

Warran K, Fancourt D, & Perkins R, The experience and perceived impact of group singing for men living with cancer: a phenomenological study, *Psychology of Music*.

Abstract

The aim of this study was to explore the experience and perceived impact of group singing for men with cancer. Through the lens of phenomenology, semi-structured interviews were carried out with 5 patients with prostate cancer, focusing on their experience of cancer, singing, and the perceived impact of the choir. Interviews were transcribed verbatim and analysed using Interpretative Phenomenological Analysis. Four superordinate themes emerged from the data: 1) meeting existential changes; 2) dynamic connection to others; 3) a holistic experience; and 4) a positive experience. The experience of singing was viewed by participants as: something positive; a social experience; an ineffable experience; and, an activity that engages the whole person. The perceived impact of singing included: providing support in the face of the existential uncertainty brought about by having cancer; a dynamic connection to others; fulfilment; enhanced wellbeing; and, finding some form of benefit from the cancer experience. These results indicate that group singing has potential as an appropriate intervention for men living with cancer. This study, though small-scale, sheds some light on how to deliver holistic healthcare and how to optimise current choirs in health settings.

Introduction

One of the biggest challenges to the healthcare system, and to medical research, is cancer (James, 2011). The psychosocial challenges faced by cancer patients are well known, including depression, generalised worry, inability to make plans and a fear for the future, anger, isolation, diminished self-esteem, concerns over body image, mood disturbance, changes in sexual function and changes in relationships with others (Adler & Page, 2008; Council, 2005; Irwin, Olmstead, Ganz, & Haque, 2013).

In recent years, there has been a burgeoning interest in how music may be able to provide psychosocial support for people affected by cancer (Bradt et al., 2015; Burns, 2001; Burns, Harbuz, Hucklebridge, & Bunt, 2001; O'Brien, Szer, & Westerman, 2014; O'Callaghan, Sexton, & Wheeler, 2007). This has corresponded with a rapid growth in the field of arts and health which has received particular attention since the publication of the *Creative Health* report (All-Party Parliamentary Group for Arts, 2017). As music has gained interest in cancer care, a small number of studies have emerged exploring how group singing in particular may be able to provide support. Results have been promising, including improvements to wellbeing, quality of life and to mental health, as well as inciting biological signs of stress reduction (Fancourt et al., 2016; Gale, Enright, Reagon, Lewis, & van Deursen, 2012; Pothoulaki, MacDonald, & Flowers, 2012; Reagon, Gale, Dow, Lewis, & van Deursen, 2016). Indeed, there has also been a growing interest in the use of singing to improve health and wellbeing within the wider psychology of music literature; for example, in light of Ryan & Deci's (2002) model of psychological needs, singing has been shown to improve feelings of competency and social connection, thereby enhancing the potential for positive well-being impact (Davidson & Garrido, 2015). Singing has also been found to be associated with better mental and physical health outcomes, including developing social musical identities (Caetano et al., 2019; Davidson & Faulkner, 2016; Theorell, 2018). This links in with a wider body of developing literature that shows group singing as beneficial for a range of other specific health conditions (Clift, Nicol, Raisbeck, Whitmore, & Morrison, 2010).

However, despite this growing research, two clear gaps remain. First, previous research has primarily focused on quantitative impact and not on the mechanisms of music. DeNora and Ansdell acknowledge this, suggesting that current research cannot describe *the processes* by which music effects change and propose that we should 'reintroduce ambiguity' and encourage qualitative and interpretative inquiry (DeNora & Ansdell, 2014). Second, there is very little research exploring the effects of singing for men, who are under-represented in research which explores the psychosocial impact of singing (Clift et al., 2010; Pavlaku, 2009; Reagon, Gale, Enright, Mann, & van Deursen, 2016). Among the literature on singing and cancer, this gap is found even more clearly, with men's voices the minority or even absent (Fancourt et al., 2016; Gale et al., 2012; Reagon, Gale, Dow, et al., 2016).

There is therefore a gap in the literature regarding the lived experience of group singing for male cancer patients, investigation of which would contribute to our knowledge of the subjective processes of music engagement. This rationale provides the lead question for this study: *How do men with cancer experience group singing?* It is also of interest to examine what relevance the experience of group singing has for patients, exploring the *perceived effects*

of group singing. This provides the secondary question of this study: *What is the perceived impact of group singing for men living with cancer?*

Participant recruitment

Participants were recruited from the London Tenovus Cancer Choir; a choir for people affected by cancer that meets weekly from 5.30pm-7pm for 30 minutes of socialising and 60 minutes of singing. Singing involved short warm ups and rehearsals of contemporary popular music. Further details of the content and format of the choir sessions is published elsewhere (Reagon, Gale, Dow, et al., 2016). Participants were approached via phone or email to take part in the study because they met the following criteria: 1) they identified as male; 2) had been diagnosed with prostate cancer; 3) were aged 18 years or over; 4) had participated in the choir for longer than 3 months; 5) were not singing in another choir; and 6) were willing to be interviewed. Five participants took part; four had previously received or were undergoing cancer treatment such as chemotherapy or radiotherapy, and one participant had never received treatment as he was on active surveillance. Whilst 5 participants could be perceived as a small sample size in the context of psychological research, this study sought to take an idiographic approach, aiming to develop in-depth understanding of subjective experiences and allowing participants a space to express their own reality (Dickson-Swift, James, & Liamputtong, 2008, p. 7). A small sample size therefore allowed for deep immersion in these individual cases, and is considered appropriate for a study making use of Interpretative Phenomenological Analysis (IPA) (Smith, Flowers, & Larkin, 2009). See Table 1 for demographics.

Table 1. Demographics of participants

GENDER	
MALE	5
AGE (MEAN)	64
ETHNICITY	
WHITE	4
ASIAN	1
EDUCATION	
AS LEVEL/ A LEVEL	2
UNDERGRADUATE DEGREE	2
POSTGRADUATE DEGREE	1

Procedure

With regards to methodological strategy, this study was broadly framed in phenomenology and made use of IPA. The two-stage interpretation process involved conducting a detailed exploration of how participants make sense of their personal or social world whilst also acknowledging the role of the researcher (Smith & Osborn, 2007). Semi-structured interviews were conducted by the lead researcher between 24 October - 14 December 2016 at a convenient location for the participant. The interviews lasted 35-60 minutes, were digitally audio-recorded and transcribed verbatim. Questions included exploring participants' experience of cancer, singing, and the perceived effects of the choir. The interview guide can be found in the Appendix.

Analysis

A six-step approach to the IPA was taken as outlined by Smith et. al (2009) with supporting guidance from Smith & Osborn (2007). The first step was to read and re-read the selected transcript to become intimately familiar with the case. A second step of initial noting in the left-hand margin was then employed, commenting on what was seen as interesting and making descriptive, linguistic and conceptual comments (Smith et al., 2009). The third step was to develop emergent themes in the right-hand margin, drawing out key areas of interest and reducing content whilst also maintaining complexity and cross-checking with the original transcript. Emergent themes were typed into a Microsoft Word document to search for connections across the themes and to create a list of superordinate and sub-themes for

the participant (step 4), a process known as clustering (Smith et al., 2009). A table of superordinate themes and subthemes was then created for every individual (step 5), before moving onto the final stage of looking for connections between participants (step 6). Analysis was conducted by hand, rather than using software, to allow for deep engagement with the data. To ensure validity, themes were cross-checked within the research team before finalising the overarching themes of the study. For this process, we also drew on guidance from Cohen, Manion, & Morrison (2011, p. 295), defining key terms (construct validity), matching patterns in the data (internal validity) and acknowledging the context-bound nature of our findings (ecological validity). As well as this, the lead researcher (KW) employed a process of reflexivity through creating memos and keeping a researcher diary.

Results

Four superordinate themes and fifteen subthemes emerged from the analysis procedure, each of which describes the subjective experience of group singing and, in some cases, the choir's perceived impact. While the full IPA analyses are not presented here, the themes are shown in table 2 and explained below with further participant quotations. Pseudonyms are used throughout.

Theme 1: *Meeting existential changes*

The first superordinate theme deals with how the choir may provide support in the face of existential uncertainty. For example, participants described the choir as providing a distraction from thinking about death, in addition to an awareness of death in the rehearsal room which heightened the connection between choristers:

"I think the combination of the music, which is so joyful, and the sense of mortality that must shadow all of us in that room makes it particularly powerful, and I understand people better." (Christopher)

Christopher also reported that the choir "does seem to inject a kind of purpose into the week" which was supported by David who commented that the choir "gives hope" and Jason who stated that the choir provides "something to aim for, instead of having nothing to aim for."

It would seem that whereas having cancer brings about a heightened sense of mortality, the choir facilitates enhanced connection with others and provides a sense of purpose. This suggestion was reinforced by, and interconnected with, the first subtheme in this category; the *dichotomy between the cancer experience and the choir experience* (subtheme 1.1).

The participants described their experience of having cancer, including the "initial shock" (Thomas) of being diagnosed, "having radiotherapy which is a nasty experience" (David), the uncertainty around cancer for example not "seeing the same doctor twice" (Jason) and the trial and error process of surgery followed by "treatments daily" (Christopher), in addition to negative mood changes and having to endure medical professionals "doing things to your body" (Andrew). Three of the participants used the word "nasty" to describe their cancer experience. This can be viewed in stark contrast to the choir experience which meets uncertainty and shock by providing a "regular appointment" (Christopher), lifts mood and allows for an "opening up of the body" (Christopher), in addition to providing an opportunity to "take back control" (Andrew). David provided a description of the dichotomy between the cancer experience and singing in the choir, likening it to "Jekyll and Hyde".

The second subtheme explores *experiencing life more intimately* (subtheme 1.2). Christopher describes how the choir provides a platform for people to engage more deeply with others, bringing him closer to his experience of life:

"It's the realisation of how full of richness people are... what I love is the way that these people who come in... become a whole life story... I'll find out about their lives. I think the richness of human behaviour and experience... concentrated in this small room, people that'd never have met otherwise. And to some extent illness does this, doesn't it?" (Christopher)

This is reinforced by Thomas who describes a desire to be "connected to the people" and Andrew who feels "part of something with other people". Illness heightens the need for connection to others and to feel closer to life experiences, whilst also providing a new-found willingness to engage with different people in order to share experiences, and the choir meets these changing needs.

Table 2. Description of overarching themes and subthemes, showing the subjective experience and perceived impact of singing for men affected by cancer

THEME	Subtheme	Description
1. MEETING EXISTENTIAL CHANGES	1.1 Dichotomy between cancer experience and choir experience	The relationship between singing in the choir and having cancer is like 'Jekyll and Hyde' (David), with singing completely 'juxtaposing' (Thomas) the negative experience of cancer.
	1.2 Experiencing life more intimately	Choir allows a 'connection to [other] people' (Thomas) and a 'realisation... of how full of richness people are' (Christopher).
	1.3 An opportunity to let go	Choir is a place to let 'worries go' (David) where it 'stops you thinking about [cancer]' (Thomas)
2. DYNAMIC CONNECTION TO OTHERS	2.1 Immersed in the choir	Choir participants feel 'part of something' (Andrew) where 'you start to mould into this thing' and 'immerse yourself in it' (Thomas)
	2.2 An inclusive experience	Choir is for 'all abilities' (Andrew) where everyone is 'in the same boat' (Christopher) and there is an opportunity to 'talk to new people' (Jason)
	2.3 A social network	Choir is 'a social group' (Thomas) and a place to 'make more friends' (David), receive 'support' (Jason) and a 'social side' (Andrew) that goes beyond the rehearsal room.
	2.4 Choir as a team	Being 'brought together by the choir' entails feelings of 'comradeship' (Christopher) where participants 'perform as a team' (Andrew).
3. A HOLISTIC EXPERIENCE	3.1 Choir part of whole life	Choir and 'other activities are like links in a chain' (Christopher) that may also lead to positive behavioural change.
	3.2 Singing as alternative medicine	'Singing is like drug' (David) and an 'alternative medicine' (Christopher) that impacts 'fatigue in a positive way' (Jason)
	3.3. A catalyst for personal growth	Choir gives 'something to aim for' (Christopher, Jason) and provides 'a different kind of learning' (Jason)
4 A POSITIVE EXPERIENCE	4.1 A fulfilling experience	Choir is 'something positive' (Jason) which participants are 'proud of' (Thomas, Andrew), going beyond expectations (David) and providing 'a sense of amazement' (Jason)
	4.2 Uplifting and fun	Choir is a place for 'laughing and joking' (David) and 'having fun' (Christopher) where participants 'feel uplifted' (Andrew)
	4.3 Something to look forward to	Choir is something to 'look forward to' (David, Christopher, Jason, Andrew) where participants 'like coming' (Thomas)
	4.4 Enormous effort put in	Travelling to the choir is 'quite a long way' (Christopher) with some participants feeling that this is a 'stress' (Andrew) and others seeing this as a challenge to overcome (David)
	4.5 Desire to give something back	Participants recommend the choir to others (David, Christopher, Andrew) and see it as 'mutually beneficial' (Andrew) through giving to the choir and receiving from it.

Linking to this idea of seeking new experiences, the next subtheme highlights how the choir provides *an opportunity to let go* (subtheme 1.3). For example, Jason explained how having cancer meant he could let go of any past reservations about singing, meaning he was more willing to try something new. Thomas also described thinking "well, I'll give it a try" and Christopher, "yes, why not?". Linking to the superordinate theme of existential change, cancer seems to bring with it a shift in thinking for these participants and therefore a desire to explore new experiences.

Theme 2: *Dynamic connection to others*

As well as the need for relatedness brought about by existential uncertainty, participants also discussed how the choir provided a special connection within the group more generally:

"Well, I think the longer it goes on, the more dynamic it gets... we all started tightening up with the sound... it feels like you are part of something." (Thomas)

"Rhythm in all its senses: rhythm in terms of music you're singing, rhythm because you're joining in with a group to make a sort of rhythm between yourselves." (Christopher)

The choir context seems to provide a dynamic connection to others within the group because it is fluid and experienced in a living moment. This connection is specifically facilitated by *singing* together; seen in the reference to sound and to rhythm. This is particularly interesting as it sets choral singing apart from more traditional forms of care, such as support groups, due to its *musical* component.

Exploring relatedness in more depth, the first subtheme within this category delves deeper into this concept, to the point of *immersion in the choir* (Subtheme 2.1):

"Even though they're all strangers to start with... then you start to mould into this thing and I think there is a group presence. When you are all sort of doing it, and you're all singing and, you know, you start to just sort of, immerse yourself in it. And you think, that's what it is." (Thomas)

"You know, we wouldn't in theory have much in common. But we do through the choir... And across the sexes, so the men and the women, intermingle." (Christopher)

There seems to be evidence that the choir aids a sense of fusion between people. Interestingly, whilst it is not possible to become part of the choir as if it were a physical object, the participants here use physical language such as "thing" and "it" to describe an experience that is non-physical (the choir); the dynamic connection created within the group, entails a feeling of becoming "part of something" (Andrew). It is the indescribable nature of this "thing" (Thomas) which denotes an experience which, for these three participants, is ineffable.

Of relevance to this study focusing on the male perspective, Christopher describes an intermingling of the sexes. From his point of view, everyone is equal through the choir experience. This links directly to the next subtheme which explores how the choir is *an inclusive experience* (subtheme 2.2). All of the participants commented on this, stating that the choir is made up of "a whole load of different people" (Thomas) with "different levels of learning" and "abilities" (Andrew) who are given "the chance to be in a group...with other people" (Christopher).

This group environment also provides *a social network* (subtheme 2.3) which was mentioned by all of the participants, for example:

"That half hour before the choir, which I try and get there for, is very good. You know, coffee, tea, gossip. Just sort of chatting." (Christopher)

Participants enjoyed the social element of the choir experience before the singing where they could meet others and share refreshments together. Several of the participants also commented how the social element is not restricted to the choir rehearsal itself:

"You make more friends. And your social life becomes more... for example, Wayne, took me to his Prostate Group and you meet more people. And you meet more people here, you know, you talk to them. So it's socialising as well, isn't it?" (David)

"If I don't turn up... I get an email from a couple of people. 'Oh I hope you're okay, how are you doing'" (Jason)

For these members, there is a social network created by the choir that exists both within and outside of the rehearsal room.

The final subtheme in this group looks at the *choir as a team* (subtheme 2.4). Not only do the members have social experiences and connect with one another, but they also feel the creation of a shared group identity;

"So we've got a sort of united up-against-it feel. And music is a kind of... lock, or unlock. Its- if you look at sort of the idea of a canal, the lock is opened and off we go... that's been very good. And the comradeship... being brought together by the choir." (Christopher)

It seems that the musical experience brought about by singing in the choir brings the choristers closer together, enabling a feeling of unison. The participants feel “part of the choir” (Thomas) and “perform as a team” (Andrew).

Theme 3: A holistic experience

The first two superordinate themes have shown that the choir meets psychological existential changes incited by cancer, in addition to being a social support network. The next superordinate theme integrates these themes, recognising that the choir acknowledges the whole person, spanning physical, psychological and social needs:

“Well it's such a wonderful thing... It's like yoga, isn't it? You feel much better, and it does wonders for you...it really changes your life.” (David)

“There's more to being in a choir than I ever imagined! Much, much more... just the getting up and down is exercise... I don't know what muscles I'm using, but just the breathing...” (Jason)

“Makes me more alert, makes me feel physically as if I'm more energetic... Feeling it in my body but of course it must be interactive with the mind...” (Christopher)

David likened the choir to ‘yoga’, a practice which has connotations of holistic care, such as treating mind, body and emotions (Desikachar, Bragdon, & Bossart, 2005). Yoga also places emphasis on the role of breathing, arguing that a physical practice which involves breathing and attention from the mind creates a relaxed, focused energy and a whole body awareness (Mandlik, 2016). Taking this into consideration, it would seem that the participants experience something similar from the choir.

Linked to the earlier theme regarding the dichotomy of the cancer and choir experience, this positive holism can, furthermore, be seen in direct contrast to cancer which negatively affects both body and mind. David explains:

“I know a lot of other people who've had the same problem as I do and they go into this spiral, and they get depressed... sit at home, don't get out there or get any exercise, start eating the wrong food and drinking the wrong- alcohol. And they get moody with the family... And then you need to come out and... get to know other people, friendly people... I think I feel better and- it's all linked like a chain. And because I feel better I now go to the gym... Whereas if it wasn't for this I would have been sitting at home just feeling sorry for myself. [Researcher: So you've actually joined the gym since you've started the choir?] Yes.” (David)

David feels that cancer can have both a psychological and physical impact, causing negative lifestyle habits such as lack of exercise and increased depression, but going to the choir has meant that he “feels better”, meeting other people and, as a result, joining the gym.

Implicit within this account from David which points to some of the positive bi-products of singing in the choir, the next subtheme brings this idea to the surface and acknowledges the *choir as part of the participants' whole life* (subtheme 3.1). Thomas spoke about the choir as a “sort of segment” along with other creative activities, Christopher said that the choir and “other activities are like links in a chain” and that “they kind of contribute to each other” and David joined the gym and started playing table tennis following becoming a member of the choir. This is interesting as it suggests that, for these participants, choir singing may lead to positive behavioural change in other aspects of their lives.

Strengthening the notion that the choir provides a holistic experience, several of the participants indicated that *singing is like an alternative medicine* (subtheme 3.2):

“The singing is like drug. You know, you get high and you get happy. And you don't have to take drugs!” (David)

Singing has benefits such as “feeling better” (Jason) and happier without having to take medication. Similarly, these same participants commented that singing directly helps with the fatigue associated with having prostate cancer; for example, Jason stated that the choir “impacted the fatigue in a positive way” (Jason). Christopher also spoke about the increased irritability he experienced due to having cancer and how the choir helped to alleviate this.

It would seem that the choir can be viewed as a form of alternative medicine, providing a sensation of feeling better without taking medication and directly helping with the fatigue and irritability brought about by having cancer.

The final subtheme within this category looks at the choir as a *catalyst for personal growth* (subtheme 3.3). In-keeping with the idea that the choir recognises the whole person, this theme explores how it can also promote flourishing.¹ Using the metaphor of becoming a butterfly, David explains:

“Imagine a caterpillar... stuck there, and all of a sudden you've become a butterfly and you come out, and you fly. You know, that's how you feel; kind of, all miserable, all spikes, and then you turn into a beautiful butterfly and you go that's how you feel, from real depression to a beautiful...” (David)

Drawing on imagery from nature and birth which hold connotations of growth and purity, David's description shows how the choir feels transformative and contributes to his personal growth.

Jason and Andrew, furthermore, support the notion of the choir as a place for flourishing:

“You wanna try to do your best. But that in itself is a good thing. Because it's given you something to aim for. Instead of having nothing to aim for... It's a different kind of learning to what I've been used to. It is using my brain, up to a point. It's not the same like academic stuff or technical stuff like we're used to learning in the past. But it's still learning.” (Jason)

“I found it really helpful that I... had been listening to other voices” (Andrew)

Learning experiences support a focus on the future, the development of skills and, consequently, personal growth. Jason described the choir as a kind of learning experience, giving him something to aim for, and Andrew stressed the importance of listening to others in the group to develop musically. The choir also supports growth by providing a place for shared learning.

Theme 4: A positive experience

Three of the participants directly used the word “positive” to describe their experience of the choir (Thomas, Jason and Andrew), David ascribed the word “happy” and Christopher stated that the choir was a “weekly dose of optimism” (Christopher). The fourth superordinate theme that emerged explores how these positive experiences were constructed.

Connected to the previous notion of learning as flourishing, four out of the five participants recognised some sense of achievement from attending the choir denoting *a fulfilling experience* (subtheme 4.1), using terms such as “proud” (Thomas and Andrew), “success” (Thomas) and “amazement” (Jason), in addition to David stating that the choir had been “more than [his] expectations” (David). The choir provides satisfaction for these participants.

Supported by all of the participants and a recurrent theme within the interviews, the choir was also seen as positive by being *uplifting and fun* (subtheme 4.2); for example:

“Happiness, yes, definitely... I come away from it feeling uplifted... I just love it! You know, it's positive.” (Andrew)

This is closely related to the next subtheme in this category which views the choir as *something to look forward to* (subtheme 4.3). This was expressed by all of the participants who were interviewed.

Nevertheless, although the choir experience was reported as something to look forward to, it was also acknowledged that it required an *enormous amount of effort* (subtheme 4.4). This was primarily expressed as a result of travelling to and from the choir; however, there were differences between participants' attitudes. Thomas, Jason and Andrew implied that, for them, the travelling was an unpleasant experience to “grin and bear” (Thomas), but Christopher's

¹ The idea of flourishing drawn upon here is taken from the Aristotelian notion of *Eudaimonia* which denotes fulfilment of human potentiality and the attainment of human wellness. See Ryan, Curren, & Deci (Richard M. Ryan et al., 2013)

attitude was not quite as negative, suggesting that it “would be quite nice” if there was a choir closer to him, but it does not prevent him from attending. David displayed an alternative view by having a determined attitude to his commute, reinforcing his strong desire to participate in the choir:

“Because I come all this way here I think, 'yeah, I can go all this way... I live an hour and a half from here... and if I can make it here I can go to the gym. Or I can go for a walk... and I can do that.” (David)

The final subtheme arose from discussion with three of the participants and highlights the reciprocal giving and receiving relationship between the participant and the choir - *desire to give something back* (subtheme 4.5). Andrew describes this:

“So it's a mutual thing, that it's not just me being supported by the choir but also other people in the choir see me as supporting the choir, it's a mutual beneficial... I regard myself as taking from it much more perhaps. But I think other people would look at it as I was giving.” (Andrew)

For Andrew, the choir is not just about taking something from the choir experience to benefit himself, but also about supporting the choir, and others within it. Coupled with this idea, but nuanced from it, Andrew also explained how he gave back to the choir by recommending the choir to a friend; “I've offered it [the choir] to somebody else” (Andrew). Supporting this notion, David and Christopher also expressed how they had recommended the choir to others, showing that the choir is a positive experience that they would like to share with others, and suggesting that they would like to contribute to the expansion of the choir.

General Discussion

The aim of this study was to understand the experience and perceived impact of group singing for men with cancer. Results revealed four superordinate themes, revealing that the experience of singing for men living with cancer is positive, social, inclusive and holistic. In relation to the perceived impact, results showed that participants felt supported by the choir, achieved a sense of fulfilment and found connection to others.

This study supports previous findings; mentions of the importance of the choir community, the choir ‘family’ (Reagon, Gale, Dow, et al., 2016) and ‘sense of camaraderie’ (Gale et al., 2012) link to the dynamic connection and social experiences which were discussed in the results of the present study. The positive experience of the choir was also reported in previous research, with suggestions that group singing is uplifting, provides a sense of achievement and ‘something to look forward to’ (Gale et al., 2012; Reagon, Gale, Dow, et al., 2016); the same phrase used by the participants of this project. A recent quantitative study also concluded that group singing is associated with reductions in negative affect and increases in positive affect, emphasising that group singing is generally a positive experience (Fancourt et al., 2016).

Two broader over-arching points from this study stand out. First, although this study was designed to explore the experiences of choir singing for *male* cancer patients, apart from participants’ descriptions of the fatigue and irritability associated with having prostate cancer, there were no other obviously male-related themes. Rather, participants reported an inclusive experience whereby everyone became equal through the experience of singing together. While it remains unknown whether an all-male singing group would have produced different results (the choir was not restricted by gender), for now this conclusion supports previous research suggesting that group singing is experienced similarly irrespective of gender (Livesey, Morrison, Clift, & Camic, 2012). In relation to the specific themes highlighted in this study, further research could also be conducted to explore if these themes would differ for a mixed gender sample.

A second over-arching point is that existential themes underpinned all of the described benefits of being in the choir. Being diagnosed with cancer can cause emotional distress leading to a loss of anchorage akin to an existential crisis (Boyle, 2006; Halldórsdóttir & Hamrin, 1996; Yang & Hijmans, 2010). Consequently, it has been proposed that patients could benefit from support to reduce uncertainty, combat tendencies to withdraw and isolate, and help identity formation and redefinition (Halldórsdóttir & Hamrin, 1996; Middleton, 2014). However, to find meaning and overcome despair, one must allow life to have meaning whilst at the same time accept that it is not possible to eradicate uncertainty (Cerbone, 2015). On the simplest level, the choir, for these participants, provides a balance of recognising and understanding the cancer experience whilst providing a positive distraction from it. It generates a regular appointment and social network, as well as an uplifting, energising and positive experience which engages the whole

body; thus, culminating in an experience that provides support, a contrasting experience to having cancer, a dynamic connection to others and fulfilment (see Fig. 1.) Participants are aware of their mortality and the uncertainty of life, but it seems that they can derive meaning from the shared musical experience of singing together. On a deeper level, it is arguable that the themes presented here also relate to benefit finding: a feeling of being bettered by an experience in some fundamental way (Thornton, 2002). Benefit-finding in cancer patients is related to existential wellbeing, linking to a sense of being connected to something transcendent which was not present before having cancer (Costa & Pakenham, 2012). From the themes in this study, it is possible to see the choir as providing a resource for patients to find some benefit from their cancer experience.

Limitations

There are several limitations to this study. Firstly, the participants involved joined the choir when it launched in June 2016, so they were part of the growth and formation of the choir. Although this is a strength in that it helps us to explore the subjective experience of being involved in such development, it is not possible to know if the beneficial perceived impact revealed would also have been found in a study examining the experience of joining an already-formed choir. Previous research has indicated that new choir members may change group dynamics (Gale et al., 2012). This study also cannot assess the longitudinal effects of singing in the choir for longer than four or five months, or whether these results would have been found within a different choir context. Furthermore, it is not possible to know if the extra-musical benefits mentioned such as enhanced social networks would be seen in other creative group activities, or whether they would only result from group singing. Recent research has indicated that group singing is more beneficial to new mothers with post-natal depression when compared with other creative social activities (Fancourt & Perkins, 2018); however, more research needs to be conducted to know if this would be the case for cancer patients.

Clinical implications

Although it is not possible to make generalisations based on this study as it is a qualitative project that is context-bound, results revealed may be able to inform future quantitative research which could, in turn, shed light on a larger population. For example, conducting a randomised controlled trial to examine the specific benefits of group singing versus traditional support or an alternative social activity, or testing whether singing can support existential changes in a larger sample of cancer patients such as exploring the impact of singing on uncertainty, anxiety and isolation. This links to a growing interest in social prescribing within the NHS where the arts have been used as one activity to help combat psychosocial distress, also known as 'Arts on Prescription' (Health Education England, 2016). Understanding how to match certain interventions to individual needs is an important component of appropriately 'prescribing' arts activities within healthcare. This study builds on previous research and suggests that singing could be one such recommendation for male cancer patients.

Conclusion

Overall, this study suggests that choir experience for men affected by cancer is multidimensional including, but not limited to, being: something positive; a social experience; an ineffable experience; and, an activity that engages the whole person. Turning to the perceived impact of the choir, results revealed that group singing provokes a range of beneficial outcomes which could provide: support in the face of the existential uncertainty brought about by having cancer; a dynamic connection to others; fulfilment; enhanced wellbeing; and, finding some form of benefit from the cancer experience.

Tables and figures

Table 1: Demographics of participants who took part in the study.

Table 2. Themes and subthemes. Description of overarching themes and subthemes.

Figure 1. Diagram to show the subjective experience and perceived impact of group singing for men with cancer.

Ethical approval

The Conservatoires UK Research Ethics Committee (CUK REC) approved the study [CUK/RCM/2016/4].

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References

- Adler, N. E., & Page, A. E. (2008). *The Psychosocial Needs of Cancer Patients*. National Academies Press (US).
- All-Party Parliamentary Group for Arts, H. and W. (2017). *Creative Health: The Arts for Health and Wellbeing*. Retrieved from http://www.artshealthandwellbeing.org.uk/appg-inquiry/Publications/Creative_Health_Inquiry_Report_2017.pdf
- Boyle, D. A. (2006). Survivorship. *Clinical Journal of Oncology Nursing*, 10(3). Retrieved from <file:///C:/Users/user/Downloads/B8V51830P5P1M2P2.pdf>
- Bradt, J., Potvin, N., Kesslick, A., Shim, M., Radl, D., Schriver, E., ... Komarnicky-Kocher, L. T. (2015). The impact of music therapy versus music medicine on psychological outcomes and pain in cancer patients: a mixed methods study. *Supportive Care in Cancer*, 23(5). <https://doi.org/10.1007/s00520-014-2478-7>
- Burns, D. S. (2001). The Effect of the Bonny Method of Guided Imagery and Music on the Mood and Life Quality of Cancer Patients. *Journal of Music Therapy*, 38(1), 51–65. <https://doi.org/10.1093/jmt/38.1.51>
- Burns, S. J., Harbuz, M. S., Hucklebridge, F., & Bunt, L. (2001). A pilot study into the therapeutic effects of music therapy at a cancer help center. *Alternative Therapies in Health and Medicine*, 7(1), 48–56. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/11191042>
- Caetano, K. A. de S., Ferreira, I. M. F., Mariotto, L. G. S., Vidal, C. L., Neufeld, C. B., & dos Reis, A. C. (2019). Choir singing as an activity to manage anxiety and temporomandibular disorders: Reports from a Brazilian sample. *Psychology of Music*, 47(1), 96–108. <https://doi.org/10.1177/0305735617739967>
- Cerbone, D. R. (2015). *Existentialism: All That Matters*. Hodder & Stoughton.
- Clift, S., Nicol, J., Raisbeck, M., Whitmore, C., & Morrison, I. (2010). Group singing , wellbeing and health : A systematic mapping of research evidence. *UNESCO Journal*, 2(1), 1–25. Retrieved from <http://www.apb.unimelb.edu.au/unesco/ejournal/vol-two-issue-one.html>
- Cohen, L., Manion, L., & Morrison, K. (Keith R. B. . (2011). *Research methods in education* (7th ed.). London: Routledge.
- Costa, R. V., & Pakenham, K. I. (2012). Associations between benefit finding and adjustment outcomes in thyroid cancer. *Psycho-Oncology*, 21(7), 737–744. <https://doi.org/10.1002/pon.1960>
- Council, I. of M. and N. R. (2005). *From Cancer Patient to Cancer Survivor: Lost in Transition*.
- Davidson, J. W., & Faulkner, R. (2016). Group Singing and Social Identity. In G. F. Welch, D. M. Howard, & J. Nix (Eds.), *The Oxford Handbook of Singing*. Oxford University Press. <https://doi.org/10.1093/oxfordhb/9780199660773.013.50>
- Davidson, J. W., & Garrido, S. (2015). Singing and Psychological Needs. In G. F. Welch, D. M. Howard, & J. Nix (Eds.), *The Oxford Handbook of Singing*. Oxford University Press. <https://doi.org/10.1093/oxfordhb/9780199660773.013.017>
- DeNora, T., & Ansdell, G. (2014). What Can't Music Do? *Psychology of Well-Being*, 4(23). Retrieved from <https://psywb.springeropen.com/articles/10.1186/s13612-014-0023-6>
- Desikachar, K., Bragdon, L., & Bossart, C. (2005). The Yoga of Healing: Exploring Yoga's Holistic Model for Health and Well-being. *International Journal of Yoga Therapy*, 15(1), 17–39. <https://doi.org/10.17761/IJYT.15.1.P501L33535230737>
- Dickson-Swift, V., James, E., & Liamputtong, P. (2008). *Undertaking sensitive research in the health and social sciences: managing boundaries, emotions and risks*. Cambridge University Press.
- Fancourt, D., & Perkins, R. (2018). Effect of singing interventions on symptoms of postnatal depression: three-arm randomised controlled trial. *The British Journal of Psychiatry*, 212(02), 119–121. <https://doi.org/10.1192/bjp.2017.29>
- Fancourt, D., Williamon, A., Carvalho, L., Steptoe, A., Dow, R., & Lewis, I. (2016). Singing modulates mood, stress, cortisol, cytokine and neuropeptide activity in cancer patients and carers. *Ecancermedicalscience*, 10(631), 1–

13. <https://doi.org/10.3332/ecancer.2016.631>
- Gale, N., Enright, S., Reagon, C., Lewis, I., & van Deursen, R. (2012). A pilot investigation of quality of life and lung function following choral singing in cancer survivors and their carers. *Ecancermedicalscience*, 6, 261. <https://doi.org/10.3332/ecancer.2012.261>
- Halldórsdóttir, S., & Hamrin, E. (1996). Experiencing existential changes: the lived experience of having cancer. Retrieved May 18, 2016, from http://journals.lww.com/cancernursingonline/Abstract/1996/02000/Experiencing_existential_changes__the_lived.4.aspx
- Health Education England. (2016). *Social prescribing at a glance*. Manchester. Retrieved from www.nw.hee.nhs.uk
- Irwin, M. R., Olmstead, R. E., Ganz, P. A., & Haque, R. (2013). Sleep disturbance, inflammation and depression risk in cancer survivors. *Brain, Behavior, and Immunity*, 30 Suppl, S58-67. <https://doi.org/10.1016/j.bbi.2012.05.002>
- James, N. (2011). *Cancer: a very short introduction*. Oxford University Press.
- Livesey, L., Morrison, I., Clift, S., & Camic, P. (2012). Benefits of choral singing for social and mental wellbeing: qualitative findings from a cross-national survey of choir members. *Journal of Public Mental Health*, 11(1), 10–26. <https://doi.org/10.1108/17465721211207275>
- Mandlik, G. (n.d.). Yoga & Breath: Importance of Breathing in Yoga positions & movements. Retrieved March 12, 2017, from http://www.yogapoint.com/articles/Breath_Yoga.htm
- Middleton, R. (2014). Meeting the psychological care needs of patients with cancer. *Art & Science*, 28(21), 39–45. Retrieved from <http://journals.rcni.com/doi/pdfplus/10.7748/ns2014.01.28.21.39.e8149>
- O'Brien, E., Szer, J., & Westerman, D. (2014). The effect of a specific music therapy songwriting protocol on adult cancer patients mood - A mixed method, multi-site, randomized, wait-list controlled trial. *Asia-Pacific Journal of Clinical Oncology*, 8. Retrieved from https://www.researchgate.net/publication/293812718_the_effect_of_a_specific_music_therapy_songwriting_protocol_on_adult_cancer_patients_mood_-_a_mixed_method_multi-site_randomized_wait-list_controlled_trial
- O'Callaghan, C., Sexton, M., & Wheeler, G. (2007). Music therapy as a non-pharmacological anxiolytic for paediatric radiotherapy patients. *Australasian Radiology*, 51(2), 159–162. <https://doi.org/10.1111/j.1440-1673.2007.01688.x>
- Pavlakou, M. (2009). Benefits of Group Singing for People with Eating Disorders: Preliminary Findings from a Study. *Approaches: Music Therapy & Special Music Education*, 1(1). Retrieved from <http://approaches.primarymusic.gr>
- Pothoulaki, M., MacDonald, R., & Flowers, P. (2012). The Use of Music in Chronic Illness: Evidence and Arguments. In G. Kreutz, L. Mitchell, & R. MacDonald (Eds.), *Music, Health and Wellbeing* (pp. 239–256). Oxford: OUP.
- Reagon, C., Gale, N., Dow, R., Lewis, I., & van Deursen, R. (2016). Choir singing and health status in people affected by cancer. *European Journal of Cancer Care*, 1–10. <https://doi.org/10.1111/ecc.12568>
- Reagon, C., Gale, N., Enright, S., Mann, M., & van Deursen, R. (2016). A mixed-method systematic review to investigate the effect of group singing on health related quality of life. *Complementary Therapies in Medicine*. <https://doi.org/10.1016/j.ctim.2016.03.017>
- Ryan, R. M., Curren, R. R., & Deci, E. L. (2013). What humans need: Flourishing in Aristotelian philosophy and self-determination theory. In *The best within us: Positive psychology perspectives on eudaimonia*. (pp. 57–75). Washington: American Psychological Association. <https://doi.org/10.1037/14092-004>
- Ryan, R. M., & Deci, E. L. (2002). Overview of self-determination theory: An organismic-dialectical perspective. In R. M. Ryan & E. L. Deci (Eds.), *Handbook of Self-Determination Research* (pp. 3–33). Rochester, New York: University of Rochester Press.
- Smith, J., Flowers, P., & Larkin, M. (2009). *Interpretative Phenomenological Analysis: Theory, Method and Research*. SAGE Publications.
- Smith, J., & Osborn, M. (2007). Interpretative Phenomenological Analysis. In J. Smith (Ed.), *Qualitative Psychology: A Practical Guide to Research Methods* (pp. 53–80). SAGE Publications.
- Theorell, T. (2018). The Effects and Benefits of Singing Individually and in a Group. In G. F. Welch, D. M. Howard, & J. Nix (Eds.), *The Oxford Handbook of Singing*. Oxford University Press. <https://doi.org/10.1093/oxfordhb/9780199660773.013.74>
- Thornton, A. A. (2002). Perceiving Benefits in the Cancer Experience. *Journal of Clinical Psychology in Medical Settings*, 9(2). Retrieved from <https://link.springer.com/article/10.1023/A:1014996127535>
- Yang, W., & Hijmans, E. (2010). Existential Crisis and The Awareness of Dying: The Role of Meaning and Spirituality. *OMEGA: Journal of Death and Dying*, 61(1), 53–69. <https://doi.org/10.2190/OM.61.1.c>

Appendix

Interview Guide

These questions were constructed using guidelines from Smith et. al 2009, and were created in collaboration with a cancer patient.

Introduction:

Thanks and remind about ethics

1. Tell me about how you found out about the Tenovus Cancer Choir project?

Prompts: what were your first thoughts about the project?

Main body

2. What has your experience of cancer been so far?

Prompts: can you describe what support you've had? And the treatment you're having?

3. At what stage of your cancer journey have you joined the Tenovus Cancer choir?

4. Can you describe your experience of being a member of the Tenovus Cancer choir?

Prompts: tell me about your experience of singing/ socialising/ learning songs/ engaging creatively

5. Can you tell me about what place the choir has in your life at the moment?

Prompts: how does the choir make you feel? Is it important to you?

6. Can you describe whether choir has had any effect on your experience of having cancer?

Prompts: in what ways has group singing influenced your experience? Has choir influenced your experience of your treatment process [if mentioned earlier]?

Close

7. Do you have any other comments about your experience of singing in the choir?

8. Do you have any questions for me?

Thank you again and remind about ethics