

The Lung Cycle

A day of creative investigation into singing for breathing.



The Lung Cycle provided a unique, creative opportunity to engage with Singing For Breathing (SFB) attendees, beyond their usual Singing For Lung Health (SFLH) activities at Royal Brompton & Harefield NHS Foundation Trust.

It brought together an unusual array of co-facilitators - an opera singer, a visual artist, a COPD physiotherapist, a SFLH specialist trainer and a story-teller (with two patient co-facilitators) to explore breathlessness.

It enabled people living with respiratory diseases to creatively reflect on how they breathe, breath management and what singing means to

them/teaches them - in a supportive and peer supported environment. It also provided the space/time to do this, which is often lacking at their weekly visits to their singing workshops at the Trust.

Some of the participants have been coming to SFB for a very long time and should, by now, know the breathing techniques it teaches... but working with an opera singer was revelatory.

It was very hands on - and having James there (with his excellent lungs!) provided an opportunity to physically see/touch his "super efficient" lungs" in action.

I think more activities like this would be helpful - to re-educate and reinforce the weekly messages about diaphragmatic breathing.

Working with a story-teller and a visual artist also created high quality visual materials and resources which can be shared to show the importance of singing for lung health with the wider public by people living with lung conditions themselves - they are the best advocate for the benefits of singing for lung health and wellbeing.

Karen Taylor, Arts Manager, rb&hArts, Royal Brompton and Harefield NHS Foundation Trust.

Measuring complex arts in health interventions

"We need to measure what we value not what is easily measurable"

Royal Brompton pioneered the first hospital-based Singing for Lung Health group in 2009 and there are now nearly one hundred across the UK.

There are a number of different approaches from sing-a-long and singing for wellbeing groups, to others which focus specifically on techniques to support breath awareness and change in breath management in a social and enjoyable environment.

There is room for both as it gives patient choice. Some want to attend as a distraction and want no focus on their breath, the majority choose the groups as a way of supporting better breathing and breath management. There is no way for a participant or a commissioner to know the difference.

On Tuesday April 18th, a group gathered at Royal Brompton to explore this arts in health intervention.

As the facilitator of the first Brompton group and a trainer of over 50 singing leaders for the British Lung Foundation, I observe that the advocacy for this work is strong. Participants share powerful stories of how their weekly singing class constructively impacts on their lives (socially, emotionally and psychologically) as well as supporting better breath use.

Professor Graham Welch at the Institute of Education in London reminds us that:

"The health benefits of singing are both physical and psychological. Singing has physical benefits because it is an aerobic activity that increases oxygenation in the blood stream and exercises major muscle groups in the upper body, even when sitting.

Singing has psychological benefits because of its normally positive effect in reducing stress levels through the action of the endocrine system which is linked to our sense of emotional wellbeing.

Psychological benefits are also evident when people sing together as well as alone because of the increased sense of community, belonging and shared endeavor."

It was recommended in a recent report for the Choir in Every Care Home project that although *"Singing benefits older people... and can be beneficial for psychological and social wellbeing, may help people to manage a range of health issues, including mental health challenges and physical health problems associated with chronic respiratory illness"*.

It is vital however *"to develop theoretical frameworks for understanding the key processes involved in effective*

singing (and creative arts) interventions and the mechanisms through which musical engagement leads to wellbeing and health benefits". (www.achoirineverycarehome.wordpress.com)

Not only does there need to be further investigation into how the mechanisms of music and group singing support participants physiologically and psychologically but also more research into how we breathe when we sing. There continues to be debate between the "belly out" and "belly in" schools, although the latter is considered the one *"with real scientific basis"*.

If Singing for Lung Health is to move from charitable funding streams or self-funding, it is likely that Clinical Commissioning Groups (CCGs) and Sustainability & Transformation partnerships will request an "evidence base". A number of CCG's have funded singing groups for those with lung disease simply from a strong advocacy alone, so it is possible (but somewhat random).

Anyone in the UK can call themselves a singing leader and only half of the groups that cater for those with a chronic lung condition are run by singing leaders who have been trained as part of the British Lung Foundation (BLF) programme.



professional master classes?

every week and important to be praised when my stability is fading

this has been really interesting

you need to be really strong with what you want to do

~~any spiritual~~
enlightening
inspiring
demanding

you need imagination and determination to get out of the house in the morning

you are giving us the tools to be proactive

suddenly I thought ohh my whole body is vibrating

getting taught by all these young people is

There are excellent leaders who have been doing this work for years without the BLF training, but there is no 'quality assurance' for commissioners or participants, (unlike pulmonary rehabilitation for example).

Would an evidence base or quality assurance help or hinder transformative arts intervention that is so multi-faceted?

Thanks to the generous support of both rb&h Arts and The Music Therapy Charity, I was able to facilitate this day of investigation and reflection with a sample of participants working alongside health care professionals and creative practitioners to explore the multi-faceted and complex nature of this intervention. I wanted the day to inform further thinking which may, in turn, influence funding and sustainability of this important intervention for the many millions of people in the UK with a respiratory condition.

The aim of the day therefore was to offer a creative focus group for participants with chronic lung disease, researcher Adam Lewis and myself in order to inform further research objectives. I offered a variety of creative (storytelling) and physical interventions (breathing for singing session) plus discussion to capture the experience of breathlessness and singing for breathing intervention. I wanted to understand from the patient perspective how and what they feel should be evaluated.

James Platt is an opera singer of some renown, who works alongside Janice Chapman and Ron Morris, delivering top end training to classical singing teachers. He delivered a session on the "accent method" which was very well received. The general feedback was positive but many agreed that there was a lot of



information and a handout or recap or training video would be useful. I have written a reminder for all the Singing for Lung Health leaders to share with you and these exercises are on the "Singing for Breathing" CD from Royal Brompton (<https://www.rbhcharity.org/shop/singing-for-breathing-audio-cd>).

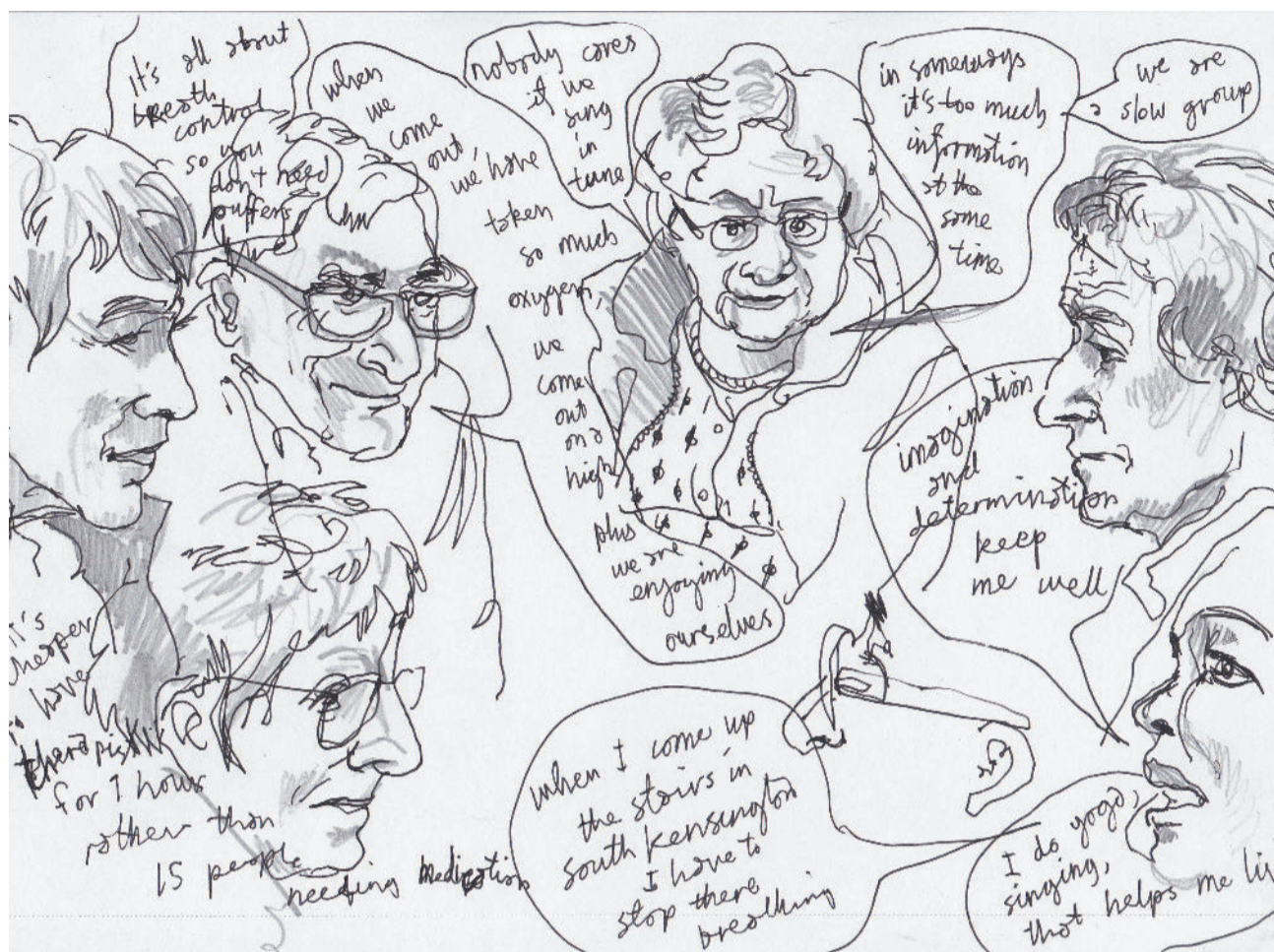
Karen, the manager at rb&h Arts provided a delicious lunch and the afternoon provided the opportunity to work with Rob Young to write original stories around the theme of breath, lung health and lung disease. They raised some interesting metaphors, especially around self-care, self-confidence, self-management as well as the support of others from a broad background (i.e. friends and neighbours as well as medical professionals).

Not everyone felt the imagination the best place to enter to try and

think about how to evaluate. I offer it perhaps as a place to explore and reveal secrets about the complexities of this multi-faceted arts intervention that runs alongside the biomedical viewpoint.

"Metaphor is one of our most important tools for trying to comprehend partially what cannot be comprehended totally: our feelings, aesthetic experiences ... & spiritual awareness. These endeavours of the imagination are not devoid of rationality since they use metaphor, they employ an imaginative rationality" ("Metaphors we live by" George Lakoff and Mark Johnson 2003)

Paul Gent captured the spirit and focus of the day in a series of fantastic sketches which not only caught the personality of the individuals but also the flow of ideas. I smiled when I noticed that Paul had often captured in his speech bubbles the



strongest themes of the day. His ability to hone in on the key elements was impressive and it was a pleasure to welcome an artist to our musical midst. All his original drawings were mounted on wood, collected by me from his home straddling Derbyshire and Cheshire (en route to Yorkshire!) and delivered to the London Arts office for future display.

A very valuable discussion was had at the end of the day and I want to leave you with these thoughts:

Do we even need to "measure" something as all-encompassing, holistic and complex as Singing for Breathing? If we do, is the biomedical model the most appropriate? I leave you with thoughts from some participants who attended the day.

"In so far as measuring things, I couldn't tell if my spirometry would be any better after these sessions - I couldn't tell you, but I know that my spiritual welfare is very much increased, my confidence is greater (and that is measurable) & it's mea-

asurable by the number of people who have come over the years to this group and it's a mood changer - it changes your mood so you leave the sessions feeling full of beans. Brilliant."

"Informative, Enjoyable, Challenging"

Isn't this what every singing for breathing and pulmonary rehabilitation class should be?

"When we measure we need to measure what we value not what is measurable. It is important to recognise what is valuable before you start to measure anything and there are so many things I think about the singing, that I think, to a certain extent, are unmeasurable, and you know they drop off the list a little bit if you are not careful"

That to me sums up the dilemma - we are in danger of forgetting what is important. The challenge is to capture the value.

"It is very empowering to be in that group and to see other people going

through the same challenges, but when we are singing, it is not there, those challenges are not there, and it makes it so much more easier to cope"

Why are the challenges not there? That to me sums up the importance of this work. Can we ascertain when in a flow state, when in an altered state of consciousness, when in music, when with a group of like-minded individuals who share similar diagnoses, when in body and heart and song "the challenges are not there"?

"... the physicality of it, it suddenly, all the conditioning that your voice and your lungs are all separate - suddenly it's the whole body doing it, and it was like "ah" I can use everything! The power is not lost just because your lungs are not working properly, you have got power everywhere in your body, so thank you very much"

So often the area of the body that is not working becomes the focus for the spotlight all the time. How fantastic that realisation that our body works in relationship and just because one part is not working at optimum, we have a host of resources at our disposal still to work with. We breathe not just with our lungs but with our whole body.

Thank you to all who came and made the day so rich and so "complete" as many described it in their evaluations. This work will continue to move forward and we will keep you informed of progress.

Phoene Cave

Storytelling

"With the writing, you learnt what each other was suffering and what each other had, it all came into it, into the stories"

What use is a writer in a singing workshop? Well, that's a valid question but what we're doing here is sharing our stories and that takes guts. It's a brave thing to reveal that you're fragile to a doctor or room full of strangers and that's where the craft of writing can help.

In my workshop, each group learned how to create a hero and walk them through a classic Hollywood plot. The caveat being, each of those heroes is informed by a specific lung condition. By working as a team, participants helped their protagonist defeat their demons using nothing more than wit, grit and a dash of lateral thinking. They carried it off with panache. But this is not just a feelgood exercise, it enables participants to view their condition with a fresh pair of eyes, share coping strategies and seek pro-active solutions.

As Writer-in-Residence for NHS Research & Development North West, one of the biggest challenges I face is how to value such work. It's like trying to analyse a river. If you scoop up a bucket, the still water you harvest bears no resemblance to the river. I'm not anti-qualitative but as one patient said, with great elegance, "When we measure we need to measure what we value not what is easily measurable".

All I will say is that there are templates here that define 'low-cost, high-impact', way beyond the wonderful camaraderie. It is a joy to see



patients learn the technical aspects of how an opera singer breathes with his whole body. It is inspiring to hear participants seeking to heal themselves and financially sound that they are hungry for non-pharmaceutical solutions.

Above all, it is crucial that we drill down and forensically analyse why Singing for Breathing is such a phenomenon. Its seed was planted at the

Royal Brompton Hospital and ten years on, it has spawned all over the country. It is now time to take stock and hone that bloom to perfection.

Rob Young is Editor-in-Chief of The Researcher Magazine. He has spent the last 20 years writing for the UK's biggest film, TV and theatre companies. For further info see: <http://robyoung.info>

"Learning to write a movie was such a pleasant surprise, a good method and cathartic telling of my personal journey of lung health and the challenges of my symptoms"

The Firebird: The Participants' Story

Jack didn't want to be a chimney sweep but as an illiterate orphan in Victorian London, his career options were limited, so Jack had spent most of his short life in a pitch-black netherworld, coughing and wheezing like a hag. He dreamed of becoming a singer at the Royal Opera House with big clean lungs but let's face it, that ain't gonna happen.

One day, Jack was cleaning a chimney in a church when up came a song so beautiful that it took his breath away (which to be honest, wasn't much). Jack told his boss but the old crone was less impressed. He gave Jack a clip round the ear and told him to get back to work. But the song inspired Jack. If only his lungs weren't as black as his chimney, he could join the choir and who knows... maybe, just maybe...

With steely determination, Jack turned the bellows on himself desperately trying to suck the dust from his chest, in the same way he'd clean out a chimney. Needless to say, it didn't work. As Jack lay dying on the hearth, he began to hallucinate.

Above him was a caged bird; a common sight in big posh houses but this one was different. It spoke. "Hey kid", it said, "Quit dying will you? There's still fun to be had". Jack wasn't sure what was more surprising, that the bird could speak or had an American accent. "You think your life's bad", said the *Boyd*, with its *Noo Yoik* accent, "Look at me, one day I'm living it up in a tropical jungle with as much bugs as you can eat, then... WHACK, I'm wearing a cage so tight, it feels like I'm wearing a corset. So look, kid, how about I

make you a deal? If you get me out of this cage, I'll teach you how to sing, like a boyd".

And that's what happened, unlikely though it seems. During the day, Jack kept the bird in his lucky pocket and at night, it taught him how to sing.

This is what Jack learned:

1. How to breathe.
2. Self-confidence.
3. To feel supported.
4. How to have fun.
5. The joy of friendship.
6. That nobody cared if he hit a bum note, which Jack found quite liberating.

And while Jack's voice was raspy and broken but, it did have a certain charm.

The pair took to busking and took more money in one night than Jack had earned in a month. People couldn't believe that such an endearing Victorian orphan sounded like Tom Waits and as for the bird, it was beautiful. Crapped a lot but still, beautiful.

A talent scout passed by (chances of that) and caught a whiff of the money. This was just the kind of novelty act he could shamelessly exploit, proclaiming it's 'The Next Big Thing' after his Last Big Thing had died of maltreatment. The smooth talking scout entered them a Music Hall show: Victorian Britain's Got Talent.

Jack couldn't believe his luck. He was one night away from being a celebrity. Not that he cared about those things but it would pay for private healthcare and proper singing lessons. And best of all, he could tell his boss where to stuff it.

On the night of the contest, the bird was late. Where *was* he?

Jack received a Tweet, from the bird. He was in trouble. His original owner had chased him up a chimney. To make matters worse, the evil fiend had lit a fire to smoke the poor bird out. What should Jack do? Find fame and fortune alone or rescue his little friend? Jack didn't hesitate for a second (OK, that's a slight lie, then) he whooshed off to free the bird.

Jack wrenched the bird from the flames and gave it a kiss of life, which thanks to his breathing exercises was enough to save the day. Hooray! "Hey bird", said Jack, "Quit dying, there's still fun to be had". And how they laughed!

Jack's boss, who had been eavesdropping, guffawed in that way bad-dies do, that heads-back laugh that sounds like, "Mwa ha ha!" Because the boss knew that since Jack missed the contest, he would be a chimney sweep forever. "Mwa ha ha!"

"Not so fast, clichéd villain", said Jack, "for if I've learned one thing, other than how to breathe correctly using good posture and the full arsenal of supporting muscles, it's that this little bird and I are independent entities in full control of our own destiny. The product we employ not only has integrity and charm, it also has value in both senses of the word". And with that, our plucky and surprisingly articulate hero told his boss where to stuff it.

The boy and bird lived happily ever after. Every day, they perform the Royal Opera House (they busk on the front stairs). Between them, they earn enough money for a house in the suburbs, surrounded by trees and as many bugs they can eat.



Latest news

James is commencing his PhD at the Guildhall School of Music & Drama on the efficacy of the "Accent" method to support breath use for singing, and wants to collaborate with the respiratory team at Royal Brompton.

Adam and Phoene have been invited to Denmark to deliver training to singing leaders in Aarhus.

Phoene is going to University College London to study an MA in Health Humanities to help her get to grips with researching Singing for Breathing.

Adam, in collaboration with Dr Hopkinson, has applied to the National Institute for Health Research for funding from their Efficiency and Mechanism Evaluation (EME) programme. EME supports research into the mechanisms of diseases and treatments.

2018 is the 10th anniversary of Singing for Breathing at Royal Brompton so watch this space!

Anne-Marie Russell and Phoene are delighted to announce that the European Respiratory Society Congress in Milan has accepted the abstract "Rhythm and Song: Breath management in idiopathic interstitial pneumonias" for presentation in 2018.

Janice Chapman has met with Phoene and Adam to collaborate on a possible training video, as well as input into outcome measures. Janice is a founder member of the British Voice Association and first introduced the "Accent" method into the teaching of singing.

Phoene is going to be presenting on Singing for Breathing work this year for the British Voice Association and at the Primary Care Respiratory Society conference.

Karen is going to be setting up a second group at Harefield Hospital.

Going forward

I want to continue investigating the effectiveness and mechanisms of effect in singing for lung health.

Researchers at IC/RBH are in the unique position of having the research expertise, physiological equipment and a large group of individuals with experience of Singing for Lung Health.

It is not yet clear whether the techniques used in SLH are changing the way people breath. This evidence is required in order to define the intervention as separate from other community singing for wellbeing groups and may help provide stability in funding and access to SLH for many more people in the future.

Dr Adam Lewis, Research Respiratory Physiotherapist, Imperial College London and Royal Brompton Hospital.

Project Team & Credits

Adam Lewis, Research Physiotherapist, Imperial College

James Platt, Singer, Vocal Consultant & Choral Director

Paul Gent, Artist
(<https://about.me/paulgent>)

Phoene Cave, Music Therapist & Project Manager
(<http://www.singing-for.co.uk/>)

Robert Young, Writer
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Most of all, thank you to all our participants for their time and invaluable contributions.