

Community Art and Health Promotion

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Abstract. Participating in 'the arts' has been variously claimed to offer individual, social, and community health benefits. But what is meant by 'the arts'? What is health, and what activities does 'health promotion' encompass? How can the impacts of arts initiatives be evaluated? This paper considers one particular community arts activity, group singing, that has potential for community health promotion. While there is evidence that singing is beneficial to the health and wellbeing of individuals, less is known about the communal benefits of people coming together to sing as a group. This paper describes a study designed to investigate the mental health benefits of community-based singing programs. A qualitative case example of a community choir is also presented to 'give voice' to the singers themselves.

Keywords: Community art; group singing; health benefits; evaluation

Abstrak. Berpartisipasi dalam "seni" dianggap melalui berbagai cara mampu memberikan manfaat bagi kesehatan individu, sosial, dan komunitas. Namun, apa yang dimaksud dengan "seni"? Apakah kesehatan itu, dan aktivitas apa yang diliput "promosi kesehatan"? Bagaimana dampak keterlibatan dalam seni dapat dievaluasi? Makalah ini menilai sebuah aktivitas seni komunitas yang khusus, kelompok nyanyi, yang potensial untuk promosi kesehatan komunitas. Sekalipun ada bukti bahwa bernyanyi bermanfaat untuk kesehatan dan kenyamanan individu, tak banyak yang diketahui tentang manfaat komunal dari orang-orang yang berkumpul untuk bernyanyi dalam kelompok. Makalah ini menjelaskan sebuah studi yang dirancang untuk meneliti manfaat kesehatan mental dari program bernyanyi yang berdasar komunitas. Sebuah contoh kasus kualitatif dari sebuah paduan suara komunitas juga dipresentasikan untuk "memberi suara" pada para penyanyinya sendiri.

Kata kunci: seni komunitas, nyanyi kelompok, manfaat kesehatan, evaluasi

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. This increasing attention has been both welcomed and resisted by 'artists' of all kinds. And as governments consider calls for increased funding of artistic initiatives on the basis of their purported

benefits for individuals and communities, a number of questions arise.

What is art? What do we consider to be 'the arts'? Is 'art in the community' the same as community art? Does art have to have a social purpose, or does that defeat the purpose of 'art for art's sake'? Is it the audience that matters or the act of doing/creating? In this paper, I take singing as an example of the performing arts, which can include music, theatre and dance, as distinct from the creative arts, which might include poetry, sculpture, or painting. But such distinctions are not crucial to the discussion of art in the context of health and community. Community arts emphasise participating more than entertaining, and consider process as important as outcome.

Another set of questions clusters around the nature of health promotion. Health promotion is not a new concept, and for many years it was di-

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vided into three levels, aimed at 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 at-risk group, such as young people), and indicated (aimed at people living with a particular condition, such as cancer).

A third 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 can be improved through research that focuses on (a) known determinants of health rather than broad social indicators, (b) participants and audiences rather than organizers, (c) large sample sizes, and (d) longitudinal research.

In addition to these recommendations, the incorporation of a qualitative approach, as exemplified in the case study presented here, permits the added possibility that previously unknown determinants might emerge. Perhaps more importantly, a case study can ensure that the voices of the art-makers themselves do not become lost amid the volume of statistics generated by large-scale measurement-based studies. The many existing 'testimonial' examples from community arts groups are subject to selective reporting bias, but taken together, they can be said to provide large-scale witness to the benefits of community arts initiatives.

The Victorian Health Promotion Foundation (now known as VicHealth) was established in 1987 as the world's first health promotion foundation. 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). This paper presents a VicHealth-funded research study in progress and a related case example that highlight some potential health benefits of group singing. The paper also raises issues surrounding research into

the relationship between community art and health.

Singing, Health and Wellbeing: What the Literature Says

The claim that singing is good for one's health has been widely examined in studies that utilise self-reported changes in individual wellbeing, providing some evidence that links singing and health (Stacy, Brittain, & Kerr, 2002). This research can be divided into two groups: research about the physical and/or physiological effects of singing, and research about the psychological/therapeutic effects (e.g., Grape, Sandgren, Hansson, Ericson, & Theorell, 2003; Valentine & Evans, 2001). Researchers in these areas are interested not only in identifying the health impacts of singing but in explaining the processes and mechanisms through which those health impacts are attained. However, most of the research about singing and its effects on health and wellbeing is dedicated to the ways that it affects and benefits individuals, rather than groups or communities as a whole.

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; Putnam, 1995). A large-scale study by Chorus America suggested that professional and volunteer choristers have a higher level of community involvement compared to the general public. However, the study was methodologically flawed, and our study was designed in part to examine similar questions in a more robust manner.

Singing, Health and Wellbeing: Surveying the Singers

In the context of a social model of health, group singing could be described as a 'universal' health promotion activity. Singing has become one of the most prominent community-based arts initiatives, at least in Victoria. Since 2001, VicHealth has invested nearly half a million dollars in Community Music Victoria's *Victoria Sings* program, designed to stimulate community-based singing throughout the State, with a view to strengthening communities and supporting the mental health and wellbeing of community members (Community Music Victoria, 2006).

VicHealth's definition of mental health is a positive, holistic one that encompasses spiritual, emotional and social wellbeing, in preference to more symptom-oriented, pathologising definitions. VicHealth directs funding to projects that support this holistic model of health. Evidence reviews to inform program development and health promotion are therefore essential to VicHealth's work in this area.

The Wellness Promotion Unit at Victoria University has been funded by VicHealth to (a) 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, (b) investigate the singing-related benefits associated with community mental health, such as increased levels of social capital/civic engagement; contributions of groups to community cohesiveness, and tolerance for diversity.

Aim of the Study

The aim of the study is to explore the mental health impacts of singing in groups for both the individuals who sing in the group and for the community. The research addresses some identified gaps in the literature by gathering survey data about variables that have been associated with mental health and wellbeing from participants who currently sing in groups and, where possible, from participants who are currently on a waiting list to join these groups.

Method

More than 300 questionnaires have been distributed to current members of singing groups and, where possible, people on waiting lists to join singing groups across the state of Victoria. Participants have been recruited by email and in person through existing singing groups, and via singing group leaders. A post-test only control group design will be used to compare those who sing in groups with those who are on a waiting list, on the variables listed above. A repeated measures design will also be used to monitor any changes in participants' responses at least six months later.

The dependent variables are measures of social support (given and received), social participation and volunteering, self-reported measures of personal well-being, and self-reported measures of physical and mental health.

Preliminary Results

Ninety questionnaires have been completed and returned so far (June 2008). It is too early to draw conclusions from the data, but some preliminary trends can be described. The sample is skewed towards an Australian-born (80%), female (85%), tertiary-educated (81%) group on relatively high incomes. Ninety three % feel a responsibility to contribute to their community, 73% have developed new friendships within their group, although only 51% say they joined the group in part for that purpose, 53% are more involved in community activities since joining the group, and 27% are active members of a voluntary organization. Not surprisingly, they strongly endorse singing as a source of happiness compared to activities such as meditation, being close to nature, or shopping.

Singing, Health and Wellbeing: What the Choir Says

The case study presented here provides rich descriptions of the experiences of three members of a women's choir in Melbourne, Australia. The Brunswick Women's Choir, founded in 1991, works in an atmosphere of mutual support and respect to encourage women's creativity, and is committed to singing and performing culturally diverse music that reflects the experiences and social concerns of

women and the wider community. The choir recently counted 230 women as former or current members in the sixteen years since its conception, and its music has now reached thousands more.

The extracts cited are drawn (with permission) from *Seeking Harmony: Stories from the Brunswick Women's Choir*, which presents members' writings alongside a chronicle of the choir's history. The extracts have been selected to highlight the potential benefits of shared music-making at individual, group and community levels.

Individual

Alone, 18, living in Melbourne no rules, no parents. Choir was my way to stop the two years of singing lessons from being a waste of time. I was lost, trying to be tough and not need anybody. I was grieving (R.I.P sister) and unapproachable. I went to choir every week.... When your heart breaks you can hear it in your voice - but singing can make you move on.

So I sang. I opened my mouth but not my eyes. I was not one of these women. I didn't know anything about childbirth, pelvic floor exercises and parenting. I did not want to know about these things. These women should be my mother's friends not mine, I thought. But I laughed along feeling distant. And then I liked hearing about this stuff - this women's business. I told my Mum. This was important stuff. This was wisdom.... I discovered from these women what being a woman could be like.

Eighteen - starting to grow into my skin of self. Trying to fit the outfit of who I was, who I wanted to be and who I could be. To tell the terrible truth womanliness threatened and scared me. I had a sister who killed herself because she was raped. I did not like my body/girl/womanliness. It made me vulnerable.

I was in the right place. I've now sung songs about Indigenous women, black women, Greek women, childless women, Italian women, old women, grieving women, Russian women - you get the idea. Maybe I was too young, vulnerable, fragile to be 18 and in Melbourne far from my family in the country. I did not know what I needed. I probably needed my mum. But choir, Mondays, was my keeper. Each week I sang out a bit more.

Eighteen and deciding what's important in life. I had no boundaries and no direction. My major role model had given up on life. I was goalless and living in the past. As I got my shit together I found the choir to be more than a pastime but [a group of] individuals. All with different lifestyles, jobs, politics and presence. They became my friends, my heroes, my advice and inspiration. Forty versions of woman - all different and strong. I was very lucky young girl. So the choir has changed me. Taught me to like being a woman/girl. And to be proud of that. As I grow wise, I sing because I'm happy. (Sophie)

Group

I'm a feminist. Being part of the BWC is a big part of my feminism. I love that the BWC is a women's community. I don't always agree with the politics of the choir as a whole. I'm one of the ones who want there to be more political content. I really want more performances at political events, more fundraisers, more social activism.... What I most love is that others have different views and that we are still a coherent group. Somehow a balance is formed. Our very existence is a feminist statement. Our visibility as a women's choir is so important. I was inspired by the choir before I ever joined. Just because it's there.... The music brings us together, a shared sense of pride and community keeps us there. (Bec)

Community

There's a virtual village overlaying Brunswick and Coburg. For me, now, the space and place I live in is stamped with the experiences of singing with the Choir. Walking down Sydney Road, past Savers where we all look for the perfect hot pink, sea colour, or whatever the costume of the moment requires. Next-door to the Mechanics Institute, the first home of the choir, with its cramped kitchen, impossible to get a cup of tea in the break. Over the road to the Town Hall, where I worry about falling off the back of the stage. The lobby where we sang for Brenda's wedding, and for the launch of a women's housing service, when I sang with my baby daughter in my arms. . .

Keep going down my street, and you get to CERES [community environment park]. Kingfisher Festival, clay pasted on arms and legs. Summer nights on the grass, children shrieking. Come back via a side street, and you walk past Cathy's place, site of many a meeting, dinner, party, and occasional cramped hasty rehearsal. Riding along the bike path by the railway line to Coburg, I might pass Wendy or Denise or Fiona or Sarah, head under helmet, maybe humming the same tune I am. Past the butcher that Christina recommended, to the little windswept mall where 11 of us performed one International Women's Day. Squally rain, but grinning Italian women thrilled to hear [us singing in their language]... School Halls where we've run workshops, endured interminable meetings, and eaten fabulous lunches. Churches we've performed in, rehearsed in, recorded in. Pubs and cafes where we've eaten and drunk, and sometimes sung. Houses I've been to for meetings, coffee, shower teas, dinner, and champagne after a good performance. A virtual village of belonging, that has made this my home. (Diz)

Discussion and Conclusions

Neither these qualitative accounts from choir members, nor the early quantitative data emerging from the survey can be said to provide answers to the questions raised at the start of this paper. The Brunswick Women's Choir's policies reflect its emphasis on musical excellence, celebration of community and commitment to social action, and it could be seen an example of art as creative performance, as empowering experience and as a means of promotion of health, wellbeing and social justice in the wider community.

As a form of mental health promotion, at the universal level communal singing might be aimed at fostering 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; as selective health promotion, a singing group might aim to increase social inclusion and vitality for marginalised groups (BWC was originally formed for isolated young mothers); 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* made a documentary (Australian Broadcasting Commission, 2007) that was screened Australia-wide, with just such an aim in mind.

The third set of questions centred 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, with only Chorus America (2003) proposing its claims based on a national scale study. VicHealth is currently concerned to implement academically rigorous research methods to improve the knowledge base about the benefits of community-based singing programs. As Stacy, Brittain, & Kerr (2002) argued, in terms of doing research in the area of singing and health, the next step is to "evaluate and collate evidence on the impact of projects and programmes. In this way we will be better equipped to utilise a range of evidence-based research to further inform our arguments on the value of singing and health" (p. 161).

Further research on community singing could also follow up the findings reported by previous studies in this area where the findings are open to question. For example, the Chorus Impact Research conducted by Chorus America (2003) reported a positive correlation between participation in choral singing and the level of community involvement, but did not examine whether this was a result of their participation in the choruses, or whether they had already been actively involved in their community. The current survey research is designed to progress such questions, but it is still too early to gauge its success in doing so.

Whether small-scale and 'subjective' or large-scale, measurement-based and long-term, the most important consideration is how research can contribute to understandings of the value of community art, in this case, singing together, in terms of individual and community health and wellbeing. In the quest for scientific rigour, it would be a mistake to dismiss the 'practice-based evidence' emerging from the stories of those most affected.

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