In the middle of the sound:

Group singing, community mental health and wellbeing

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ABSTRACT

This paper presents a study of the benefits of group singing for individual singers and for the community. 220 singing group members across Victoria completed a survey encompassing four research questions that explored potential relationships between group singing and social support, mental wellbeing and civic engagement.

- 1. How do participants describe their own experience of singing in groups?
- 2. Does singing in groups increase experiences of social support?
- 3. Do singing group members report greater levels of wellbeing, perceived happiness and health than the general population?
- 4. Do singing group members report increased levels of social action and volunteering since joining their group?

The findings lend support to the following benefits of group singing:

- A sense of joy and accomplishment
- Denser social and friendship networks
- Increased satisfaction with wellbeing and sense of safety within a community
- Enhanced social capital through community participation

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Participating in 'the arts' has been variously claimed to offer health benefits, social benefits, and community benefits. In Australia at least, there is a wave of interest in art as a tool for therapy, social justice, health promotion, enhancing community wellbeing and boosting local economies. And as governments consider calls for increased funding of artistic initiatives on the basis of their purported benefits for individuals and communities, questions of evidence arise.

This paper presents the findings from a research project that examined group singing and its associated health and wellbeing benefits. Singing in groups has become the number one community arts activity in Victoria and is also popular across Australia and in other parts of the world (Community Music Victoria, 2006). An increasing body of evidence suggests that singing in groups is not only an enjoyable special interest activity but can also be beneficial for the health and wellbeing of individuals and communities.

Benefits for individual mental health that are associated with singing in groups include increased levels of social connectedness, increased sense of belonging, physical and emotional benefits, and reduced personal stress (Bailey & Davidson, 2005; Clift & Hancox, 2001). Furthermore, it is argued that group-forming activities such as community-based singing can facilitate the development of social capital that in itself positively impacts on physical and psychological wellbeing at individual, relational and community levels. Singing-related benefits associated in the literature with community mental health include increased levels of social capital/civic engagement, contributions of groups to community cohesiveness, and tolerance for diversity (Chorus America, 2003 & 2009; Putnam, 1995).

The Victorian Health Promotion Foundation (now known as VicHealth) was established in 1987 as the world's first health promotion foundation. VicHealth has gained a reputation for its holistic approach to mental health that encompasses the social elements contributing to health and wellbeing. In recent years, VicHealth has funded a number of community arts initiatives, based on a growing body of evidence indicating that social connectedness and participation are conducive to individual and community health and wellbeing (e.g., Hyyppä & Mäki, 2003). In the context of a social model of health, group singing could be described as a 'universal' health promotion activity, aimed at a whole population.

AIMS

The aim of the VicHealth-funded study presented here was to explore the mental and social health benefits of singing in groups for both the individual singers and for the community. More specifically, the aim was to investigate the singing-related benefits associated with:

- individual mental health, such as increased levels of social connectedness, increased sense of belonging, physical and emotional benefits, and reduced personal stress.
- community mental health, such as increased levels of social capital/civic engagement, contributions
 of groups to community cohesiveness, and tolerance for diversity.

Four research questions guided the exploration of the potential relationships between singing in groups and social support, mental wellbeing and involvement in social action and civic engagement:

- 1. How do participants describe their own experience of singing in groups?
- 2. Does singing in groups increase experiences of social support?
- 3. Do singing group members report greater levels of wellbeing, perceived happiness and health than the general population?
- 4. Do singing group members report increased levels of social action and volunteering since joining their group?

METHOD

One set of questions arises in relation to the most appropriate ways of capturing and measuring the indicators of wellbeing, especially at a community level. In a review of the purported health benefits of community-based arts initiatives, McQueen-Thomson and Ziguras (2002) cautioned that, whilst the benefits of participation in community-based arts initiatives are well documented, the literature could be improved through research that focuses on (i) known determinants of health rather than broad social indicators, (ii) participants and audiences rather than organizers, (iii) large sample sizes, and (iv) longitudinal research.

We designed a survey of participants who currently sing in groups to address the main gaps identified by the literature and to gain an understanding of the mental health benefits of singing in groups. Questions for the survey were derived from a broad based review of previous research studies conducted into the health benefits of singing, including group singing (Astbury, Gridley & Sharples, in press). The incorporation of a qualitative component permitted the added possibility that previously unknown determinants might emerge, and gave voice to words of the singers themselves.

The questionnaire contained five sections:

- Section 1 contained three open-ended questions asking respondents about the experience of singing in a group and what drew them to join their particular singing group.
- Section 2 asked respondents to rate a series of statements about their level of contribution and commitment to their singing group as well as to other community activities.
- Section 3 consisted of 10 items that enquired into the level of social support given and received by respondents. These items were adapted from social support measures featured in the General Social Survey on Social Engagement in Canada (Statistics Canada, 2003) and from the General Social Survey in Australia (Australian Bureau of Statistics, 2006).
- Section 4 contained two self report items measuring satisfaction with overall physical, mental health followed by10 self report items measuring domains of well being adapted from the Personal Wellbeing Index Adult (PWI A: International Wellbeing Group, 2006). This section concluded with 8 self report items answered on five-point scales measuring sense of happiness adapted from a questionnaire on youth spirituality and community participation (Mason, Singleton, & Weber, 2007).
- Section 5: This final section gathered basic demographic details such as age, gender, education level, cultural identity, area of residence and household income.

More than 300 questionnaires were distributed to current members of singing groups across Victoria. Singing groups were loosely defined to encompass any groups from performing choirs to informal community gatherings. Participants were recruited online by email and in person through existing singing groups via their leaders. Reply-paid envelopes enabled people to choose to either complete the survey on site (e.g., at rehearsal) or return it later by mail. A number of surveys were distributed at two statewide events held in regional Victoria (a singers festival and a residential choral workshop). Of the 220 surveys received, approximately fifty per cent were completed online. It is worth noting that the male participation rate was substantially higher in the online version of the survey than in the hard copy version.

FINDINGS

First we present the demographic characteristics of the sample, incorporating comparisons with a number of demographic indicators based on Victorian and Australian population samples. Next we present the main themes that emerged from the open-ended questions that focused on the experience of singing in a group. We then discuss the findings for social support and community participation measures; and finally we examine the findings for health and wellbeing measures.

KEY CHARACTERISTICS OF THE SURVEY SAMPLE (N = 220)

Previous studies examining the health and wellbeing benefits of singing in groups have commonly reported that singing group members tend to be well educated and with relatively high incomes; that they are predominantly white or of Anglo-European backgrounds with little cultural diversity; and that they are typically from older age groups (Clift et al., 2010; Chorus America, 2003; 2009; Stacy, Brittain, & Kerr, 2002). Previous studies also report a greater representation of women, and that respondents are more likely to reside in suburban or urban areas than in rural areas (Chorus America; Clift et. al.; Stacy et. al.; Clift & Hancox, 2001). Such patterns may be an artefact of restrictive definitions of singing groups – local church choirs, one-off events and ethno-specific gatherings (e.g., amongst African American or Pacific Islander populations) could slip under the radar of most singing researchers.

The key demographic characteristics relating to age, sex, area of residence, income, ethnicity and time spent singing with the group were obtained for our survey sample.

Sex

- Just under half the sample (49%) were male, which is a substantially higher proportion compared to other studies, such as Clift et. al. (2010), who reported only 23per cent male participants in singing groups. It is likely that men were over-represented in our sample, relative to their participation in singing groups in the community, given previous research that refers to the issue of 'missing males' in choirs (Demorest, 2000), The fact that the male participation rate was substantially higher in the online version of the survey than in the hard copy version might reflect their greater access to, and level of comfort with, the internet, particularly within a relatively older-aged sample overall.

Age

- The mean age for the sample was 51 years (sd = 12.4). Ages ranged between 17-75 years.

Income

- The largest group of respondents (40%) indicated their annual income was AUD\$75,000 or over, with 38 per cent earning below \$50,000 a year, as compared with the Victorian median household annual income of \$53,144 (Department of Human Services, 2008). Although comparisons are limited between the Victorian working-aged population and our survey sample, which had a wider age range and where income was reported as within a certain range only, it is clearly a more affluent group overall.

Ethnicity

The sample does not reflect the ethnic diversity of the Victorian population, as most survey respondents (82%) were Australian-born compared with 70 per cent of the Victorian population, and 91 per cent reported that they spoke only English at home compared to 74 per cent of the Victorian population (ABS, 2006). It is not clear whether these discrepancies reflect patterns in singing group membership overall, or in survey response patterns; nevertheless they are consistent with findings from previous studies indicating that those who participate in choirs differ in socially significant ways from the general population (Bell, 2004; Chorus America 2003, 2009). Despite this apparent monocultural bias, a number of respondents did make mention of cultural reasons for their choice of group: 'to connect with my heritage after father died'; 'to tell stories and experiences of being a migrant'; 'connection with the French language'; singing in Italian and African languages was also mentioned.

Area of residence

 A much greater proportion of our respondents lived outside a major city compared to other studies such as the Chorus America study (2003), which reported that only 10 per cent of their sample resided in rural areas. Although the majority of our respondents (75%) described themselves as living in suburban/urban areas, examination of postcode distributions revealed that only 121 respondents (55%) listed greater Melbourne local government area (LGA) postcodes, with the remaining 45 per cent living in rural or regional areas.

THE MEANING OF SINGING IN A GROUP

- 'The sense of wellbeing experienced as we create beautiful music together'

Our study sought to capture some of the passion of singing in a group, including singing group members' perceptions of what it means for their health and wellbeing. Three main themes emerged from two open-ended questions enquiring into people's reasons for singing in a group and the motivations that drew them to sing with their current group:

- 1. Singing and music
- 2. Social connection
- 3. Health and wellbeing

SINGING AND MUSIC

-'For the love of singing'

Most survey respondents wrote about qualities of singing and music as their main reason for singing in a group. Some saw singing as purely a part of their musical interest and as a personal challenge to expand on their vocal and musical skills, including their singing repertoire. A few reported that they were motivated to join their singing group primarily because of its reputation as a choir. Others stated their preference for a group that was less formal, one that was a 'community group and musically accessible':

'it is local, casual, there is no regular commitment' 'the fact that it is a Vocal Nosh (not a choir) and that we just Sing for Fun'.

Such choices were not always mutually exclusive:

'I sing in 5 groups. Each has a particular style and repertoire from folk music to opera so I can indulge in many forms of music within the discipline of singing.'

Many simply stated that they liked or loved singing and music making, with comments like:

'The joy of creating vibrant harmonies',

'Love of choral music and the challenges of singing'.

And why group singing?

'Enjoyment of singing, especially being in the middle of the sound. Not interested in individual singing.'

SOCIAL CONNECTION

- 'The wonderful 'feeling' of singing in a group'

To many respondents who commented on the importance of singing as being part of a collective experience, singing and music were not necessarily secondary to the social aspect, but a product of teamwork and people coming together to share their love of singing.

'I love singing, I love performing and enjoy being part of a team' 'To be in a group who love to make music'

Some respondents indicated that singing was part of a broader view of connecting with their community and sharing something with the community at large. This was also given as a reason for joining their current singing group, with many also naming particular people in the group as a reason for joining.

'A sense of belonging - great community feeling'

'I had friends in the group and they sing the music I like to sing'.

HEALTH AND WELLBEING

-'Exercise for body and mind'

Health and wellbeing was given as a reason for singing in a group by a number of respondents, along with a love of singing and music. Most commented on the general enjoyment they experienced from singing, which some explained as a feeling of wellbeing at a personal level. Some also spoke about specific health and wellbeing benefits they enjoyed from singing, such as relaxation and as an outlet for reducing stress:

'Singing makes me feel good, physically and emotionally.'

'Enjoyment, relaxation and something else to think about other than study.'

Some respondents made special mention of singing being beneficial to their emotional wellbeing and mental health. A few drew connections with a collective sense of wellbeing to which singing group members contributed. Others saw singing as an important way of expressing their social identity.

'Because it is something that defines me as an individual not as a wife or mother.'

'The medium of singing is unique and has its own language - it is not like anything else I can share in my community.'

SINGING FOR SOCIAL SUPPORT AND COMMUNITY PARTICIPATION

-'The genuine sincere people reaching out to create harmony in a diverse community'

The survey contained several statements rated on a five-point scale examining the areas of social support and community participation in relation to group singing that were similar to those used in the Chorus America studies (2003; 2009). A sample item was: 'I socialize with fellow members of the group outside rehearsals and performances'.

SINGING AND COMMUNITY PARTICIPATION

-'It's local, known for its social activism and community engagement"

Overall the findings reveal that as a group, community singers share a strong belief in the value of group singing for themselves, their groups and local communities.

- 77 per cent sang with their group once a week.
- The average length of membership with their current singing group was five and a half years. Length of membership ranged from less than a month to 50 years.
- 47 per cent travel less than 15 minutes to their group singing sessions, with only a small number (9%) travelling more than 45 minutes to attend.
- 66 per cent agreed or strongly agreed that they socialise with members outside their group singing sessions.
- 45 per cent agreed or strongly agreed that they are more involved in community activities since joining their singing group, while 30 per cent gave a neutral rating to this item. 36 per cent agreed or strongly agreed that they were more involved in social action since joining their singing group, while 40 per cent

gave a neutral rating. Interpreting this high 'neutral' finding requires some care. It may suggest that people were already involved in community activities on joining their singing group, or it may mean that they were not involved in community activities and are still not involved. Since our study design did not permit further examination of this ambiguous result, future research could include a question or baseline measure of respondents' level of community activity prior to their involvement in group singing.

- 85 per cent of respondents agreed or strongly agreed that they had a responsibility to contribute to their own community.
- 77 per cent agreed or strongly agreed that they had a responsibility to contribute to communities beyond their own community.

An interesting gender difference emerged here, with significantly more men than women agreeing they had a responsibility to contribute beyond their own community (p<0.046). This could indicate that men may have either more time or greater inclination to become involved with issues that do not directly affect them or their family. This finding may also be connected to the meaningful family and other relationships and responsibilities that operate for women within their local community. Perhaps surprisingly, no significant gender differences were identified for any other item in the survey.

SINGING AND SOCIAL SUPPORT

-'I know a member who kept missing classes because of no transport. I could help her and myself as well.'

Social support experienced by singing group members in their respective communities was examined by asking about the kinds of support they gave to others as well as the support they had received within the last month. Respondents were asked to select from a set of seven categories listing groups of people they may have supported or from whom they may have received support. A sample question was; 'If you needed to, could you ask someone (who does not live with you) for any of these types of support in time of crisis?'

SUPPORTING OTHERS

The majority of the sample (74%) had helped a friend over the month prior to completing the survey, followed by relatives (52%).

The majority (74%) had helped others by giving them emotional support, followed by transport (47%).

RECEIVING AND SEEKING SUPPORT

Overall, the majority of respondents indicated that they had received some kind of support over the past month, with only 20 per cent stating that they had not received any type of support. All respondents felt they could also ask for support in a time of crisis.

- The majority (71%) had received support from a friend, with 63 per cent indicating they had received emotional support followed by some other unspecified support (30%) and then support with transport (24%).
- In a crisis most respondents could ask for emotional support (95%) followed by support for illness (87%).

Again the majority of the sample (90%) felt they could ask a friend for help in a crisis, followed by asking family (87%). A comparison of these findings with similar social support survey data from the National General Social Survey (2006) and Victorian Population Health Survey (2007) revealed that people in singing groups are significantly more inclined to seek support in times of crisis from friends and family but are less likely than other Victorians to receive support from their neighbours (p < .05). This could reflect stronger friendship networks beyond their immediate neighbourhood, with some respondents joining singing groups in their workplace or university.

These findings suggest that singing in groups might encourage support-seeking from various sources such that members are well supported in times of crisis. The findings might also suggest that singing group members may be better placed to reciprocate support in view of their relatively stronger economic circumstances, and they may also possess the social skills and knowledge needed for support-seeking. Belonging to a singing group (or any other community group) might also facilitate information exchange for various resources and sources of support such as that from government agencies.

In summary there does appear to be greater social support available from friends and family to those who sing in groups compared with what is available to the average Australian, based on the National General Social Survey findings (ABS, 2006). A similar general finding was also apparent when compared to the average Victorian based on the Victorian Population Health Survey findings (DHS, 2008). Although the survey did not ask respondents to specify the amount of support they received or were able to receive from singing group members, the majority of respondents (82%) did indicate that they had formed new friendships with other members of their singing group. It is reasonable then to suppose that respondents would have received some support from their friendships within their singing groups in times of need, and some made comments to this effect: 'the commitment to those who join the group shows concern for each other's wellbeing by a few retired people who ring to chat if you don't turn up. It feels great they care whether you are well.'

SINGING FOR HEALTH AND WELLBEING

-'It is the greatest fun, gives me enormous enjoyment and makes me feel good'

This section of the survey was dedicated to health and wellbeing measures. The questions were based on the Personal Wellbeing Index (PWI) developed at Deakin University (International Wellbeing Group, 2008). Three questions in the survey serve as global measures of health and wellbeing: life satisfaction, physical health and mental health. The two global measures of physical and mental health do not form part of the standard PWI. They have been included to compare other measures of wellbeing in the survey to global measures of both physical and psychological health. The Personal Wellbeing Index includes its own global wellbeing question that is used for comparison with specific domains of wellbeing: 'How satisfied are you with your life as a whole?'

The remaining questions measured key domains of Personal Wellbeing: standard of living, health, achieving in life, relationships, safety, community connectedness, future security, social support and spirituality/religion. An example of an indicator of wellbeing question is 'How satisfied are you with how safe you feel?' The domain of social support is not part of the usual PWI domains but was added to compare ratings with other indicators of wellbeing. Indicators of wellbeing were measured in the survey by using a ten point rating scale of respondents' level of satisfaction within each key domain.

The survey included an additional set of indicators for wellbeing. A final set of questions specifically asked respondents to rate the importance of eight activities, including singing in a group, to their sense of peace and happiness. The main findings for the health and wellbeing domains in the survey are found below.

Global measures of health and wellbeing

The mean ratings for the sample were 3.6 for physical health and 3.8 for psychological health, with 1 being extremely poor to 5 being excellent. Overall, the majority rated their physical health (87%) and their psychological health (92%) as good, very good, or excellent.

Indicator measures of wellbeing

The satisfaction ratings for the sample have been converted to a Standardised Personal Wellbeing Index (PWI) score. The PWI scores for the sample are here compared with standardised normative scores gained from a national survey conducted by the International Wellbeing Group (2008). Significant differences between the two groups are examined in Table I.

	Singing group sample		PWI Normative Sample (International Wellbeing Group, 2008)		
N	220		25,599		
Personal wellbeing Index domains	Standardised PWI Mean score	Standardised PWI SD	Normative Mean PWI score	Normative PWI SD	Single sample t- tests <i>p</i> =.
Satisfied with life as a whole	74.8	18.0	77.6	17.4	0.024
Satisfied with how safe you feel	83.6	16.3	77.6	18.4	0.000
Satisfied with standard of living	81.5	17.3	75.0	12.2	0.000
Satisfied with health	70.1	21.3	75.1	19.9	0.001
Satisfied with what you are achieving	73.7	17.6	74.2	17.8	0.643
Satisfied with relationships	74.2	19.4	79.8	20.5	0.000
Satisfied with feeling part of community	75.8	17.1	70.5	20.1	0.000
Satisfied with future security	73.9	18.3	70.5	19.7	0.007
Satisfied with religion and spirituality	74.5	19.1	N/A	N/A	N/A
Satisfied with social support	75.0	17.9	N/A	N/A	N/A

 Table I: Personal Wellbeing Index standardised scores for singing group sample and Australian normative sample for all domains

The findings for the survey sample in comparison to the PWI normative sample for satisfaction with health and wellbeing are mixed. The mean global life satisfaction score for the singing group sample is significantly lower than the Australian normative sample. Possible reasons for this lower level of life satisfaction may be found in the specific domains explored in the PWI. In particular the singing group members had relatively lower levels of satisfaction with their health and their relationships.

The singers' lower level of satisfaction with health could indicate that group singing is not as directly beneficial to health as might be expected from the literature. It could also reflect the age profile of the singing group sample, with health-related indicators likely to show some deterioration with age. Respondents' lower satisfaction with relationships could be interpreted to mean that although singing group members increase their social networks and resources by singing in groups, the quality of these relationships are not as deep or meaningful as desired. It may also be that singing group members are referring to other meaningful relationships not connected to their singing groups that may be of greater salience, such as their relationships with a partner and/or family members.

By contrast the survey respondents were significantly more likely than the normative sample to be satisfied with their standard of living and how safe they feel. This high satisfaction with standard of living could reflect the relative affluence of the singing group sample, or perhaps less reliance on material wealth and consumption as a source of wellbeing, as noted in a later section of the survey. The high satisfaction with feeling safe could be due to the survey respondents' expanded social networks providing greater access to help and resources when needed. It may also be due to a more positive perception of their local community stemming from their singing group involvement. It is particularly noteworthy in a relatively older sample where fears around community safety can contribute to increased isolation (Gething et al., 2003).

The only other singing study to use a measure of dimensions of wellbeing was that by Clift et. al. (2010) who also found that the majority of their singing group sample indicated good to excellent psychological wellbeing, with women more likely to attribute greater psychological wellbeing to singing than did men. They also found high mean scores on domains of physical, social and environmental wellbeing. The findings for satisfaction with health and wellbeing for our sample appear to be broadly consistent with the study by Clift et al. (2010). However they are not strictly comparable because their study used a different measure of wellbeing, the WHOQOL-BREF.

PERCEIVED SENSE OF PEACE AND HAPPINESS

- '... it feeds my soul and gives me pleasure'

Questions relating to participants' perceived sense of peace and happiness were adapted from The Spirit of Generation Y project (2003-2007), a national survey of spirituality among Australian young people (Mason, Singleton, & Weber, 2007). Respondents rated the importance of eight activities – see Table II.

Perceived importance to your sense of peace and happiness	Mean	SD
Singing	4.55	0.62
Listening to Music	4.54	0.68
Nature	4.34	0.88
Work	3.92	0.96
Creative	3.74	1.20
Meditation	3.11	1.39
Shopping	2.38	1.23
Alcohol & drugs	2.05	1.21

Table II: Item ratings (scale 1-5) for perceived importance to singing group respondents' sense of peace and happiness.

As expected, music and singing were reported as major contributors to singing group members' sense of peace and happiness. The least important activities were shopping, drinking alcohol or taking recreational drugs, which may be due to the skewed age distribution of the sample; it could also reflect a social desirability response. Other findings from the survey indicating singing group members' strong satisfaction with their standard of living support the interpretation that they rely less on material consumption than on activities like singing as a source of happiness.

In summary, our survey respondents reported being highly satisfied with their standard of living, future security, level of safety and feeling part of their community; they rated non-material pleasures such as music, singing and nature more highly than activities like work or shopping, but their overall satisfaction with life, their health and relationships was lower than might be expected. At the very least, it seems that poor health and increasing age do not represent the barriers to participation in a singing group that might be the case with sporting and other activities.

'I have a lifelong love and involvement in music, singing, playing the piano, guitar, violin. Especially singing, now in my later years'

'Stress relief. Doing something physical that brings me joy instead of pain... (i.e., the gym!)'

DISCUSSION AND CONCLUSIONS

'The fun of learning, joining in with a group of local people, making a good sound and so making the effort very well worthwhile'

'I LOVE singing and I've made some very close friendships in the choir I'm in. I also think that when you're doing something you're passionate about, that it's good for your physical and emotional wellbeing.'

Health promotion is not a new concept, and was typically divided into primary, secondary and tertiary prevention of particular health problems, disorders or illnesses. More recently, these levels have been described as universal (aimed at a whole population, such as an anti-smoking campaign), selective (aimed at an identified atrisk group, such as young people), and indicated (aimed at people living with a particular condition, such as cancer). As a form of mental health promotion, at the universal level communal singing might foster behaviours known to increase social and emotional wellbeing and lessen the likelihood of mental ill-health occurring, such as friendship-making and sense of belonging (Gridley, 2008); as selective health promotion, a singing group might aim to increase social inclusion and vitality for marginalised groups such as people with disabilities or in prison. ? Indicated mental health promotion might aim to reduce the stigma associated with mental illness and increase social acceptance and inclusion for people experiencing mental health problems. In Melbourne, the *Choir of Hard Knocks* was featured in a 2007 ABC documentary, with just such an aim in mind. But for the people themselves who join singing groups, whether informal 'Vocal Nosh' gatherings, local community choirs or formal performing chorales, the words commonly used to capture the experience of singing together are 'joy', 'fun', 'pleasure' – and most often, 'love of singing'.

The aim of the VicHealth-funded project presented here was to explore the mental and social health benefits of singing in groups for both the individual singers and for the community. Our survey attempted to address the main gaps identified by the literature and in particular, to gather information on singing-related mental health and wellbeing at the individual level (social connectedness, social support) and at the community level (social capital, civic and community engagement).

Four research questions guided the exploration of the potential relationships between singing in groups and social support, mental wellbeing and involvement in social action and civic engagement, and each is examined here in the light of the findings.

1. How do participants describe their own experience of singing in groups?

Three main themes emerged from two open-ended questions enquiring into people's reasons for singing in a group and the motivations that drew them to sing with their current group:

Singing and music - the sheer love of singing was the most frequently cited reason for joining a group

Social connection – the social aspect was equally important to many respondents who wrote about 'making a connection with others through song'.

Health and wellbeing – words like 'therapeutic', 'healing', 'physically relaxing' and 'letting off steam' were used repeatedly

Many cited reasons that resonated with all three of these themes: 'singing in harmony with others nourishes the soul and spirit'.

2. Does singing in groups increase experiences of social support?

There does appear to be greater social support available to those who sing in groups from friends and family compared with what is available to the average Victorian or Australian. At the same time, the findings indicate that the singing group sample expected less support from neighbours, perhaps due to their stronger friendship networks elsewhere. Although the survey did not ask respondents to specify the amount of support they received or were able to receive from singing group members, the majority did indicate that they had formed new friendships with other members of their singing group. It is reasonable then to suppose that respondents would have received some support from their friendships within their singing groups in times of need.

3. Do singing group members report greater levels of wellbeing, perceived happiness and health than the general population?

The findings for the survey sample in comparison to the PWI normative sample for satisfaction with health and wellbeing are mixed. Overall, the vast majority of the sample rated their physical health and their psychological health as good, very good, or excellent. But the mean global life satisfaction score for the singing group sample is significantly lower than for the Australian normative sample. Possible reasons for this lower level of life satisfaction may be found in the specific domains explored in the PWI. In particular the singing group members had relatively lower levels of satisfaction with their health and relationships. The discrepancy found here raises the question of whether global self rated health measures which conflate different aspects of wellbeing might be misleading.

By contrast the survey respondents were significantly more likely than the normative sample to be satisfied with their standard of living and how safe they feel. While their relative affluence is likely to be an overarching contributor to their wellbeing, it is feasible to consider that their involvement in communal singing is an influence on their sense of safety and inclusion within their community. As expected, music and singing were reported as major contributors to singing group members' sense of peace and happiness compared with more material pursuits.

4. Do singing group members report increased levels of social action and volunteering since joining their group?

Although survey respondents reported being highly involved in their communities in a number of ways – volunteering, giving and receiving support, and acknowledging responsibilities to contribute within and beyond their local domain – it is not possible to tell how much their singing group involvement enhanced the likelihood of their participation elsewhere. O'Connor's unpublished case study (2009) of one Melbourne community choir found that volunteer community work was being undertaken by 77 per cent of respondents. Similarly, the Chorus Impact Research conducted by Chorus America (2003; 2009) reported a positive correlation between participation in choral singing and the level of community involvement, but could not determine whether this was a result of their participation in the choruses, or whether they had already been actively involved in their community and were 'joiners' by nature. Close to half of our respondents reporting being more involved in community activities since joining their group, but the remaining responses were somewhat ambiguous on this question.

Again, the qualitative data is helpful in shedding light on at least some participants' involvement in community and social action, with many linking this with their singing group commitment. For some, their choice of choir was connected to their values and politics: 'It has an environmental theme and that is what interests and motivates me'; 'it is embedded in my local community, it is an all women group and it sings songs with an explicit or implicit political message'; 'It's local, known for its social activism and community engagement'. For others, the opportunity to contribute to their community was one of their primary reasons for singing: 'To sing for other people be it in Nursing Homes, Citizenship Ceremonies, Christmas Carols, Choir Concerts'; 'the mix of music and cultures, create harmony in community'.

What has been achieved here?

As commonly reported in singing group research, respondents tended to be older, more affluent, and less culturally or linguistically diverse than the general population, but were much more reflective of the gender and rural/urban mix in their state than has been the case in previous studies. Although it is likely that men were overrepresented in our study, due to their disproportionate online response, their numbers lend weight to the finding that there were actually very few gender differences in response patterns within the survey itself.

Our original intention was to employ a repeated measures design to monitor any changes in participants' responses at least six months later, particularly for those who had only recently joined (or were still waiting to join) their singing group. However the average length of membership with their current singing group was five and a half years, with many noting that they had belonged to other groups before or parallel to joining their current group; as one respondent commented 'I wanted to continue singing after arriving here from the US where I sang in a choir for 20 years'. So measuring singing-related changes in health, wellbeing, social support community participation proved difficult in these real-life contexts.

The jury remains out on the most appropriate ways of capturing and measuring indicators of community wellbeing as potential outcomes of arts activities. Most of the available research on singing, health and wellbeing is based on self-report surveys or testimonials. It is arguable that, as likely happened frequently in the 'hard copy' component of the current study, completing surveys or interviews before, during or after a rehearsal or performance might invoke more positive attitudes. (Online surveys might mitigate this potential 'halo' effect.)

The study of the health benefits of singing is a developing area and not all currently available literature meets evidence-based standards, according to a systematic review by Clift, Hancox, Staricoff and Whitmore (2008). VicHealth and other bodies are concerned to implement academically rigorous research methods to improve the knowledge base about the benefits of community-based singing programs. Yet the challenge of doing so in real-world community contexts remains.

While methodological problems exist with a number of studies (Astbury, Gridley & Sharples, in press), the weight of findings in the available evidence base does suggest that group singing is a powerful personal and social health promotion activity. Findings on the improved social as well as personal dimensions of emotional health and wellbeing that are associated with singing in groups are strong and consistent. Numerous studies utilizing different research designs and methodological approaches have reported the following benefits of singing in groups:

- Increased self confidence, empowerment, wellbeing and interpersonal skills
- A general lifting of the spirits and a sense of joy and accomplishment
- · Lowered feelings of social isolation, depression and anxiety
- Increased social capital through participation in social, cultural and community activities
- Denser social and friendship networks.

The findings of the current study of 220 singing group participants lend weight to all of these points.

Further research on community singing could follow up the findings reported by previous studies in this area where the findings are open to question. For example, the testimonial nature of much self-report and interview-

based research does not leave much room for those whose experience of singing groups has been an unhappy one, particularly if they have dropped out as a result. The Brunswick Women's Choir's 2006 history of one community choir does note some negative aspects:

It is easy to gush about choir, to sing its praises, so to speak, and to talk of all that it gives (and it does), all it achieves (and it does), and all it will be (and we know it). But, like so many large groups, it is fraught. The tension between professionalism and community access/flexibility may never be resolved. (Lisa, p.88)

Identifying negative cases could assist in pinpointing what makes an arts program or community group successful and sustainable. It may also be the case that 'singing is not for everyone', despite the enthusiasm of its passionate proponents. But it is unlikely that the popularity and proliferation of community choirs has reached saturation point just yet, and there is plenty of evidence to support efforts to ensure that as many people as possible continue to have the opportunity to vote with their voices.

'I love the feeling I get when singing with others - but especially when the sound we make is much more amazing than the sound I can make on my own!'

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REFERENCES

ABC (2007). *The Choir of Hard Knocks*. Melbourne, Victoria: Australian Broadcasting Commission. See also www.choirofhardknocks.com.au

Astbury, J., Gridley, H., & Sharples, J. (in press). *Singing and health: A brief overview*. Prepared by the Wellness Promotion Unit, Victoria University for VicHealth.

Australian Bureau of Statistics (2006). National General Social Survey. Australia: Author.

Bailey, B. A., & Davidson, J. W. (2005). Effects of group singing and performance for marginalised and middleclass singers. *Psychology of Music, 33*(3), 269-303.

Bell, C.L. (2000). An examination of adult amateur community chorus and choral conductor rehearsal behavior, with implications for music education (Doctoral Dissertation, Columbia University, 2000). *Dissertation Abstracts International, 40*, 1737A.

Brunswick Women's Choir (Ed.). (2006). Seeking Harmony. Stories from the Brunswick Women's Choir. Melbourne: Author.

Chorus America. (2009). *How children, adults, and communities benefit from choruses: The Chorus Impact Study.* Washington DC: Chorus America.

Chorus America. (2003). America's performing art: A study of choruses, choral singers and their impact. Washington DC: Chorus America.

Clift, S., & Hancox, G. (2001). The perceived benefits of singing: findings from preliminary surveys of a university college choral society. *Journal of the Royal Society for the Promotion of Health, 121(4),* 248-256.

Clift, S., Hancox, G., Morrison, I., Hess, B., Kreutz, G. & Stewart, D. (2010). Choral singing and psychological wellbeing: Quantitative and qualitative findings from English choirs in a cross-national survey. *Journal of Applied Arts and Health, 1(1),* 19-34.

Clift, S., Hancox, G., Staricoff, R., & Whitmore, C. (2008). *A systematic mapping and review of non-clinical research on singing and health.* Sidney De Haan Research Centre for Arts and Health, Canterbury: Canterbury Christ Church University.

Community Music Victoria. (2006). Annual Report. Melbourne, Victoria: Author.

Demorest, S. (2000). Encouraging male participation in chorus. Music Educators Journal, 86(4), 38-44.

Department of Human Services (2008). *Victorian Population Health survey: Selected findings. Victoria:* Rural and Regional Health and Aged Care Services.

Gething, L., Gridley, H., Browning, C., Helmes, E., Luszcz, M., Turner, J., Ward, L., & Wells, Y. (2003). The role of psychologists in fostering the well-being of older Australians. *Australian Psychologist, 38*, 1-10.

Gridley, H. (2008, Juli). Community art and health promotion. *Anima: Indonesian Psychological Journal, 23(4),* 301-306. ISSN 0215-0158.

Hyyppä, M. T., & Mäki, J. (2003). Social participation and health in a community rich in stock of social capital. *Health Education Research: Theory and Practice, 8(6),* 770-779.

International Wellbeing Group (2008). *Personal Wellbeing Index: 4th Edition*. Melbourne: Australian Centre on Quality of Life, Deakin University http://www.deakin.edu.au/research/acqol/instruments/wellbeing_index.htm.

Mason, M., Singleton, A., & Webber, R., (2007). *The spirit of Generation Y: Young people's spirituality in a changing Australia*. Melbourne: John Garratt.

McQueen-Thomson, D., & Ziguras, C. (2002). Promoting mental health and wellbeing through community and cultural development: A review of literature focusing on community arts practice. Melbourne: The Globalism Institute.

O'Connor, E. (2009, unpublished). *The public health benefits of community choirs: an action learning project with the Brunswick Women's Choir.* Unpublished research report for Masters in Public Health, La Trobe University.

Putnam, R. D. (1995). Bowling alone: America's declining social capital. *Journal of Democracy, 6*(1), 65-78. Stacy, R., Brittain, K., & Kerr, S. (2002). Singing for health: an exploration of the issues. *Health Education, 102(4),* 156-162.

Statistics Canada (2003). General Social Survey - Social Engagement. Canada: Author.