The psychosocial impact of attending a cancer choir: The benefits of social connectedness for people affected by cancer

Bethan Collins [1, 2], Hannah O' Mahoney[1], & Rachael Hunter[2]
[1]Tenovus Cancer Care, United Kingdom
[2]Swansea University, United Kingdom

Correspondence: bethancollins1@sky.com

Copyright. 2021. Psychreg Journal of Psychology
Published by Psychreg Ltd
ISSN: 2515-138X

There are currently 43.8 million people living with or after cancer worldwide. Tenovus Cancer Care Sing with Us choirs are a form of activity-based psychosocial intervention for people affected by cancer. Research has found attending these choirs has positive effects; however, the impact of the social aspect has not been sufficiently explored. This study therefore aimed to qualitatively explore the psychosocial impact of attending a Tenovus Cancer Care Sing with Us choir, with attention to the role of social connectedness. A qualitative study was conducted, followed by a routine evaluation of the choirs using quantitative and qualitative methods. Focus groups were conducted with choristers from one choir and evaluation data from all the choirs in Wales was used to compare the qualitative findings from these with survey responses from the larger choir population. Three key themes were identified: individual impact, group experience, and interaction between the individual and the group. This study has offered qualitative support to existing studies which suggest choral singing benefits people affected by cancer. We also explored how being in a choir impacted on members' social connectedness and subsequent well-being.

Keywords: cancer; cancer choir; choral singing; psychosocial support; social connectedness

In this study we provide empirical insights into how social connectedness is established and perpetuated in choirs created and maintained to offer support to those affected by cancer. The choirs discussed are based in Wales, and the paper draws on qualitative data from in-depth focus groups with nine members of one choir conducted by the first author, and qualitative and quantitative data collected from 613 members of 16 Welsh choirs via an online survey, conducted by the second author. Before discussing the data, some context around the mental health and well-being impacts of cancer on patients, carers and bereaved; the concept of social connectedness; and the existing literature on choirs as a psychosocial intervention are briefly reviewed.

Most recent figures suggest that 43.8 million people are living with or after a cancer diagnosis (World Health Organization, 2018). This is expected to rise due to improvements in detection and treatment, resulting in an increasing demand for support post-diagnosis and treatment. The mental health and well-being implications of this cannot be underestimated; cancer survivors are five times more likely to suffer major depression, compared to the general population (Irwin et al., 2013), with 54% of cancer survivors still experiencing psychological difficulties 10 years after treatment (Macmillan Cancer Support, 2019). Family, friends and carers of people who have had cancer may also experience psychological problems; 67% of carers experience anxiety and 42% of carers suffer from depression during or after a loved one's cancer experience (Macmillan Cancer Support, 2019). Those bereaved are also significantly at risk of mental and physical health problems (Vanderwerker & Prigerson, 2004).

Living with or after cancer also has significant social implications (Relojo-Howell, 2020). People who experience serious illness may be less likely to engage outside the home, as they may have had to give up work and other activities when becoming ill and may have experienced further isolation due to treatments that affect one's immune system. In the current COVID-19 crisis, isolation is likely to have been exacerbated for large numbers of cancer patients and older people, who were advised to 'shield' for approximately five months. Those isolated or socially disconnected are more at risk of illness and death, particularly older adults (Cornwell & Waite, 2009). Social connectedness is universally important (Bernat & Resnick, 2009) and refers to a feeling of belonging and the experience of relating to other people (Van Bel et al., 2009). Having good social connections to others is related to a good quality of life (Vanderwerker & Prigerson,2004), benefiting a person's mental and physical health (Hutcherson et. al., 2008).

Social connectedness seems to have specific benefits for people affected by cancer, with improved patient outcomes and better overall health and quality of life for those who are more socially connected compared to those who are socially isolated (Kroenke et al., 2013, Sapp et. al., 2003, Marcus et al., 2017), and better outcomes for those who use group support to help tackle the psychological problems related to cancer (Coughlin, 2008). Being socially connected to friends and relatives seems to contribute to health-related quality of life (HRQoL) more than connections solely to partners, children or a confidant, and improved rates of survival have been found for people who have been diagnosed with cancer if they have varied social connections (Sapp et al., 2003). Good social support also protects against many psychological problems related to bereavement, including depression, complicated grief and posttraumatic stress disorder (Vanderwerker & Prigerson, 2004). Social connectedness is also positively related to self-esteem and social identity (Lee and Robbins, 1999). Cruwys et al., (2013; 2014) found that group membership can have long term benefits for alleviating and preventing depression.

A systematic review found music therapy and music medicine interventions led to reduced stress and pain among people with cancer, however, there was no consistent effect on mood or distress and the evidence for reduced depression in this group was poor (Bradt et. al., 2016). However, when the social element is also provided, it seems that benefits to people with cancer are more prominent. Activity-based psychosocial interventions like choirs have been found to reduce symptoms of mental health problems and improve immune responses among people with serious physical health conditions (Fancourt et. al., 2016), and to have benefits relating to HRQoL, anxiety, depression and mood (Reagon et. al., 2016a). For people affected by cancer, they provide positive social relationships and support, which help promote posttraumatic growth (McDonough et. al., 2011). Dingle et. al., (2012) research with people with chronic mental health problems who participated in supported activities, such as a choir, also identified positive personal, social and functional outcomes resulting from choir participation. Pearce et. al., (2015) found that, though those who participated in singing groups and those who participated in other groups such as crafts or creative writing eventually feel equally connected to their groups, those in singing groups connected to others faster. This suggests that singing perpetuates social connectedness within an unfamiliar group, creating close bonds quicker than other activities. This is supported by the findings of Weinstein et. al., (2016) who, using self-reported measures of social bonding, found singing facilitates social connectedness in both small groups and larger groups where participants are not known to each other. It seems then, that singing provides benefits to people with cancer, and doing so in a social environment adds additional rewards.

Tenovus Cancer Care (TCC), a cancer charity in Wales, offers psychosocial support to people affected by cancer in the form of singing. Tenovus Cancer Care's Sing with Us (SwU) choirs is open to anyone who has been affected by cancer. There are currently 16 SwU choirs across Wales, with most choirs having between 40 and 100 choir members. Research has identified various positive biological and psychological impacts on SwU participants. Gale et al. (2012) found that membership in SwU choirs had positive benefits for choristers including reduced depression scores, increased confidence, something to focus on and a support mechanism. Reagon et al., (2016b) also found in a much larger study that as well as providing positive musical and social experiences for participants, anxiety levels were reduced, and mental health and vitality scores increased after six months' choir participation for cancer patients. Fancourt et al. (2016) assessed SwU choir participants' moods, stress levels, and perceived connectedness before and after attending a choir session and found all to positively and significantly improve after a session. Saliva samples taken before and after singing showed that cortisol levels decreased after rehearsals, alongside significant increases in cytokine activity, associated with immune response.

Fancourt et al. (2019a) later compared the effects of choir participation on mental health, self-efficacy, self-esteem, and well-being on 29 adults bereaved within five years with a control group who did not attend choir. They found that depression levels and well-being stabilised in the choristers but worsened in the control group, while self-efficacy and self-esteem increased over 24 weeks for choristers but declined for the control group. Fancourt et al. (2019b) also explored the benefits of choir participation on those who care for people with cancer, finding that well-being increased, and anxiety reduced for carers, though depression levels were not significantly impacted. Qualitative data from the same research explored how choir participation can build resilience, as well as providing social support and confidence through developing musical skills, offering a site for choristers to 'fulfil the three basic psychological needs of relatedness, competence and autonomy' (Warran et al., 2018, p.8).

The current study explores the psychosocial impact of membership in a SwU choir, specifically how this relates to social connectedness. Earlier quantitative findings by Fancourt et al. (2016) show that levels of connectedness increase for choristers following attendance at choirs; the current study explores what this means for choristers, adding a rich qualitative understanding to previous findings.

METHODS

Design

A qualitative study was conducted using a focus group to explore the psychosocial impact of attending a SwU choir[1]. In addition to the focus groups, this study draws on data collected via an internal service evaluation, conducted by TCC and involving members from all 16 choirs in Wales. The evaluation survey was completed by 613 participants. Data collected by TCC as part of a routine evaluation, and likewise, direct quotes are not identifiable. Data from this evaluation is used primarily to validate whether the themes emerging from the focus groups are broadly representative of the experiences in the choirs in general. Service evaluations of SwU are conducted sporadically (every two or three years) to ensure that the service provided is optimal and areas for improvement can be identified and acted upon. We recognise that the purpose of these evaluations can be misunderstood by participants, who may perceive them either as public relation exercises or service reviews. In either case, there is a risk of overly positive feedback from participants, and as such we emphasise the externally collected focus group data as the primary resource for this study, with the evaluation data used primarily to ensure that the themes identified from data collected from the choir involved in the focus groups are echoed in the data collected from the broader choir population.

Participants

Participants for the focus groups were recruited through a TCC SwU choir, and the requirements for participants were that they had to be a member of the choir and had to have been affected by cancer. Seven participants formed the first focus group, while only two choir members attended the second group ($n = 9$). Of the nine participants, eight were female and only one participant was male. Four participants currently or previously had a cancer diagnosis, two had been bereaved through cancer, and three support family members or friends who had cancer. The age range of participants was 38 to 83 years, with a mean age of 64 years. Due to the small number of participants in the second focus group, the choir leader was involved in this group to help facilitate the conversation. However, their responses and demographics have not been included.

[1] The focus groups were conducted as part of author one's master's degree research project, with ethical approval granted by the university ethics committee.

Participants in the focus groups have been allocated gender-neutral pseudonyms throughout this study. The evaluation survey was distributed online to all members of SwU choirs in Wales. Demographic and choir membership information was recorded, followed by Likert scales to rate agreement or disagreement with 14 statements about the choir, as well as questions which allowed for qualitative responses. The mean age of participants was 62, and 531 were female, 81 males (a ratio of 6.6: 1), and one participant did not disclose. When asked how they had been affected by cancer, 265 said they supported or cared for a family member or friend with cancer, 166 participants currently or previously had a cancer diagnosis, 466 had been bereaved and 13 participants had not been affected by cancer (participants were able to select more than one answer).

Data collection

Focus groups were used because their social nature reflects the goals of the study – to explore social connectedness (Hollander, 2004) – and because of their ability to provoke a variety of views and emotional conversation (Gibbs, 1997). The choir was viewed as a social group during this study, and by conducting focus groups with members of the same choir in the same focus group it provided a small sample of the larger social group and the researcher hoped that the themes that emerged from the data collected would reflect the social group as a whole. Also, it was appropriate to use focus groups as opposed to individual interviews as the researcher wanted to explore an issue that was of shared importance, and wanted participants to share and compare their experiences (Breen, 2006): the choir is important to the members as a group, and therefore it was appropriate to explore the experience of the choir as a social group in a shared way.

Data analysis

The data was analysed using thematic analysis. Thematic analysis was used because the researcher wanted to identify patterns in the data that revealed something important about the research question. Using an inductive and semantic approach, the data were coded and interpreted about the research question and previous research, therefore providing an in-depth analysis of the social aspects of the choir rather than a descriptive overview of all the data (Braun & Clarke, 2006). Although similar themes recurred across both focus groups, data collection was ended due to time constraints and poor uptake during recruitment rather than as a result of data saturation. The qualitative responses to the evaluation survey were also analysed using thematic analysis with an inductive and semantic approach to identify patterns that revealed something important about the research question.

Reflexivity and validity

The first author was aware of the potential to influence the focus groups throughout the study and therefore potentially leading questions were avoided and only open-ended questions that might facilitate discussion among participants were asked. The fist author had previous associations with TCC, however before the study did not have any association with a SwU choir and as such had no significant biases towards the choirs before the study.

Agreement between participants on various topics discussed during the focus groups may reflect validity in the data (Breen, 2006). However, focus groups can sometimes be intimidating for people who may be shy or quiet, meaning their views might not emerge as strongly as other members′. Also, it should be noted that the opinions expressed in a focus group may result from the specific context and culture of the focus group rather than individual views (Gibbs, 1997). Despite this, it is thought that the answers given are a true reflection of the experience of the choir as the relationships between participants within the focus groups seemed to reflect the nature of the relationships between choir members; therefore, giving a reliable impression of the experience of being a SwU choir member.

RESULTS

The purpose of this study was to understand the psychosocial experience of being a member of a TCC SwU choir and consider how it affected a person with cancer, with the choir being viewed as a social group. A thematic analysis of the transcripts of the two focus groups found three key themes: (1) the individual impact; (2) the group experience, and (3) the interaction between the individual and the group. These are discussed below. Focus group participants are identified by gender-neutral pseudonyms, evaluation respondents by participant numbers. Those who participated in the service evaluation of the SwU choirs were asked: ‘What is the best thing about the SwU choir?′. Participants′ answers were thematically analysed, and answers very frequently referred to the social side of the choir, such as friendship, finding support, and meeting new people.

The psychosocial benefits were commonly cited too; with choristers saying that they found choir to be uplifting, positive, and rejuvenating.

The single most popular 'best thing' was the singing itself, which is important given the earlier literature discussed the potential for this activity to perpetuate connectedness within a group. These results, particularly 'friendship', 'support', and 'meeting new people', show that though the focus groups were focused on social connectedness based on the previous research already discussed, social connectedness is of emic importance as these 'best features' were defined by the group rather than a researcher.

Individual impact

In this section, the impacts of choir membership on choristers as individuals are presented. These include perceived improvements in mental and physical health and well-being, such as heightened confidence and increased energy, as well as providing new experiences for members.

All focus group participants reported that choir affected their personal lives, primarily in areas such as health, well-being and social activity. On several occasions, participants said attending choir practice had made themselves or other members feel physically and mentally improved, compared to before the session:

> *'Last week you were terrible weren't you before you came last week? And she was a different person going home wasn't she?'* (Sam)

Similar feelings were reported in the survey with 94% of participants agreeing they had more energy after attending choir. Qualitative data in this survey indicated that participants felt better generally after a choir session and reported feeling less stressed after choir practices:

> *'While singing I do not think of anything else, my stress levels come down, I feel happy and elated when it's time to go home.'* (Participant 390)

> *'Being able to sing with other people, and coming away from the choir feeling better'* (Participant 130).

Most participants agreed to be a member of a choir helped them to build their confidence:

> *'I can do anything now I can, and I can go anywhere, whereas I wouldn't have before you know, I wouldn't have gone somewhere on my own before but now, because I walked into choir on my own anyway, I know I can go anywhere and do anything.'* (Sam)

Some participants sought choir as a way of increasing their confidence: *'It was somewhere to go to build up my confidence,'* (Participant 545). While others found they gained confidence after joining the choir during difficult times: *'I joined at a very low time in my life and the choir gave me so much confidence,'* (Participant 168)

Participants also discussed how being part of the choir gave them opportunities to have new experiences and make memories together: *'But that one, just one of those once in a lifetime experience,'* (Charlie). Responses from the survey reinforced the importance of being able to have these new experiences: 'The friendships I have made and the opportunities to perform in some amazing places,' (*P*articipant 46).

Participants who responded to the survey often commented on the opportunity to experience things they would not have before: *'Performed in places I'd never dreamed of,'* (Participant 63).

These new experiences gave participants a sense of achievement:

> *'The friends I have made and the fundraising events I have been involved in e.g., climbing Pen y Fan in the dark. Crazy but rewarding!'* (Participant 531)

Group experience

The evaluation data found that 92% of choristers had made friends at choir and 91% gained support from other members. In this section, we explore the elements of the group experience that seem to enhance or create the

social connectedness of the choirs. The first element relates to how singing in choir connects the group and to others affected by cancer.

Participants felt that being part of a SwU choir allowed them to help the wider cancer community by raising money at concerts and performing in hospitals:

> *'The fact that we were raising awareness and raising funds as well for research is a way of giving something back. I haven't had cancer myself but many of my relatives have, and friends and I just feel, you feel so helpless, you know, because what can you do? But it's just a way of thinking it's only a small thing but at least it's something.'* (Sandy)

Taking part in events helped Sandy overcome a sense of helplessness, providing an avenue to give something back to the broader cancer 'community'. Choristers also felt that they 'give back' through the music itself:

> *'I just love the feeling of 'doing something' and giving something back... I like to think we spread joy to people who need it most'* (Participant 222)

> *'...I always remember this specifically, there was the elderly lady in one of the beds who looked as if she was unconscious and within minutes of us starting to sing she was trying to sit up, and she had a huge smile on her face, well I think most of us had a job not to burst into tears. To see very, very ill people respond ...to see you know the power that music has and singing on very, very ill people is just amazing, and incredibly rewarding.'* (Sandy)

Being able to help other choir members, and other people affected by cancer seemed to be a very important part of being a member of the choir.

Participants felt connected to other choir members by their experience of being part of the group, and the relationships between choir members were very important. These relationships are strengthened by shared experiences such as public performances. Usually, individual choirs perform at separate, local events. The following extract, however, is taken from a discussion about a celebration event where between 700–800 SwU choristers from all choirs came together:

> *Sam: It was the co...co... I can't say the word, coma*
>
> *Multiple: Camaraderie*
>
> *Sam: Yeah that's the word wasn't it, it was that it was just, and everybody was there for the same reason because they all enjoyed it and they all got pleasure from it and it did them good, it did, oh I thought it was lovely, wonderful feeling, that's my favourite anyway.*

Participants also discussed times when their choirs had sung at special occasions, such as weddings for other choir members. Other examples included times when choir members had become too ill to attend choir practices, the choir had visited those members' homes and held choir practices in the garden or on the road outside. Participants felt these experiences were very important to the choir as a group as they were doing something positive for members at the end of their lives:

> *Sam: One lady that we sang for, she was sat in the window and we were in her garden and it was lovely [...] there was lots of curtain twitchers that day (laughs) [...] a lot of the neighbours came into the garden to listen, like come and stood outside, it was lovely, and then when we did it for the gentleman, it was on the road that one wasn't it? [...] cos he hadn't been able to get out had he*
>
> *Multiple: No*
>
> *Alex: For both of them, well we did it for (man) twice actually, the one time he was going through really intense treatment so he couldn't come to choir because he, his immune system was shot so he couldn't be among people [...] and then he came back to the choir for a while, then he got ill again ...it was probably like a week before he passed away, his partner was like can you come and sing again because he's not got long sort of thing, so we just went didn't we, we hadn't even planned it.*
>
> *Sam: it was after choir one night we just all walked down the streets, and there were all these people, everyone looking at us, it was lovely.*

Alex: And neither of them are with us anymore but it's nice to know we did what we could for them

Lesley: And we did sing at both their funerals.

The mention of singing as a group at the funerals of choir members who had passed away provides an example of the mutual support provided by choirs and choristers, which is discussed more in the final qualitative section.

Interaction between the individual and the group

In this section we talk about the important interactions between the 'individual' and the 'group' elements of the choir experience, looking at the reciprocal support experienced by members, and the sharing of both past (often negative) and current (positive *and* negative) experiences, which create and enhance the sense of social connectedness for choristers.

Some participants discussed how being affected by cancer can make one feel different to others, but when at choir rehearsals participants said that they felt comfortable because everyone had similar experiences and knew how they were feeling:

> *'Often we can be in the middle of singing a song and you know somebody will just burst out into tears, but it doesn't matter, and you feel quite comfortable and safe to do that because there are not that many places that you can.'* (Sandy)

> *Vivian: And of course, they've been through the same things as you, suffer from cancer or know someone who suffers from cancer.*

> *Sam: Yeah and they know what you're going through don't they? You know even if you've had it yourself or if you've not had it and your family's had it, they know and sometimes you haven't got to say anything have you, just be there.*

> *Vivian: Yes*
> *Rowan: That's the good thing, it's like, you haven't got to explain yourself.*

> *Sam: No you don't need to do you; you don't want to sometimes do you?*

> *Rowan: No, you can just go and do your thing, speak to people and*

> *Sam: Well it's like when (name) lost (name), nobody had to say anything all you got to do is put your arms around them and hug them.*

Having similar experiences to others gave participants a sense of belonging. Participants felt choir members understood how they felt better than others could because they had shared experiences: *'Being with people who knew what I was going through'* (Participant 179). This sense of commonality between choir members was important for participants who felt they had the support of others in the choir: *'Being with other people affected by cancer – feeling you are not alone.'* (Participant 155).

Supporting others was a big part of being in the choir for many participants. This was especially relevant as we were viewing the choir as a social group: *'somebody's always organising something, some social event'* (Bev). A strong theme in the focus group conversations was how members went to choir practices not just for themselves but to support other members.

> *'One of our members needed quite a bit of support tonight'* (Sandy).

> *You don't even have to say anything sometimes, you know just sit there and let them talk'* (Sam).

This reflects the shared experience of the choir. Participants felt it was important to go to the choir to support other members when they were going through difficult times and mentioned how support was reciprocal. The survey responses also found that participants felt supporting others was an important part of the choir: *'My new family that helps and supports each other,'* (Participant 13).

The idea of the choir is like a family was very prominent in the focus groups too:

> *'I said oh am I in the right place you know cos I was on my own and he well had you come to sing I said yeah, you're in the right place, and it was like you know as if somebody put their arms around you, you know? I know it sounds daft but that's what it was'* (Sam).
>
> *Bev: Well it's just like having brothers and sisters.*
>
> *Sam: It's an extended family, it is, isn't it? […]If you live on your own which I do, you do, and you do, you look forward to coming here … it's like coming home, you know you've got your extended family.'*

Participants felt that choir practices allowed them to support each other effectively because they understood how others felt:

> *'He knows that there are people to support him and we understand.'* (Sandy)
>
> *'I also felt that people at choir understood what we, as a family, had been dealing with without the need for long explanations.'* (Participant 210)

The language used here demonstrates a sense of unity, reflecting the impact being a part of a group has on the individual.

Meeting people who have had similar experiences and who understood them was important to participants' well-being and had a huge impact on their lives: *'I have also made friends for life'* (Participant 283). It was found in both the focus groups and survey responses that the social element of choir and meeting new people was important:

> *'enjoy [the] social aspect of being with the choristers and (it's) the main reason I go,'* (Participant 331)

Just as sharing past experiences such as cancer diagnoses, bereavements or caring responsibilities created a community for members, the current and positive experiences with the group strengthened relationships between choir members as well as creating positive memories for the individual. Participants felt that, as well as larger events, often the smaller or less well-attended events where they performed were very memorable, bringing them closer together:

> *'Yeah, so I felt that at that gig I don't know why, and it was intimate wasn't it.'* (Charlie)

Having the support and friendship of other choir members also seems to encourage participants to take part in new experiences:

> *'I love to sing although not well and the friendliness of the group inspired me.'* (Participant 536)

As well as new experiences within the choirs, being part of the choir in some cases increased participants' social networks, leading to a more fulfilled life:

> *'You meet people, and you make friends with them and then you invite them to join other social groups.'* (Charlie)

DISCUSSION

This study aimed to address a gap in existing understandings of the psychosocial impact of participating in a SwU choir, particularly seeking to qualitatively explore the findings of Fancourt et al. (2016) that the perceived connectedness of carers, bereaved individuals and cancer patients was increased after attending a choir session. This study has examined how the social connectedness facilitated by membership is manifested and how it impacts the well-being of choristers. We found that sharing experiences with choir members contributed to a sense of belonging and the interrelationship between the group and the individuals was manifested in a highly reciprocal form of support: taking part in this activity-based intervention allowed choristers to offer support whilst simultaneously *being* supported.

The current study also found that SwU membership can help increase social networks. Other research has found that those with high social connectedness are more willing to seek out relationships with others (Lee & Robbins, 1998), so it might well be that membership in these choirs facilitates social benefits beyond those created by the choir groups themselves; the choirs increase choristers' levels of social connectedness, and this increase, in turn, perpetuates social connectedness outside of the choir context. This may happen directly, through membership in this group 'snowballing' to other groups, or indirectly, through increasing confidence and/or sense of well-being for choristers and thereby physically or psychologically enabling them to engage in other activities.

This study has built on prior research considering the effects of choral singing for people affected by cancer, exploring how being in a choir impacted on members' social connectedness and subsequent well-being through processes related to the individual, the group, and the interconnections between the two. We have offered qualitative support to existing studies which suggest choral singing benefits people affected by cancer through offering a support mechanism (Gale et al., 2012); increasing confidence (Warran et al., 2018); sharing experiences with others (Jolly et al., 2019); doing so *with* those with shared experiences of cancer (McDonough et al., 2011); and providing positive social experiences (Reagon et al., 2016).

It has been discussed how social connectedness is related to physical and mental health (Hutcherson et al., 2008; Vanderwerker & Prigerson, 2004). This study has supported these findings; it was found being part of the choir had an individual impact on participants' self-reported health and well-being. Many participants reflected that being part of the choir helped them to overcome the social isolation that resulted from cancer treatments or being bereaved. This was an important finding as previous research has found that social isolation is related to poorer outcomes and mortality in people with cancer (Marcus et al., 2017). Dingle et al. (2012) conducted a similar study with people with chronic mental health problems who participated in supported activities such as a choir. They found similar themes to the current study: the personal impact of the choir, the social impact of the choir, and the functional outcomes of being part of a choir. They also found emotional and health benefits associated with forming a new and valued identity as part of a group, which can be compared to the benefits participants of the current study identified as a result of belonging to a SwU choir.

Additionally, we found that, as well as receiving support and supporting other choir members, helping the wider cancer community was an important element of participant experiences of the group. Elsewhere, a study involving young care leavers found that participants were motivated to help others, through volunteering in the community or by choosing careers where they were able to support people, as helping others gave them a purpose, improved social connectedness and helped them, in turn, to cope with adverse events in their past (Melkman et al., 2015). Members of SwU choirs may gain the same benefits from supporting others through their participation in the choir and choir activities. Participants mentioned that the choir gave them something to look forward to, helped them to widen their social networks and increase social activity, and helped to give them a sense of control over their own cancer experience, all of which can be compared to the results of Melkman et al. (2015)'s study.

Several previous studies into the impact of the SwU choirs focused on the value of choral singing, however, the current study was interested in the benefits of the social aspects of the choirs, rather than the benefits of singing. Jolly et al., (2019) claim that sharing experiences is beneficial because of the social aspect, as without the communication and interaction the beneficial impact of the experience is lessened. Therefore, the social aspects of the shared experience of being in a SwU choir have a positive impact on a person affected by cancer additional to the benefits of singing. The original study may have been limited by the poor uptake during participant recruitment, with only nine participants taking part in the focus groups. However, the results of the study have been supported and corroborated by the findings of the service evaluation which included 613 participants from all SwU choirs in Wales.

CONCLUSION

The data discussed in this paper suggests choirs are far greater than the sum of their parts – the individual benefits are inextricable from the social context of the choirs. The social elements of being in a SwU choir appear to have a positive impact on a person affected by cancer more prominent than the benefits of singing itself. It is recommended that the value of social connectedness highlighted in this small study is considered when designing psychosocial interventions because the social aspect of group interventions can have a profound, positive effect.

Since the data for this paper was collected, the world has been plunged into a global pandemic, and SwU choirs, like many face-to-face interactions, have been paused. Digital rehearsals have been well-received by choristers, and research on the impacts of COVID-19 on choristers is currently underway, seeking to explore how effectively if at all, the social connectedness and health and well-being benefits of choir membership for choristers can be maintained without face-to-face rehearsals or gigs.

REFERENCES

Bernat, D. H., & Resnick, M. D. (2009). Connectedness in the lives of adolescents. In R.J. DiClemente, J. S. Santelli, & R. A. Crosby (Eds.). *Adolescent health: Understanding and preventing risk behaviors.* Jossey-Bass.

Bradt, J., Dileo, C., Magill, L., & Teague, A. (2011). Music interventions for improving psychological and physical outcomes in cancer patients. *Cochrane Database of Systematic Reviews.* https://doi.org/10.1002/14651858.cd006911.pub2

Cornwell, E. Y. & Waite, L. J. (2009). Social disconnectedness, perceived isolation, and health among older adults. *Journal of Health and Social Behaviour, 50*(1), 31–48, https://doi.org/10.1177/002214650905000103

Coughlin, S. S. (2008). Surviving cancer or other serious illness: A review of individual and community resources. *A Cancer Journal for Clinicians, 58*(1), 60–64. https://doi.org/10.3322/ca.2007.0001

Cruwys, T., Dingle, G. A., Haslam, C., Jetten, J. & Morton, T. A. (2013). Social group membership protects against future depression, alleviate depression symptoms and prevent depression relapse. *Social Science & Medicine, 98*, 179–186. https://doi.org/10.1016/j.socscimed.2013.09.013

Cruwys, T., Haslam, S. A., Dingle, G. A., Jetten, J., Hornsey, M. J., Desdemona Chong, E.M., & Oei, T. P. (2014). Feeling connected again: Interventions that increase social identification reduce depression symptoms in community and clinical settings. *Journal of Affective Disorders, 159*, 139–186. https://doi.org/10.1016/j.jad.2014.02.019

Dingle, G. A., Brander, C., Ballantyne, J. & Baker, F. A. (2012). 'To be heard' : The social and mental health benefits of choir singing for disadvantaged adults. *Psychology of Music, 41*(4), 405–421. https://doi.org/10.1177/0305735611430081

Fancourt, D., Williamon, A., Carvalho, L. A., Steptoe, A., Dow, R. & Lewis, I. (2016). Singing modulates mood, stress, cortisol, cytokine and neuropeptide activity in cancer patients and carers. *e Cancer Medical Science, 10*, 631. https://doi.org/10.3332/ecancer.2016.631

Fancourt, D., Finn, S., Warran, K., & Wiseman, T. (2019a). Group singing in bereavement: Effects on mental health, self-efficacy, self-esteem and well-being. *BMJ Supportive and Palliative Care.* http://dx.doi.org/10.1136/bmjspcare-2018-001642

Fancourt, D., Warran, K., Finn, S., & Wiseman, T. (2019b). Psychosocial singing interventions for the mental health and well-being of family carers of patients with cancer: Results from a longitudinal study. *BMJ Open, 9*(8), e026995. https://doi.org/10.1136/bmjopen-2018-026995

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. *ecancer Medical Science, 6*, 261. https://dx.doi.org/10.3332%2Fecancer.2012.261

Gibbs, A. (1997). Focus groups. *Social Research Update, 19.* Retrieved from http://sru.soc.surrey.ac.uk/SRU19.html

Hollander, J. A. (2004). The social contexts of focus groups. *Journal of Contemporary Ethnography, 35*(5), 602–637. https://doi.org/10.1177/0891241604266988

Hutcherson, C. A., Seppala, E. M. & Gross, J. J. (2008). Loving-kindness meditation increases social connectedness. *Emotion, 8*(5), 720–724, https://doi.org/10.1037/a0013237

Irwin, M. R., Olmstead, R. E., & Ganz, P. A. (2013). Sleep disturbance, inflammation and depression risk in cancer survivors. *Brain, Behavior, and Immunity, 30,* S58–S67. https://doi.org/10.1016/j.bbi.2012.05.002

Jolly, E., Tamir, D. I., Burum, B., & Mitchell, J. P. (2019). Wanting without enjoying: The social value of sharing experiences. *PloS One, 14*(4). https://doi.org/10.1371/journal.pone.0215318

Kroenke, C. H., Kwan, M. L., Neugut, A. I., Ergas, I. J., Wright, J. D., Caan, B. J., Hershman, D., & Kushi, L. H. (2013). Social networks, social support mechanisms, and quality of life after breast cancer diagnosis. *Breast Cancer Research and Treatment, 139*(2), 515–527. https://doi.org/10.1007/s10549-013-2477-2

Lee, R. M., & Robbins, S. B. (1999). The relationship between social connectedness and anxiety, self-esteem, and social identity. *Journal of Counselling Psychology, 45*(3), 338–345.https://doi.org/10.1037/0022-0167.45.3.338

Macmillan Cancer Support. (2019). Psychological and emotional support impact belief. Retrieved from https://www.macmillan.org.uk/_images/Psychological-and-Emotional-Support_tcm9-283186.pdf

Marcus, A. F., Illescas, A. H., Hohl, B. C. & Llanos, A. A. M. (2017). Relationship between social isolation, neighbourhood poverty, and cancer mortality in a population-based study of US adults. *PLOS One, 12*(3), e0173370. https://doi.org/10.1371/journal.pone.0173370

McDonough, M. H., Sabiston, C. M., & Ullrich-French, S. (2011). The development of social relationships, social support, and posttraumatic growth in a Dragon Boating Team for breast cancer survivors. *Journal of Sport and Exercise, 33*, 627–648. https://doi.org/10.1123/jsep.33.5.627

Melkman, E., Mor-Salwo, Y., Mangold, K., Zeller, M., & Benbenishty, R. (2015). Care leavers as helpers: Motivations for and benefits of helping others. *Children and Youth Services Review*, 54, 41–48. https://doi.org/10.1016/j.childyouth.2015.05.004

Pearce, E., Launay, J., & Dunbar, R. (2015). The ice-breaker effect: Singing mediates fast social bonding. *Royal Society Open Science, 2*(10),150221. https://doi.org/10.1098/rsos.150221

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*, *27,* 1–11. https://doi.org/10.1016/j.ctim.2016.03.017

Relojo-Howell, D. (2020, August 12). What are the emotional and psychological effects of cancer? *Psychreg*. Retrieved from https://www.psychreg.org/psychological-effects-cancer

Sapp, A. L., Trentham-Dietz, A., Newcomb, P. A., Hampton, J. M., Moinpour, C. M., & Remington, P. L. (2003). Social networks and quality of life among female long-term colorectal cancer survivors. *Cancer, 98*(8), 1749–1758. https://doi.org/10.1002/cncr.11717

Van Bel, D. T., Smolders, K. C. H. J., Ijsselsteijn, W. A., & De Kort, Y. A. W. (2009). *Social connectedness: Concept and measurement* [Paper presentation]. Intelligent Environments 2009, Barcelona Spain. Retrieved from www.researchgate.net/publication/220992602_Social_connectedness_Concept_and_measurement

Vanderwerker, L. C. & Prigerson, H. G. (2004). Social support and technological connectedness as protective factors in bereavement. *Journal of Loss and Trauma, 9*(1), 45–57. https://doi.org/10.1080/15325020490255304

Warran, K., Fancourt, D., & Wiseman, T. (2018). How does the process of group singing impact on people affected by cancer? A grounded theory study. *BMJ Open, 9*(1), e023261. http://dx.doi.org/10.1136/bmjopen-2018-023261

Weinstein, D., Launay, J., Pearce, E., Dunbar, R., & Stewart, L. (2016). Singing and social bonding: Changes in connectivity and pain threshold as a function of group size. *Evolution and Human Behaviour, 37*(2), 152–158. https://doi.org/10.1016/j.evolhumbehav.2015.10.002

World Health Organization. (2018). Latest global cancer data press release. Retrieved from www.who.int/cancer/PRGlobocanFinal.pdf