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Group singing to support women experiencing symptoms of postnatal depression

Rosie Perkins^{1,2}

¹ Centre for Performance Science, Royal College of Music

² Faculty of Medicine, Imperial College London

Abstract

The arts and music are increasingly being used in healthcare contexts, providing new ways of supporting women experiencing illnesses such as postnatal depression (PND). This article details the evidence for how group singing can support recovery from PND and outlines key characteristics of effective singing interventions for maternal mental wellbeing.

Keywords: arts; group singing; mental health; music; postnatal depression (PND); wellbeing

Introduction

Mental illness in the perinatal period has increased during the COVID-19 pandemic (Chmielewska et al., 2021). Even before COVID, the prevalence of maternal postnatal depression (PND) ranged from 4% to 64% in analysis of data from over 50 countries (Roshaidai Mohd Arifin et al., 2018). PND is characterised by symptoms such as persistent low mood, problems with sleeping, lack of enjoyment, difficulties bonding with the baby, and frightening thoughts. It can be debilitating for mothers, and also affect fathers (Beestin et al., 2014) and babies (Kingston et al., 2012). Therefore, finding new, accessible interventions to prevent and reduce the effects of PND is important in protecting and enhancing maternal mental health.

This article introduces evidence for how group singing can support recovery from PND. It begins with an overview of how the arts, and music specifically, can enhance mental health in general. It then moves to present evidence that group singing can speed up recovery from PND, including discussing women's views on why this is the case. Finally, it considers how group singing can be implemented in maternal mental healthcare, including consideration of how singing groups can be run and organised.

Arts and health

The arts are increasingly used in healthcare settings, to the extent that the World Health Organization (WHO) recently commissioned a scoping review of the role of the arts in improving health. The review concluded that the arts can have multiple benefits, including:

- Supporting child development.
- Encouraging health-promoting behaviours.
- Helping to prevent ill-health.
- Supporting caregiving.
- Supporting care for people with acute conditions.
- Helping people experiencing mental illness (Fancourt & Finn, 2019).

Music, specifically, has for many centuries been associated with wellbeing and good health. In a review article, Daykin et al. (2018) conclude that, despite some limitations in the evidence base, music and singing can enhance wellbeing and reduce mental ill-health among adults. Specifically, they reported that:

- Taking part regularly in community music and singing can prevent isolation and enhance wellbeing in older adults.
- Specific music and singing interventions can improve mood and reduce anxiety in some groups, including pregnant women.
- Group singing can improve wellbeing and quality of life for people with chronic conditions and in palliative care (Daykin et al., 2018).

Further work has focused on the use and role of music in early childhood. Singing with infants has, of course, a very long history and is practised in cultures around the world. Falk (2004) proposed that singing could actually be an evolutionary adaptation to support mother-infant bonding, developing out of infant-directed speech called motherese, which is 'linguistically simplified and characterized by high pitch and exaggerated intonation' (Fernald, 1985). Certainly, there is evidence that music can benefit infants. For example, recorded music can improve feeding rates in premature babies (Standley, 2003) and music listening has been seen to have positive effects

on premature babies' respiratory and heart rates as well as oxygen saturation levels (Cassidy & Standley, 1995). Moreover, music is known to have many benefits for children's intellectual, social, and personal development (Hallam, 2010; Henriksson-Macaulay & Welch, 2015). However, until recently, there has been much less focus on how music might support new mothers themselves. In the following section, evidence for how group singing can support recovery from PND is presented based on results from a pioneering research programme run in 2015-2017 by the Royal College of Music (RCM) and Imperial College London.

What evidence is there that singing can support recovery from postnatal depression?

Fancourt and Perkins (2018a) conducted a Randomised Controlled Trial (RCT) to investigate how creative interventions could support recovery from PND. The sample included 134 women in the United Kingdom (UK) with symptoms of PND as indicated by a score of ten or above on the Edinburgh Postnatal Depression Scale (EPDS). The trial involved a ten-week programme of weekly group singing compared with a ten-week programme of creative play and ten weeks of care as normal. The findings indicated that for mothers with moderate-severe symptoms of PND (EPDS \geq 13), group singing led to a significantly faster recovery than creative play or care as normal. Among these women:

- Six weeks of group singing led to a decrease of almost 35% in symptoms of PND.
- After six weeks, 65% were no longer symptomatic for PND.

Parallel experiments demonstrated that, compared with social chatting, group singing was associated with greater increases in perceived mother-infant closeness as well as greater decreases in the stress hormone cortisol (Fancourt and Perkins, 2018b). Moreover, a survey study with 391 new mothers indicated that daily singing to babies at home is also linked with fewer symptoms of PND as well as enhanced wellbeing, self-esteem, and self-reported mother-infant closeness (Fancourt & Perkins, 2017).

So why might singing elicit these effects? Focus groups with the women involved in the trial indicated that there were five perceived benefits of singing:

1. It is a sociable and multicultural creative experience, which the mothers described as 'authentic'. Key features of the singing groups are described below.
2. It has the ability to calm babies, and to sooth them in stressful or challenging situations.
3. It provides some 'me time' for mothers and immerses them in an activity that can distract from concerns or worries, in a safe environment.
4. It gives mothers a feeling of achievement, such as learning new songs to sing with their baby. It can also help mothers regain a sense of their own identity.
5. For some mothers, it can help with feelings of bonding and closeness with their baby (Perkins et al., 2018a).

Relevance for practice: How group singing can support women with PND

1. Group singing programmes can speed up recovery from symptoms of moderate-severe PND. After just six weeks, group singing can reduce symptoms by 35% (Fancourt and Perkins, 2018a).
2. Group singing, when compared with social chatting, can increase perceived mother-infant closeness and decrease stress hormones (Fancourt and Perkins, 2018b).
3. Mothers report that group singing has multiple benefits, including providing them with a sense of accomplishment, supporting mother-baby bond, helping them to calm and sooth their baby, and supporting them with much-needed 'me time' (Perkins et al., 2018a).
4. On the basis of the above evidence, a singing programme for mothers at risk of or experiencing PND has been established by Breathe Arts Health Research. *Melodies for Mums* launched in 2017 and has now expanded across the UK, running as six- and ten-week group singing programmes both online and in-person. More information is available at:
<https://breatheahr.org/melodies-for-mums>

Having established the evidence base, the next section considers how group singing can be most effectively implemented, drawing on the views of both mothers and musicians.

How can group singing programmes be implemented most effectively?

With a new intervention such as group singing, it is important to understand how acceptable the intervention feels to those involved. As part of a process evaluation, mothers who took part in the trial reported their levels of satisfaction, which were very high:

- 88% of the mothers agreed that the singing classes were well tailored to them and their baby or babies.
- Mothers provided an overall rating for the singing classes of 8.8 out of 10.
- 100% of mothers reported that they were very likely to recommend the intervention, or had even recommended the intervention already, to others (Fancourt & Perkins, 2018c).

So what did the singing groups look like, and how were they designed? We know from other research that people engage with music in ways that meet their individual needs and context (Perkins et al., 2020), and so it is vitally important that singing groups for mothers with PND are carefully tailored. In the original trial, key features included:

- Group sizes of between 8-12 mothers, with their baby or babies.
- Session length of one hour, once a week for ten weeks.
- Free of charge for mothers and held in Children's Centres which had relevant facilities such as buggy storage, baby changing, and comfortable spaces for mothers to sit in a circle with their baby or babies.
- Starting with the same welcome song each week, introducing the mothers and babies to each other, followed by learning songs from around the world including those suggested by mothers. The main part of the session included short vocal exercises, simple songs, and lullabies – both calming and energising – that could be sung in harmonies or rounds, and longer or more complex songs that were learnt over a longer period. Mothers were also invited and supported to work on some of their own songs, contributing simple melodies and lyrics about their experiences of motherhood. Some songs were accompanied by percussion, guitar, and ukulele plus other instruments

depending on the musician team. Some recordings were made, with mothers' permission, and shared with the group via CD or secure online platforms (Fancourt & Perkins, 2018c).

- Crucially, the singing sessions were designed to be for the mothers. This meant that the choice of songs and music was selected primarily with mothers, rather than babies, in mind.

A core principle in the research was that the singing group should be a safe and inclusive space. There was no requirement for any previous musical or singing experience, and mothers were able to join in with the singing as much or as little as they felt comfortable. The musical leaders were therefore of utmost importance to the successful implementation of the programme. They were recruited as experienced musical facilitators and were supported by students from the Royal College of Music (RCM). Leaders and assistants attended a training programme ahead of the trial, which included an overview of PND, advice on how to tackle potentially sensitive situations and safeguarding training on how to identify and report mothers or babies who might be at risk, all provided by a specialist Health Visitor. The mothers confirmed the importance of the leaders, emphasising their key role in the success of the sessions: “[She] brings her experience and positivity. I think she brought a lot of humanity into it, that’s probably why we really liked it” (Perkins et al., 2018a, p.9).

For those setting up singing groups, then, excellent singing leaders are required, with experience working musically with mothers and/or babies and with a commitment to inclusive and non-judgmental practice. Interviews with the leaders indicated that they need to be able to balance forward-planning with retaining flexibility to respond spontaneously in the sessions, supporting mothers by giving them autonomy. Leaders need to be supported through the use of appropriate spaces, a strong sense of team with other leaders and healthcare professionals, and with debriefing to support the emotional challenges of the role (Perkins et al., 2018b).

Relevance for practice: Implementing singing for mothers with PND

1. Singing groups for mothers with PND need to be facilitated by expert leaders, who have experience working musically with mothers and/or babies, and who are skilled in creating a safe, inclusive space and balancing forward-planning with flexibly meeting mothers' needs.
2. Care needs to be taken to find a suitable location for in-person singing groups, which is quiet, has adequate space, and has relevant facilities such as baby changing. Ideally, mats and cushions will be positioned in a circle, to provide comfortable and inclusive seating.
3. Singing to support women with PND is best designed as an intervention for mothers rather than babies. This means including mothers in the choice of songs, supporting them to contribute as much or little as they feel comfortable, and being culturally and musically inclusive.
4. Further information on the research and practice reported in this article, including a video and a guide to facilitation, can be found at:
<http://performancescience.ac.uk/musicandmotherhood>

Conclusion

Alongside growing evidence for how the arts can support health, there is now evidence that group singing can support the recovery of women experiencing symptoms of PND. Singing is an acceptable intervention for mothers, and has benefits including supporting mother-infant bond, facilitating feelings of accomplishment, and giving women much-needed me-time through an immersive, creative activity. Care should be taken to ensure singing groups for women with PND are led by experienced and trained musical facilitators, who are able to create a safe, inclusive space in which singing can support mothers' emotional and social needs.

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