke, singing was one of the ways of lifting my spirits out of depression. English Male, 65

My husband died 3 months ago so all the questions about negative feelings etc. are distorted by this fact. One of the greatest supports in my life at this difficult time is the [choir I belong to]. I think choral singing is fantastic for emotional health. English Female, 6

In addition to qualitative studies and questionnaire surveys, more objective, experimental research has also assessed the impact of singing on physiological variables assumed to have wellbeing and health implications. Several studies, for example, have assayed levels of immunoglobulin A in saliva taken from participants before and after singing, and reported significant increases, which points to enhanced immune system activity (e.g., Beck et al., 2000; Kuhn, 2002; Kreutz, et al., 2004). Two quasi-experimental studies have also reported positive health impacts from group singing for elderly people using standardised measures and objective indicators of wellbeing and health. Houston et al. (1998) report improvements in levels of anxiety and depression in nursing home residents following a four-week programme of singing, and Cohen et al. (2006) found improvements in both mental and physical health in a group of elderly people participating in a community choir for one year. Recent studies have also suggested benefits of singing for people with chronic lung conditions (e.g., Engen, 2005, Bonilha et al., 2008), Parkinson's disease (e.g., Di Benedetto et al., 2009) and dementias (e.g., Myskja & Nord, 2008).

## THREE UK SINGING FOR MENTAL HEALTH GROUPS

### **Sing Your Heart Out, Norwich/Norfolk**

Sing Your Heart Out (SYHO) was started in 2004 by Tracy Morefield, a psychotherapist in Norfolk working for the local mental health Trust.<sup>9</sup> There is a story behind this. In 1988, St Andrew's Mental Hospital in Norwich (the old Victorian Lunatic Asylum) was closed down. When clearing the site for redevelopment, a large quantity of sheet music was found in a cupboard. It was later discovered that the music had been written and arranged for the hospital orchestra which had consisted of both staff and patients, and played for concerts and dances from the 1820s to the 1920s. Luckily this was saved from the skip and sent to auction. It ended up in the possession of David Juritz, violinist and leader of the London Mozart Players (LMP). Juritz then got in touch with Dr Steve Cherry at the University of East Anglia who had written a book on the history of mental health in Norfolk<sup>10</sup> to find out more about the history of the music. This request came to Maggie Wheeler, Chair of the Trust, who put an article in the Trust's magazine, *Insight*, asking if anyone had any memories of this or would anyone care to form a tribute band. Tracy, a keen choral singer herself, thought that this would be the ideal opportunity to launch a project she had been mulling over for a while.

Tracy Morefield had two excellent ideas which have since formed basic principles for SYHO. The first was that the voice coach should be a professional with suitable skills and experience to work with all sorts of people. And the second that the workshops should not be just for patients, but for staff, carers, family, and anyone who was interested in joining in.

Initially, funding for the workshops came from various small charities within the Trust, and from Staff Development money, and a room was found within Norwich's mental hospital at Hellesdon. The first SYHO workshop was held in October 2004 at Hellesdon Hospital. The first two terms were led by Sian Croose. When other commitments prevented her from continuing, Chrissy Parsons-West<sup>11</sup> stepped in and brought with her

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<sup>9</sup> Norfolk and Waveney Mental Health NHS Foundation Trust.

<sup>10</sup> Mental Health Care in Modern England: The Norfolk Lunatic Asylum, St. Andrew's Hospital 1810-1988

<sup>11</sup> <http://syho.org/Chrissy.aspx>

a sense of fun and laughter, an important feature of the sessions ever since. SYHO ran for a total five terms in various rooms in the hospital to the end of March 2006.

Around this time, a radio producer, Margaret Renn, had heard about David Juritz's acquisition of the asylum's sheet music and she was interested to hear about SYHO and came to interview us and to record us singing. This programme, "The Asylum Band," narrated by Juritz, was transmitted on Radio 4 in June 2006. It looked at the history of the old asylum, and incorporated interviews with people who remembered the Band and had worked at the old institution. Included were interviews with Morefield and a service user about how it started and the benefits to be gained. The programme finished with a recording of a special "Sing Your Heart Out" session featuring Juritz on violin and a pianist from the LMP.

A way had to be found of keeping SYHO alive. Penny Holden, a service user and Perry Marshall from Social Services joined with Morefield, Renn and Parsons-West to form the first steering group. Our first success in fund-raising was a grant from The Lilly Reintegration Award.<sup>12</sup> Following the publicity which this generated, the idea of a joint project with David Juritz and his colleagues suddenly blossomed into fruition and we were invited to perform with the prestigious London Mozart Players at the Norfolk & Norwich Festival in 2007! Workshops restarted in January with this aim, and we commissioned composer Fraser Trainer<sup>13</sup> to develop a new piece in workshops with us. Trainer's approach was in complete empathy with the SYHO ethos of building complex music from a basis of simple building blocks. This resulted in a piece which incorporated the participants' ideas and improvisations that gave them a great sense of ownership and pride. Parsons-West's community choir "Hearts and Voices"<sup>14</sup> joined us for this project and new relationships were formed. The concert was a great success and led to many other things including a Channel 5 TV programme in their series "Mad for Music,"<sup>15</sup> which featured Christopher Bridgeman and included SYHO & Hearts and Voices singing "Stand by Me" (Ben E King).

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<sup>12</sup> Established in 1996 by Eli Lilly & Co., the awards specifically honour treatment teams, programs and services, as well as individuals with bipolar disorder or schizophrenia who provide hope and support to their peers, for stellar contributions and services. See:<http://www.lilly.co.uk>

<sup>13</sup> See:<http://www.frasertrainer.com/>

<sup>14</sup> See: <http://www.heartsandvoices.co.uk/>

<sup>15</sup> See: <http://www.communitychannel.org/content/blogcategory/142/132/>

In 2008 we were awarded funding<sup>16</sup> which enabled us to move away from the hospital into the community and start satellite SYHO groups in other parts of Norfolk. One of these venues featured in a recent BBC film about SYHO which can be viewed on our website.<sup>17</sup>

So what happens at a SYHO session? Each workshop starts with stretching, wriggling and groaning exercises, gently leading into hums until people are singing. The songs are taught by ear, and while there are words supplied for those who feel the need, they are seldom necessary as the lyrics can be picked up easily as in traditional folk-singing culture. We always sing in harmony, using rounds, part-songs and simple arrangements from as many styles as possible in order to appeal to a wide range of tastes in music. The songs which seem to meet the broadest approval are easy African songs, spirituals, traditional rounds and arrangements of pop classics.

At first sight, SYHO sessions may look just like any other singing workshops. However there are some subtle differences which are important for the success of the project. The inclusion of staff, carers, friends, family and interested people from the local community, alongside mental service users, is one of the key factors in the project's value in combating stigma and facilitating re-integration into ordinary life, especially for service users who have spent time in institutional care. With no badges and everyone on first names basis, encounters are person-to-person, rather than, for example, staff to service-user or mentally-ill to "healthy." One unexpected outcome of this merged community has been the gradual acknowledgement amongst the supposedly mentally "well" of their own struggles with mental health at various times in their lives. This has opened the door to more honest relationships and a breakdown in the barriers put up by fear.

Commitment is something which develops on an individual basis. While some people attend very regularly, for others, having to make an ongoing commitment would be a deterrent. For this reason every group is run as an open session and everyone is welcome to drop-in and out as suits them. This provides challenges for the voice coach in terms of providing a sense of progress for regular attendees whilst creating an inclusive atmosphere to enable a new person on any week to join in with ease. Choosing repertoire

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<sup>16</sup> Norfolk Community Foundation Mental Health Fund from the Goldsmiths Livery Company.

<sup>17</sup> See:<http://syho.org/>

with many potential layers is very helpful; each time a song is revisited there is the chance to teach the best-known parts to newcomers while offering new variations to those who have already sung the song many times. The repertoire is circulated so that a simple piece learned (and forgotten) two terms ago can be revived to be totally fresh for a newcomer and still hold some fond memories for a long-term member. Overall we need to have a large stock of songs that are quick and easy to learn, alongside more complex pieces with parts of varying difficulty.



Members of Sing Your Heart Out

While we have enjoyed some very special performance opportunities and continue to welcome them as a part of the project, the core of the SYHO experience is being part of the ongoing week-by-week inclusive singing community. The group works in the moment toward an instant performance at whatever level is appropriate and achievable for a particular song on that day with the group in the room. Everyone contributes whatever they can to the sound and mood, and what emerges can be tender, joyful, touching, raucous and powerful, leading sometimes to moments of breathtaking beauty and at other times to uncontrollable giggles!

One of our special songs, which we sang at are Norfolk & Norwich Festival is “Stand by me” (based on the Sharon/Raugh arrangement). The first time the group managed the complex chorus section, and heard what an amazing sound they were making, the pride was evident in the ear-to-ear smiles around the room. This song has become something akin to an anthem for us, expressing as it does the need we all have for support in times of difficulty:

When the night has come  
 And the land is dark  
 And the moon is the only light we'll see  
 No I won't be afraid, no I won't be afraid  
 Just as long as you stand, stand by me

In contrast is “Zuarende,” a deceptively simple African lullaby based on only two words and with gratifyingly sumptuous harmonies. The words describe a child unable to sleep in the dark as the sun has gone away. The mother reassures him that the sun will again come back. This song seems to bestow an instant sense of calmness and well-being to those singing it. For this reason it is often requested within the group by any participants who are feeling over-agitated.

Our repertoire continues to develop and new songs come to the fore as favourites. While these first two have been long-term classics, the surprise hit more recently has been “Praise You”<sup>18</sup> made famous by Norman Cook. It has given rise to great fun and high energy in the group, and the men have appreciated being the lead singers while the female singers provide the backing.

### **Michaelhouse Chorale, Arts and Minds, Cambridge**

“Arts and Minds”<sup>19</sup> is a charity established in 2005 to promote and support access to all art forms for mental health service users, learning disabled people and offenders, across the Cambridgeshire & Peterborough Mental Health Foundation Trust, in both the hospitals and the related community. The Michaelhouse Centre, also a charity, is situated in the ancient St Michael’s chapel in the centre of Cambridge. It re-opened for worship in 2002 with a community centre, meeting rooms and a very popular café.

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<sup>18</sup> Composed by Cook/Yarborough arranged by Kirsty Martin

<sup>19</sup> See: <http://www.artsandminds.org.uk/>

In 2007 the Friends of Michaelhouse sought advice from Arts and Minds about a possible collaboration to offer friendship and support to people with a mental health condition. A choir for mental health service users of any age, their informal and professional carers and friends was proposed and agreed to. Michaelhouse offered the venue at no cost, and charitable funding was secured for a conductor and music. The “Michaelhouse Chorale”<sup>20</sup> was launched in November 2007, run by Sam Hayes, director of music at the nearby University church.<sup>21</sup>

The Chorale has met weekly for two years. As well as mental health service users and carers, anybody is welcome to participate – even the occasional tourist. Run with enthusiasm and humour, the purpose is enjoyment and no ability or experience is required. Sessions start with physical and vocal exercises to aid relaxation, and an element of movement and drama is encouraged in some pieces. Percussion is used where appropriate. The songs reflect the taste and capabilities of the participants; some have considerable musical ability and are able to read music; others have never sung before, or not since schooldays.

The repertoire ranges from the classical tradition of the mediaeval period – secular and sacred – through to the present day popular music. The standard of singing is high, and many pieces feature the elements of singing in harmony, or antiphonally. The Chorale runs as a “drop-in,” so the number of participants varies from week to week, but can reach 20. The core membership of 14 mental health service users, their carers and others, ranges in age from the early 20s to early 80s. Illnesses include panic attacks, mild and severe clinical depression, bi-polar, schizophrenia, dementia and learning disability.

After eighteen months an informal evaluation was carried out. Members with a mental health condition, and carers, provided verbal and written views of their experience of singing with the Chorale. The key findings were:

Participation in a meaningful, joyful activity, which provides excited anticipation, motivation and purpose;

The learning of a new skill, or a return to an activity previously enjoyed, in a welcoming, relaxed environment;

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<sup>20</sup> See: <http://www.artsandminds.org.uk/projects/2008/michaelhouse.html>

<sup>21</sup> See: [http://www.gsm.cam.ac.uk/Music\\_and\\_the\\_Arts/Music/body\\_music.html](http://www.gsm.cam.ac.uk/Music_and_the_Arts/Music/body_music.html)

Alleviation of stress levels;

Improved concentration and memory;

Increased self-worth; an opportunity to be in control – as a person, not a patient;

Increased self-confidence, buoyancy and general well-being, which help in coping with mental illness;

A marked improvement in mental well-being;

Better physical health, through improved breathing and posture;

Social inclusion, camaraderie, laughter;

Increased concern for others;

A reported reduction in medication.

These benefits were reported by both male and female members of the Chorale, and continue to manifest themselves. Singing involves the whole body, not just the voice, and the Chorale members clearly relish the physicality of singing together. The original intention was not to sing in public, but they are now confident enough to do so, and enthusiastically share their enjoyment with others.

A 70-year old Chorale member, being treated for panic attacks, had not sung since schooldays. He enjoys singing so much that he decided to learn to read music. Lessons were arranged with a volunteer music therapist, and such good progress was made that he recently gained a distinction in Grade 3 theory. He lives alone and music is now the highlight of his life; much better than crosswords, he says. Outside the Chorale he regularly meets up with an 82-year old member, a professional composer, and together they study music, which is proving beneficial for them both.

The composer himself joined the Chorale in a state of anxiety and profound depression following an accident. He was withdrawn, unsmiling, no longer playing the piano he so much enjoys. After 18 months singing he is a changed man; smiling, chatty and, accompanied by his wife, he always arrives early enough to play the piano beforehand. She describes

the miraculous change in him, and the gradual reduction in his medication to the lowest level. As his carer she says she has also benefited from participating with her husband in an activity they can enjoy together. It gives her enormous pleasure to see her husband once again enjoying his day-to-day activities as well as his music, and they have made new friends.



Members of the Michaelhouse Chorale

A dementia sufferer in her mid-70's had previously sung in choirs, and the weekly Chorale sessions are never long enough for her. She has very limited recall of daily activities, but experiences no problems remembering the music and words of pieces, totally new to her, which the Chorale had not sung again for some weeks. As well as remembering songs from many decades before, she retains the ability to sight-read, follow a score, and uses quite abstruse music terminology. She says it is important and a joy to her that coming from a musical background, she is able to help other members and feel useful instead of constantly needing help herself.

Since the Chorale's foundation members have tackled an ever-increasing range of music and the second year has been one of consolidation. We are now confident in the attendance of a dedicated, talented group of participants, which places the group in a position for expansion and growth. The members were recently asked to choose which of the many pieces they have sung they most enjoy, and what they mean to them. This presented quite a challenge because they all said how much they enjoy

everything they sing, whether sacred or secular. They described singing as now very important to them; a coming together, bringing a sense of fellowship and community which is especially helpful and supportive for some members who said they had previously been hiding themselves away as a result of their mental illness

Their first choice was unanimous; a simple setting of “The Lord’s Prayer,” by the composer member of the Choral. This was written before he became unwell and joined the choir. It has special significance for the members because it was written by one of them, and they know how much pleasure it gives him to have it sung. But personally they find it extremely beautiful; reflective yet uplifting.

Second, they chose a setting of “The Gospel Train,” a folk spiritual which is part of an African American song tradition developed during the period of slavery. The chorus is a constant repetition of words; an element of African music and one of the ways through which the slaves reinforced their religion and experience of slavery. It includes train noises and whistles and has an exuberant, toe-tapping piano accompaniment:

The Gospel train’s a-comin’  
I hear it just at hand,  
I hear the car wheels rumblin’  
And rollin’ thro the land.

Get on board children,  
Get on board children,  
Get on board children,  
There’s room for many a-more

The members said how much they love singing this because it is great fun, makes them feel very happy, and carries a strong message of inclusiveness: “The fare is cheap and all can go, the rich and poor are there. No second class aboard the train, no difference in the fare.” It also provides members with physical exercise because it is sung with tremendous vigour.

Their third choice was “An Irish Blessing” (Bob Chilcott). This is a very beautiful and expressive setting of a traditional Irish benediction:

May the road rise to meet you,  
May the wind be always at your back.

May the sun shine warm upon your face  
And the rains fall soft upon your fields.  
And until we meet again  
May God hold you in the palm of his hand.

Chorale members find this song very moving, and like The Lord's Prayer, uplifting; they feel it sends a message that comes from the heart. Both words and music clearly generate a strong emotional response. It is sung in harmony and is not particularly easy; a wonderful example of the tremendous progress made by the choir.

Writing about the Chorale, one member described the friendship and companionship that develops between people who meet as strangers and sing together. They become at ease with one another, not through the sharing of an illness but through a shared interest in song. Performance is not the goal, he says, but mental wellbeing and happiness through the fellowship of song.

### **The Mustard Seed Singers, Canterbury**

Mustard Seed Singers was originally set up in late 2007 by Elle Caldon, a mental health service user and singer, to rehearse carols for a Christmas event at a day centre in Canterbury (Mustard Seed) which provides support for people with mental health issues. Members enjoyed singing together so much that the choir continued to meet. During 2008, the choir's confidence developed considerably and several public performance events took place that had positive audience reactions that gave the choir great pleasure and a sense of recognition. The first performance was part of a day event in September held in the centre of Canterbury as part of an arts and mental health festival 'Mind the Gap', organised by a local artist Sandra Pearson.<sup>22</sup> A second performance took place in an event to mark World Mental Health Day in October, with drama, poetry and music. Further public performances have taken place throughout 2009 and 2010.

Membership of the choir changed to some extent in the early stages, with some original members leaving and new members joining, but during most of 2008-2010, the choir has had a regularly attending core membership of approximately 12-15 people. Most are mental health service users, but the choir also included partners and friends, family members, together with

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<sup>22</sup> See: <http://www.canterburymindthegap.com/>

mental health service professionals, with a keen interest in music and singing. A positive relationship was also forged with the Sidney De Haan Research Centre for Arts and Health, and members of the Centre regularly sing with the choir.

The repertoire sung by the Mustard Seed Singers is very wide, and in the main has been chosen by the leader, but some songs have been requested by members. It includes traditional folk songs (e.g., What shall we do with the drunken sailor?), songs from musicals (e.g., Ascot gavotte from *My Fair Lady*), pop songs (e.g., a Beatles medley), African songs (e.g., Sen wa de dende), Gospel songs (e.g., As I went down to the river to pray) and seasonal songs (Christmas carols). Songs have gradually been added to the group's song book, which now contains over 30 songs, many of which have been sung repeatedly in rehearsals and performed in public. All songs are taught by ear, and are unaccompanied. Some are sung in unison, but most have two or more parts. A number of the songs are sung as canons.

A number of songs have emerged as particular favourites of the group, and these are sung with the greatest vigour and feeling. Members of the choir have sometimes spontaneously expressed their feelings after singing these songs and have reported 'tingling sensations' down the back of the neck, and an enhanced sense of group feeling. The songs are interesting musically for the quality of their sound, but also for their lyrics, which address social and psychological challenges, which anyone might face in their lives. The first of these 'I got rhythm' (George and Ira Gershwin) is uplifting and energetic and is accompanied with finger clicking and thigh slapping! Individuals have literally 'got rhythm' and have 'got music' flowing through their bodies. The song also refers to the importance of having loving support, having dreams and a positive outlook on life. The following passage is particularly moving when sung by a group of people who have had more than their fair share of troubles:

Old man trouble  
 I don't mind him  
 You won't find him 'round my door  
 I got starlight  
 I got sweet dreams  
 I got my man (love)  
 Who could ask for anything more?

A second song that is affecting in a different way is ‘Lean on me’ (Bill Whithers). It speaks not only of the need for friendship and support in the face of adversity, but recognises that everyone at some time in their life needs someone to lean on:

Lean on me, when you're not strong  
And I'll be your friend  
I'll help you carry on  
For it won't be long  
'Til I'm gonna need  
Somebody to lean on



Members of the Mustard Seed Singers

In a choir made up of mental health service users and professional workers ‘Lean on Me’ gives a particularly powerful message in the context of mental health care. People facing challenges to their mental health are looking first and foremost for personal and professional friends they can rely upon to help get them through their difficulties, and this can be as true for professional in health services as anyone else.

The third song, which is perhaps the signature tune of the choir, is “The Rose” (Bette Midler) – a song with harmonies almost certain to create chill experiences in performers and listeners alike, and which can readily bring

tears to the eyes. The song speaks of “love” and how the complications of love in its many forms, including addictions and dependencies, can be damaging in our lives. But essentially the song is about hope and self-belief. Belief that all of us can find within ourselves the resources and sense of self-worth central to a capacity for resilience in the face of life’s challenges:

When the night has been too lonely  
 And the road has been too long  
 And you think that love is only  
 For the lucky and the strong

Just remember, in the winter  
 Far beneath the bitter snows  
 Lies the seed that with the sun's love  
 In the spring, becomes the rose

During one meeting of the choir, a member arrived a little late looking distressed. In the interval another member listened to her share details of her day. She said “I almost didn’t come, but I’m glad now I made the effort.” He replied, “I’m glad you made it. Singing is the best anti-depressant I’ve ever had!”

## Discussion

Given the fundamental human nature of music, our universal capacity to sing, and the clear implications singing can have for our deepest sense of wellbeing, it is surprising that so little research attention has been given to the value of singing for health, both physical and mental. From the late 1990s however, this idea has attracted growing interest from researchers, and a leading role in promoting research in this area is being provided by the Sidney De Haan Research Centre for Arts and Health. The evidence clearly shows, not only that people who sing in choirs and choral societies can experience considerable benefits in helping them cope with existing challenges to their health, but also that establishing singing groups for people with specific health issues can make a substantial and measurable difference to their sense of wellbeing and quality of life. With the accumulation of such research, it is to be hoped that health and social care services will increasingly recognize the value of singing groups for wellbeing and health, and support such initiatives financially, given that community singing is a relatively inexpensive activity to fund.

The findings from well-designed and rigorous research projects clearly have a central place in building the evidence-base to support public sector funding, but there is also a key role for reflective case studies of on-going groups for the concrete insights they can provide regarding the challenges, processes, outcomes and impacts of community singing groups for health. We need to demonstrate effectiveness and cost-effectiveness using validated and widely recognised measures, but also to understand theoretically how engagement with singing can make a difference to people recovering from periods of acute ill-health or coping more effectively with on-going chronic health conditions. The application of existing theoretical frameworks in the field of health and wellbeing to guide qualitative investigations has a key role to play here. Such perspectives as Antonovsky's (1978) salutogenic approach to health, Csikszentmihályi's (1990) theory of "flow," the psycho-neuro-immunology perspective, and socio-ecological models of social determinants of health, all have particular relevance. Lemerle and Stewart (chapter two), provide a valuable account of "resilience" to provide a context for contributions to this volume, and the phrase "songs of resilience" is especially redolent in pointing first and foremost to the resources available in music itself, and particularly songs, in helping to support and promote resilience in the face of life's challenges.

In the case studies of singing for mental health groups described in this chapter, we have narratives which highlight common challenges and shared experiences. Each of the projects has emerged in different ways in different contexts, but each has needed not only the vision and determination of a key individual or small group of individuals, but also a supportive organisational infrastructure with people in positions of management with access to resources and who are willing and able to offer support. Importantly, such people have gone ahead, not on the basis of clear research evidence of effectiveness, but on the basis of personal, lived experience of the value of singing for wellbeing. In considering organisational support and the availability of even limited amounts of funding to make groups possible, we are concerned with the contribution the social system can make to resources for resilience that are available to communities and individuals.

In terms of individuals, a key role is clearly played by the facilitator of singing groups, and in each of the case studies, groups have been fortunate in finding skilled and committed musicians to lead them in singing, able to be both adaptive to the group's needs and provide suitable challenges

through new repertoire and opportunities for performance, which keep the experience of singing alive and fresh. Each of the groups has also worked from a philosophy of inclusiveness and normalisation. The groups are open not only to people in the mental health system, but also family, friends, supporters, and most importantly, professional staff in health and social care services. People are coming together not to engage in “music therapy,” but simply to sing together as a group without regard to any distinctions of health or social position. The sense of being part of a team, and of having a group identity – one that is substantially reinforced through performance events – is another level through which singing groups offer resources for resilience in building confidence, self-esteem, a sense of purpose and of achievement.

Finally, when people come together to sing, they sing songs. This is so obvious that it might seem unnecessary to state it, but in fact both the musical character of the songs, their melodies, harmonies and lyrics, are central to the process through which group singing builds a sense of comradeship, camaraderie, identity and belonging, and supports a strong sense of self-confidence and esteem. In each group particular songs have assumed special significance – they have become “anthems” for the group – and in a real sense their own “songs of resilience.”

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## CHAPTER SEVEN

# RESOURCING RESILIENCE THROUGH RECREATIONAL MUSIC PROGRAMS

BEN FARR-WHARTON, ANDY BRADER,  
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### **Introduction**

Several music programs in Australia deliver a United States (US) model created by the *Recreational Music-Making Movement*, founded by Karl Bruhn and Barry Bittman. This quasi-formal group of music makers, academics and practitioners uses the logic of decentralised global networks to connect with local musicians, offering them benefits associated with their “Recreational Music Program” (RMP). These RMPs encapsulate the broad goals of the movement, developed in the US during the 1980s, and now available as a package, endorsed by the National Association of Music Merchants (NAMM), for music retailers and community organisations to deliver locally (Bittman et al., 2003). High participation rates in RMPs have been historically documented amongst baby boomers with disposable income. Yet the Australian programs increasingly target marginalised groups and associated funding sources, which in turn has lowered the costs of participation.

This chapter documents how Australian manifestations of RMPs presently report on the benefits of participation to attract cross-sector funding. It seeks to show the diversity of participants who claim to have developed and accessed resources that improve their capacity for resilience through recreational music performance events. We identify funding issues pertaining to partnerships between local agencies and state governments that have begun to commission such music programs. Our assessment of eight Australian RMPs includes all additional music groups implemented since the first program, their purposes and costs, the skills and coping