

SING FOR JOY Choir



Sing for Joy: making the best of chronic and degenerative illnesses through voice work and becoming part of a new singing community.

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Our paper will tell the story of a group of people who are using communal singing to fight the adversity of living with chronic debilitating health problems. Nina Temple, the choir's founder will offer personal perspectives of living with illness and how this prompted the formation of the choir 'Sing for Joy'. Carol Grimes, the singing tutor working with the choir will describe the physical and emotional benefits of singing for people living with chronic illness, as well as some of the practical challenges. Lastly, Sarah Benton will present some preliminary findings on the benefits perceived by the choir's members and we make some suggestions for future research directions.

Songs are a vehicle for expression and a container for emotion. Singing songs with others allows for understanding others as intentional and social beings. When we perform songs with others we share identifiable emotions within the musical structures of songs; performers are unified with a common goal; and understanding between group members is made possible through the shared intention of singing. Thus, the performance of song helps us to develop a sense of 'self' and a sense of self in relation to others.

Using music for emotional expression transforms the 'ordinary' to 'extraordinary'. This can assist with controlling the anxiety felt about uncertainty. The social anthropologist Ellen Dissanayake describes how 'the aesthetic transformations

accomplished in this way often result in emotional transformations of individuals and unification of participating social groups.

(Dissanayake, 1990; 2000).

Group singing has been shown to be an emotionally positive activity, including feelings of improved health and personal well-being (Beck, Cesario, Yousefi and Enamoto, 2000). In their study of a community choir with homeless men, Bailey and Davidson found that, in the midst of insecurity, emotional and physical adversity, singing provided research participants with stability, a source of comfort, emotional and physical relief, catharsis and release from emotional burdens, and the potential to effect change. Further benefits from active singing included increased self-esteem, social interaction skills and cognitive stimulation (Bailey and Davidson, 2002).

As we will hear from Nina, individuals living with chronic illness can experience a feeling of loss of control over the present and future, which can raise questions about whether the individual will live, or whether indeed they want to (Charmaz, 1991). Although we know something of the experience of communal singing, empirical investigation is yet to yield findings about its role in the lives of people living with chronic and disabling conditions. In my research with people living with advanced and chronic multiple sclerosis, participants described how they used singing to monitor subtle degenerative changes occurring in their vocal production as a result of the disease process. The findings suggested that individuals living with progressive illness use singing to defy the illness process, as an expression of life's breath running through the body (Magee and Davidson, 2004).

Nina Temple, the founder of the choir describes the events which led up to its formation in 2001.

[Nina Temple](#)

A CHOIR AT WORK

I was diagnosed with Parkinson's in February 2001. I had suffered increasing symptoms for the previous 18 months. I was frequently tearful, extremely forgetful, experiencing hot flushes, sweating and extreme tremor whenever I was most anxious. I frequently fantasised about being at peace, drowned in a cool stream.

Despite my obvious distress I managed to keep up such a mask of coping that no one around me suggested I seek help. Finally, the osteopath that I was seeing for back problems said he thought I had Parkinson's. Several months later I was standing in Queen Square sobbing into my mobile and telling my husband that I had just been diagnosed with what felt like a devastating condition. I was further distressed by the doctors not having any interest in how I felt I had got ill, and thereby the lessons that this illness might possibly offer me for a better way of living. And I was not helped by being told that there were "no medals for not taking these drugs" when I said that I wanted to delay medication - and the associated side effects - for as long as possible, as I was only 44 years old at the time.

I was grieving for all the things I would now never be able to do. I was beating myself up for not having done them before and for having lived in such a driven and unbalanced way.

Various healthcare professionals brightly advised me to stay positive, but consider taking antidepressants. Yet I think it is very important to allow people to grieve for what they have lost with the diagnosis of an incurable progressive disease. Only when that grieving is over is it possible to start to appreciate what is still wonderful about living.

My regrets centred on friendship, and on creativity. Because of how I had lived, I did not have a community of friends; I had not learned to paint or practised my guitar.

The turning point from this state of regret and mourning came on a holistic holiday, a birthday gift from my husband. Here I had time to reflect, a safe space to 'come out' about my condition and the opportunity to paint and as it turns out most importantly to start each morning with a singing workshop. I was amazed how well this made me feel. I felt my voice resonate and was aware how choked it had become. When I got home I spoke about joining a choir and made some enquiries but didn't find anything to suit my needs. So later when I received a mailing from the Parkinson's disease Society, offering start up funds for anyone wanting to run a local creative project, I immediately thought of a choir for people with pd. Ann Hutchinson contacted them with the same idea and we were put in touch with each other. Ann came up with the name Sing for Joy, my husband found a venue, we prepared the planning application together, and Ann and I interviewed several singing tutors until we came across Carol Grimes.

Carol's approach fitted completely with what I imagined, a singing workshop with a very physical voice warm-up, and then a very joyful embodiment of singing, with minimal emphasis on theory and technique and maximum emphasis on resonance,

community, the flood of musical pleasure and joy. Carol was able to arrange for a splendid pianist Dorian Ford to join the choir for the latter half of our weekly workshops. We set out to recruit members with flyers at local doctors' surgeries and libraries as well as by word of mouth. I arranged for Carol to get some training with Elina Tripoliti, a speech therapist at Queen Square. And the choir was off and running, with start-up funding for an initial six months.

It soon became such a pleasure and such a central part in all of our lives that as the funding petered out we decided that we wanted to try and keep the choir going. A constitution was drawn up and a committee elected from the choir members with equal numbers of disabled and able-bodied people. We set up a membership scheme with a £25 monthly standing order for those that can afford it and we started planning our first fund-raising benefit. The choir itself has been a joy. It feels like a very safe space in which those of us with diseases, now including M.S., cancer, mental health problems, arthritis, as well as the nine members with Parkinson's, feel respected and appreciated by our able-bodied peers. It works as a physical therapy, a creative expression and a supportive community. Above all when we are singing together at the top of our voices I feel a release from the constraints of my disease and connection with joy. Just a few weeks ago our newest member said that 'joining the choir has been a lifesaver and helped me to adjust to my diagnosis of Parkinson's'.

The fund-raising and committee meetings have been a mixed blessing. As those of us with pd have got sicker, the stress of raising money and organising a big event has become more difficult, and performing to a paying audience requires a level of rehearsal that sometimes cuts across the more playful and to me most enjoyable aspects of improvisation. On the other hand the feel-good factor of the benefit evening and the warm glow of appreciation that greets the choir's own performance do a lot to raise our confidence and self-esteem. We are hoping to establish the choir as a charity, to promote community singing as part of the treatment of long-term chronic conditions, to support the setting up of other groups and to safeguard our own future.

Carol Grimes

When Nina Temple invited me to work with a group she was setting up for people with Parkinson's disease, I was immediately interested. I spent some time at the National Hospital for Neurology, Queen Square with the speech therapist Elina Tripoliti and soon discovered that both the physical and creative aspects of the

singer's and vocal facilitator's life, which I knew well, worked wonderfully with some of the symptoms that the group were struggling with.

So, muscle tension and rigidity, shortness of breath, loss of vocal strength and stamina, monotonic speech patterns, imprecise articulation, a closing down of facial expression, low self esteem, tremor in jaw, lips, tongue and body, disturbed swallowing patterns, fatigue; all these symptoms and more seem to be helped considerably by the singing and breath work.

However, another aspect of my work with Sing for Joy began life because of a need to raise money in order to continue the group's existence. We organised a benefit concert using the TUC Congress Hall, raising enough funds to survive another year and the group became a performing one. We have just held our 5th benefit concert and have performed for the Parkinson's Disease Society annual Carol Service three times, in such splendid venues as Southwark Cathedral, and at one or two smaller events and have held open workshops at the hospital in Queen Square London.

Performing in public requires rehearsals, building bigger and bolder voices, stage presence, courage, commitment and the necessity to communicate, singing out to an audience, projecting not only the voice, but also the whole person, working together as a team, supporting each other towards producing an animated and dynamic performance allowing for a natural sense of flow and energy.

There are no musical criteria for joining the choir. Most of the Sing for Joy members had never before performed in public or even sung in a choir or group. A few people had sung with amateur choirs, but most had not sung since school days. We meet once a week for two hours with Dorian Ford as our pianist for only one hour. Putting on a performance was therefore a challenging and difficult venture.

In the competitive world of the professional singer, where each note has to be perfectly pitched, a score or an arrangement learned, it is therapeutic for me to let go of any aim for perfection, and work with the best that the group can give. The emphasis is on enjoyment and the heart and soul of the voices will come across to the listener. It is a humbling experience to see a group of people with little experience and for whom performing in front of an audience is a daunting one, embrace the performances with such courage and enthusiasm.

Some struggled with pitch, others with rhythm, some with memory, harmony, phrasing or timing. A few read music, most do not. I preferred to work from ear, employing memory, both muscular and emotional. I wanted people to sing out to each other rather than singing to sheets of A4 with dots and words written on them. I

prefer the melody of the songs to be learned aurally and enjoyed physically rather than as an academic exercise. Word sheets are handed out, but all are encouraged to memorise.

The nature of the group, brought together with the common criterion being illness, meant that people's taste in music varied widely, unlike the Jazz Singer's classes I run at the City Literary Institute, where there is a common musical thread. As choir members have added to the large body of songs I brought in, we now have a vast repertoire, ranging from The American Song Book, through Brecht, Joni Mitchell, Lily Allan, The Pogues, to Christmas carols, African and Albanian songs and more; an eclectic mix! This has sometimes led to difficult discussions around what songs to perform. We now have a very democratic voting process before performing!

The rehearsals, memorising words, melodies and arrangements, articulation, rhythm and phrasing, my pleas to smile, to look out, to sing to the audience and each other, are all necessary in the performer's art, and in this situation, an example of the therapeutic benefits of the work. It visibly brings people into life. Listening, looking feeling and giving of themselves.

At the beginning of each weekly session, whether rehearsing or not, we work with a warm-up using breath for respiratory support, resonance, vocal pitch practice, harmony and rhythm, singing loud and soft, and in between, muscle exercises for the mouth and the face, all put together with a gentle physical movement. These skills have clearly helped in soothing some symptoms and building vocal strength and breath control. A tense, tightly-held body resistant to the music, operating purely from the head, fighting the pulse and rhythm and denying access to the emotions, will result in a singing voice using only a fraction of its potential, and a delivery that has limited dynamic range. The message will be contrived and empty, a shallow performance.

The human being, well or ill, carries extreme vulnerability within the vocal tract, the throat, the mouth, the lips the tongue, the voice. Well-used metaphors, such as 'a lump in the throat' and 'I feel choked' accurately describe sensations within the body in response to emotional disturbance, or cognitive discontent, and these sensations do disable a voice, which is the dominant means of communicating with others. When a person's mind is shut down in torment or fear, as is particularly common with a serious illness, the vocal timbres become infused with the ingredients of those emotions. A common area of tension is located in the neck and jaw area. A head thrust forward from the shoulders, the jaw clamped almost shut, lending the

voice a trapped and strained tonality. Talking through clenched teeth, all very noticeable in some of the Parkinson's and M.S people.

To identify the most basic actions needed to manifest the human voice is to tap into the primary life force, Breath, movement, mind and body. Engaging with the essential senses of hearing and sensation, tapping into the vibrations of the voice as it hums around inside the body as energy and resonance, is in itself an act of self investigation, leading to a deeper and more informed physical and cognitive awareness.

In helping someone extricate long-held tension, release the neck and jaw, and let go both the physical and the emotional holding-on, a practitioner is enabling the participant to release vocal power and fluidity, to enrich the timbre of the voice and to speak with a more rounded and confident range of expression. Discharging tension through vocal sounds gives a person's voice a more fully integrated delivery with freedom and flight. Allowing the body to fully accommodate the voice is the route towards resonance and support. This bringing the voice into the body is a dynamic, multi-sensory somatic process.

The attainment of a harmonious balance of physicality, breath and voice will in turn instil a person with harmony and fulfilment. I have to sing ... and I love to be with people who I can clearly see hear touch have discovered what is good for body, soul and health and fun.

To sing is to be 'Singing for Joy.'

[Sarah Benton](#)

Since the choir was formed, over 30 people have joined; four have since died, and four have left because they, or their partner, have found the choir uncongenial. The choir currently has 24 members, seven men and seventeen women. Nine of the members have Parkinson's, two have MS, three have asthma, 3 have other neurological illnesses, several have debilitating mental illnesses. A couple have had cancer and strokes. Virtually none of those classified as able-bodied would describe themselves as fully fit; we are talking about a group of people the youngest of whom is over 50. We are also talking about a remarkably stable group, and it is this stability which, I think, is the greatest testament to the success of the choir. The two factors most commonly cited as explaining that stability are that the choir gives a

sense of purpose to lives which are often broken up by isolation and lack of common purpose; and a quality which I will call lively inclusiveness.

How do we measure success? Obviously, by people continuing to turn up. A second measure of success would be physical effects on health. Looking at the responses from 15 people to 2 small questionnaires, the most frequent comment was that people felt their breathing was improved through the warm-up exercises. One person said it helped with her swallowing. Several people also commented on feeling both more relaxed and revitalized. I quote one response in full because it epitomizes a lot of other responses:

‘After our Tuesday class I feel reinvigorated; often singing on-and-off for the rest of the evening. My priorities are back in place. The breathing, and the concentration, have the same effect as yoga on me, calming me down and at the same time releasing energy.’

As fear of the loss of voice has been mentioned by several choir members, I was surprised that no-one commented on the effect of the warm-up in particular on their voice, not because I think they **should** have said it improved their voice, but because I can hear some choir members singing with greater volume and stability in the voice. This change may be a matter of confidence, but quite honestly, whether it’s due to confidence and relaxation rather than physically making better use of the lungs and vocal chords or learning to sing, as Carol teaches us, using the muscles, pelvis and diaphragm, **to fully support our vocal chords, taking stress away from the throat and vocal tract, does it matter?** My guess is that people are unconsciously making more use of their hearts and lungs and trunk muscles to produce a louder and more stable voice.

Of course, how you assess the physical gains in part depends on how you understand the nature of the various illnesses we carry between us. Nina commented above how disappointed she was that no medics seemed interested in why she had developed Parkinson’s. Although, as Carol said, there is no single thing which all of us have in common, not even a love of music, most of us do share the belief that a large component of feeling unwell is emotional and psychological – and I don’t mean that in any demeaning or disrespectful way at all. We are not talking about our choir because we think it cures illness or stops you dying; we are talking about how the spirit, the soul, the self can experience the joys of companionship and of music. We have found that you can live a fuller and more valued and pleasurable life as a disabled person if you have friends, community, music and a purpose, than if you are able-bodied but living a lonely, driven and essentially meaningless life.

From the questionnaires, we can name four essential qualities which people gain from the choir and its practices;

- 1) relaxation, or release of a variety of stresses and tensions.
- 2) gain in vitality, including feeling a wider range of emotions.
- 3) Companionship – freedom from the paralysing and silencing isolation of illness, an experience of having things in common, of other people looking out for you, of not being judged but just accepted.
- 4) A sense of purpose, structure and routine.

All the responses confirmed one or more of these four points, from the simple 'I love knowing that Tuesday night is choir night' to 'The choir has a very supportive nature, is encouraging to all members of the group and is very non-competitive and non-threatening'. Why and how has this been possible? We had many answers on this.

- 1) Several focussed on the particular role and character of Carol, for instance 'The inspiring and patient way she works with us, never never against us, takes us to singing experiences I don't suppose any of us thought we were capable of - or capable of enjoying too'. Others commented on the importance of her, and the pianist Dorian's, professionalism. However exasperatingly quarrelsome and opinionated they find the choir the superior knowledge of these two is actually held in very high regard and absolutely trusted.
- 2) The fact that the choir is responsible to no higher musical authority, we don't have to sing something in a particular way because that's what Schubert stipulated or the great maestro demands is another vital factor. It means, as Carol suggested, that we have to learn to trust, or rediscover, our own sensual musicality, this is the great quality of modern popular music; it liberates feeling and a sense of fun.
- 3) There is the emphasis that the music is felt in and expressed through the body, and the whole body. Perhaps when the choir fails to work for someone it is because that person cannot allow music and communal singing to be a sensuous experience.
- 4) The quality of playfulness; this, as one expert said, requires both a safe place and rules. These are provided by our own venue, by Carol and Dorian, and The Committee. And lastly, and I think Nina bears a lot of responsibility for this, the ambience of the choir, as testified to by most respondents, is humorous, non-

judgmental, and non-competitive. As several people said, there are many odd and many interesting people in the choir. All idiosyncrasies are at best enjoyed, and at the least tolerated.

Then we had a section about the problems of its being a self-run choir. There are undoubtedly some tensions about this. There are seven people on the committee. Non-committee members can feel left out and ignorant. But most just feel guilty that they are leaving all the work to others. There can be awkwardness about the difference between the able-bodied and the disabled, those with the label ill and those with the label well. On the whole as one member said 'Outsiders might imagine that those of us without Parkinson's Disease (or other illnesses) support those who do have them. But it isn't like that at all. We all support each other and I receive an enormous amount of help and encouragement from other choir members - and of course from Carol and Dorian.'

Or as our most recent recruit said:

'The group doesn't have a **clique**, and one can really feel a part of the choir...I think that sing for joy is one of the best thing since slice bread'.

Everyone thought it was better for us to run ourselves as best we could rather than be subject to the decisions, targets, funding cuts, assessments etc that state sponsorship would include.

Lastly, and obviously, Sing for Joy as a structure and a group of people has flaws and problems; it is a work in progress. But a common work in progress is, I think, the best that humans can aspire to.

Conclusions and future directions.

The personal testimonies revealed within this preliminary enquiry reflect the findings of existing empirical investigations with community choirs. However, it is evident that further work is needed to explore the concepts of purpose, stability, and lively inclusiveness which have emerged from this communal project. We propose to develop this work through self-enquiry exploring how, for people living with chronic illness, communal singing enables resonance, community, and the flood of musical pleasure and joy.

References.

Bailey, B.A. & Davidson, J.W. (2002). Adaptive characteristics of group singing: perceptions from members of a choir for homeless men. *Musicae Scientiae*, 2(2), 221-256.

Beck, R.J., Cesario, T.C., Yousefi, A. and Enamoto, H. (2000) Choral singing, performance perception, and immune system changes in salivary immunoglobulin A and cortisol. *Music Perception*, 18(1), 87-106.

Charmaz, K. (1991). *Good Days, Bad Days. The Self in Chronic Illness and Time*. New Brunswick: Rutgers University Press.

Dissanayake, E. (1990). *What is art for?* Washington: University of Washington Press.

Dissanayake, E. (2000). *Art and Intimacy: How the Arts Began*. Washington: University of Washington Press.

Magee, W.L. (2002). Identity in clinical music therapy: shifting self-constructs through the therapeutic process. In R. MacDonald, D.J. Hargreaves, and D. Miell (Eds.), *Musical Identities*, (pp.179-197). Oxford: Oxford University Press.

Magee, W.L., & Davidson, J.W. (2004).

Singing In Therapy: Monitoring Disease Process In Chronic Degenerative Illness. *Brit Jnl of Music Therapy*, 18(2), 65-77.