Singing bodies:

Cultural geographies of song and health in Glasgow

Sophia Francesca Boyd

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School of Geographical and Earth Sciences

College of Science and Engineering

University of Glasgow

Abstract

This thesis is a scaled enquiry into the embodied practice of collective singing in Glasgow, encompassing breathing bodies, singing collectives, sites of song, and a musical city. Using practice-led research by a singing practitioner and geographer, the thesis explores the establishment of a singing-for-breathing group attended by people living with chronic respiratory illness in Glasgow's East End. The research charts and interprets the journey of the group through interviews with its members, reflexive creative workshops, and an autoethnographic narration of sessions. These materials show how singing and deep breathing exercises help group members *relearn* their breath and find their voice, gaining greater autonomy over their bodies in this non-clinical setting. Singing practice shapes and guides the breath, but also creates affective atmospheres of breath work and emotional soundscapes. The embodied and emotional geographies of singing are shown to impact the group members' day-to-day lives. Members report that breathing practice learned through singing helps the management of breathlessness caused by their chronic respiratory illness. Gaining control of breath reshapes the *lifeworld* experiences of members, placing the singing group as an important non-clinical intervention in their journey through illness. While the thesis is organised around a central narrative about the singing-for-breath group, the reader is also introduced to Glasgow's wider singing cultures through three short interludes. Here, the voices of a small political song group, the psalm-singing of a Presbyterian church, and the reflective song of a deathbed choir offer insights into the varied and diverse uses and practices of song in city communities. These snapshots of collective singing practices also contextualise the singing-for-breathing group within the broader framework of Glasgow's singing culture and open up new understandings of spaces and songs as relatable social phenomena.

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CAT – COPD Assessment Test

COPD – Chronic Obstructive Pulmonary Disease

CoMT – community music therapy

RBSC – Red and Black Song Club

RP Church – Reformed Presbyterian Church

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Author's declaration

I declare that, except where explicit reference is made to the contribution of others, this thesis is the result of my own work and has not been submitted for any other degree at the University of Glasgow or at any other institution.

Signature:

 Name: Sophia Boyd

Chapter 1

Introducing geographies of song and health in Glasgow

1.1 Journey beginnings

Figure 1.1: Fieldwork beginnings. The first session of the singing-for-breathing group. (Photograph by Janice Merrick, used with permission)

On the morning of the 4th July 2018, I was nervously pacing my living room, practising the songs I would be teaching that afternoon and going over my scripted instructions. That day was the first singing-for-breathing session and the start of a fieldwork project that would carry on with singing sessions for the next year-and-a-half. I was excited but apprehensive. Who would be there? How many would come? What on earth would they make of it all? I gathered my information booklets and consent forms and thought about what I would tell them about my PhD. 'Singing geographies' are not always easily explained! I left the house, tummy too twisted with nerves to

eat my lunch, and took the unfamiliar bus route over to Dennistoun in the city's East End. There, outside the church hall, I met Janice, the practice nurse, and Deborah, the Community Links Practitioner. We inflated balloons to welcome new members. And then we waited, hoping someone, *anyone*, would arrive. One by one, nine folk cautiously entered, taking a seat in the circle of chairs. Everyone who came through the door suffers from respiratory illness or experiences anxieties which make breathing challenging and result in breathlessness.

The group's existence emerged from my commitment to a practice-led research methodology, where simultaneously I acted as song leader teaching songs and breathing exercises, and, academic researcher noting and charting the group through the year of fieldwork. This thesis follows the journey of this singing-for-breathing group that I established for this doctoral research. It tunes into the songs, the communities shaped, the friendships forged, and the impacts that our activties have had in the lives of group members. This one group does not exist in isolation as a collective singing practice in Glasgow of course. Instead, it is part of a polyphony of singing practices and communities across Glasgow, each with different intentions for singing, different histories and different songs and sounds. This thesis therefore offers a glimpse into song in Glasgow in order to contextualise the singing-for-breathing group in Glasgow as a city of song.

1.2 Contextualising singing-for-breathing and respiratory illness in Glasgow

'Singing-for-breathing' is a health intervention for individuals living with chronic respiratory illness which cause breathlessness, such as Chronic Obstructive Pulmonary Disease (COPD). COPD is a long-term illness that can affect the alveoli air sacs in the lungs, causing them to lose their elasticity (emphysema) or cause a narrowing of the airways due to inflammation. This damage can make it difficult to expel air, and so a volume of air can become trapped in the lungs, causing shallow breathing (see Figure 1.2).
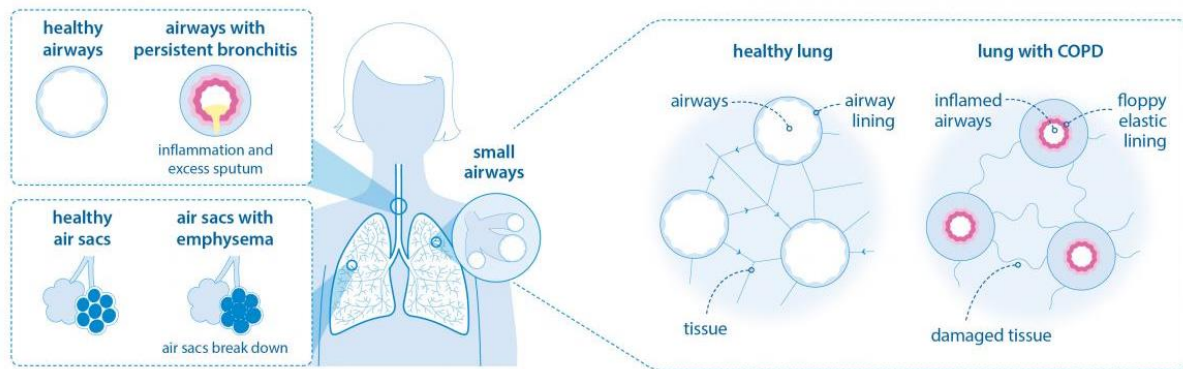
Figure 1.2: Physiology of COPD. [Picture credit: British Lung Foundation. Available at: https://www.blf.org.uk/support-for-you/copd/what-is-copd Date accessed 1/6/2021]

Breathlessness is a significant symptom of COPD, and this can also cause anxiety and panic. Symptoms also include coughing and wheezing. In Scotland, COPD is the fourth leading cause of premature death (Levin, Anderson and Crighton, 2020). Approximately 120,000 people in Scotland have been diagnosed with COPD, making it the second most common reason for hospital admissions (NHS Greater Glasgow and Clyde, 2020). Glasgow has a particularly high prevalence of COPD where the rate of hospitalisations in Glasgow (534.5 per 100,000) is almost twice Scotland's national rate (286.6 per 100,000), and this rate is highest in the city's north east neighbourhoods (Glasgow City Health and Social Care Partnership, 2020 p.16). A recent study of COPD prevalence identified socioeconomic inequalities as a contributing factor to the prevalence of COPD in Glasgow; notably where COPD in the most deprived quintile of the Scottish Indicator for Multiple Deprivation (SIMD) was 4.5 times higher than the most affluent quintile (Levin, Anderson and Crighton, 2020). The British Lung Foundation (2017) attributes smoking as a key contributing factor in higher prevalence rates recorded among the most deprived communities. 8 in 10 people living with COPD have been smokers, or continue to smoke, with 25% of long-term smokers estimated to develop COPD (Chest Heart Stroke Scotland, 2020). COPD is a regressive illness, meaning it often worsens over time. As well as being advised to quit smoking, patients are often prescribed steroid inhalers and pulmonary rehabilitation – a form of managed exercise – to help them learn to self-manage their breathlessness and live well with their illness.

Over the past decade, singing has been developed as a form of pulmonary rehabilitation that helps individuals learn to manage their breathlessness. Singing

acts as physical exercise that helps to build stamina (Philip *et al.*, 2021), as well as creating a supportive space. The Scottish Government has named singing clubs as an important intervention for providing peer support for individuals living with chronic respiratory illness in the *Respiratory Care Action Plan: 2021-2026* (Scottish Government, 2021). The first respiratory singing practice was established in 2007 as a pilot project in the Royal Brompton Hospital[1]. Since then, singing as a respiratory health tool has grown in practice, with over 100 groups in the UK (Philip, Lewis and Hopkinson, 2019). In that time singing for lung health has also grown as a topic of clinical research (Morrison and Clift, 2012; Clift *et al.*, 2017; Lewis, Cave and Hopkinson, 2018; Skingley *et al.*, 2018). This body of research falls within a wider context of singing and health that has explored group singing as a practice that can support and manage different health and mental health needs (Yinger, 2014; Skingley, Martin and Clift, 2016; Lamont *et al.*, 2018; Perkins, Yorke and Fancourt, 2018; Liu *et al.*, 2019; Warran, Fancourt and Perkins, 2019).

Singing as a health intervention contributes to arts for health strategies (Bungay and Clift, 2010; Clift, 2012; Gordon-Nesbitt and Howarth, 2020) and approaches such as social prescription (Chatterjee *et al.*, 2018); a relatively contentious term that is critically examined during the thesis. The Scottish Government's objective for community health interventions, termed *Realistic Medicine*[2], is an active strategy for all clinical and health practices to take a *person-centred* approach by 2025 (Calderwood, 2017; Fenning, Smith and Calderwood, 2019). This framework has seen the role out of a Community Links Practitioner scheme (Mercer *et al.*, 2017), where health practitioners work at the intersection of clinical and social care, helping patients to make informed decisions about the health care paths that are best suited to them – such as singing for health. In 2019, at the Realistic Medicine Conference Scotland's then Chief Medical Officer recognised the singing-for-breathing group established for this research project as an example of *Realistic Medicine* in action. The singing-for-breathing group was the first of its kind in Glasgow. However, Glasgow is a city where singing and choirs and collective singing practices have been long established.

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[1] https://lifeofbreath.org/2016/03/singing-for-breathing/
[2] https://www.realisticmedicine.scot/

1.3 A city of song: 'People Make Glasgow' sing

In Glasgow, music and singing are woven into the city's cultural, social and political life, both historically and presently. Though music resonates through the cultural life of all UK cities, Glasgow has been identified as a city where music has strong and sustained cultural significance. After London, Glasgow is the UK city most mentioned in song titles[3]. In 2008 Glasgow became the UK's first UNESCO 'City of Music'[4], credited for its diverse music scene and in 2019 the European Commission report ranked Glasgow as the UK's top cultural and creative city[5] (Montalto *et al*., 2019). Glasgow is also home to prestigious singing cultures and practices at the Royal Conservatoire of Scotland and Scottish Opera. Equally, Glasgow's proximity to the Highlands and Western Isles has resulted in a longstanding Gaelic tradition reflected in religious and cultural practices around song, for example, Glasgow hosts the annual Celtic Connections music festival[6]. As well as these cultural connections to traditional and folk singing, Glasgow has a long history of political song and protest singing. Many of these songs are accessible in University of Glasgow's archival collection of political songs[7]. Songs were used to empower the voices, and causes, of Glaswegian workers during the Red Clydeside era, giving way to singing actually being prohibited in public parks between 1922-1932 due to its role in industrial disputes and social justice campaigning. Some singing in contemporary Glasgow continues to be criminalised under Scotland's Offensive Behaviour at Football and Threatening Communications Act, where singing songs with sectarian lyrics is punishable with up to five years in prison. Singing in Glasgow is therefore a politicised act, as well as a practice that unites and shapes communities. As this brief snapshot of song in Glasgow introduces, there are spaces across the city that resonate with voices raised in song. These *singing-scapes* occupy small intimate spaces such as private homes or hospital rooms, local sites such as church halls or community centres, and large-scale facilities such as cathedrals, football stadiums or city streets. While singing is a practice united across these different sites, there

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[3] https://www.bbc.co.uk/news/uk-scotland-glasgow-west-16854997
[4] https://citiesofmusic.net/city/glasgow/
[5] https://www.glasgowlife.org.uk/news/glasgow-named-uk-s-top-cultural-and-creative-city
[6] https://www.celticconnections.com/
[7] https://www.gla.ac.uk/schools/cca/research/music/archives/psc/

is no homogenous practice of collective singing. Rather, singing is shaped by different purposes, listeners, encounters, and intentions at these different sites and scales.

Glasgow also holds a central place in my own academic journey. It is the city where I have lived all my academic life and first established myself as a '*singing geographer'*. As an undergraduate geographer, I had an idea to research choirs for my undergraduate dissertation. I did a cursory Google Scholar search to find out what research had been undertaken already and was confused by geography's lack of singing scholarship. As an avid life-long singer, choirs and singing practices made sense to me as being inherently geographical. In singing practices, the body and voice are described using spatial language, sung-sound shapes the atmospheres of spaces and singing and listening to music is often an emotional process. Choirs are social spaces too, where people join together to form their own community shaped around singing. Puzzled by geography's lack of academic engagement with singing, my undergraduate dissertation set out to chart Glasgow's 100 choirs as my first foray into research as a *singing geographer*. My MRes in Human Geography dissertation continued this work, making my singing body a test-case for geographical theory and practice as I diaried and recorded my singing in lessons, rehearsals and performances as a choral singer in Glasgow. These early experiments with singing sound and inquiries into Glasgow's singing culture have culminated in this doctoral thesis, presenting four examples of collective singing in Glasgow. These are not examples of *choirs* inasmuch as they are not formally structured groups with a fixed routine of rehearsals and performances. Rather, the thesis presents four collective singing practices that are shaped in different spaces across the city, uniting people for a common purpose of singing but as four distinct purposes – for health, political activism, religious worship, and spiritual reflection.

1.4 Thesis structure and aims

The singing-for-breathing group occupies the heart of the thesis' empirical work due to the in-depth fieldwork that I carried out. This material is shaped around four chapters that critically describe the collective experiences of the singing-for-breathing group through both the musical songs and soundscapes, and the health

implications and impacts on breathing that this creates for group members. Around these four chapters that explore singing and health in this singing community, three short 'interludes' offer a change of perspective on Glasgow's singing sites and spaces. The interludes introduce different understandings of song in Glasgow, which act to contextualise some of the collective singing and breathing practices in the singing-for-breathing group. Doing so illustrates a snapshot of Glasgow's diverse collective singing cultures and histories and demonstrates how breath is embodied in song across these different spaces. The aims of this thesis reflect this journey through song and singing practice in order to explore the cultural geographies of health in Glasgow. In order to contextualise the written material, the reader is invited to listen to songs sung by each group throughout the chapters.

For the research project, I identified four central research objectives in order to shape a cultural geography of song and health in Glasgow:

1) To consider Glasgow as a city of diverse singing practices by exploring collective singing across different spaces, scales and communities.

2) To present an in-depth understanding of the embodied geographies of singing by exploring the entanglements of breath, voice and song.

3) To understand the lived impacts of singing in the lives of singing group members as part of a community health landscape.

4) To consider how a practice-led methodology can contribute to an impactful model of research design and delivery in human geography.

A brief outline of the content of each chapter is as follows:

The theoretical concepts and frameworks of significance in this thesis are identified and critically examined in **Chapter 2**. This review of literature is structured into three sections. First, the place of music within geographical thought is mapped out, following the twenty-year history of music as a disciplinary concern. Critical concepts such as *'soundscapes'* are defined, as well as the ways in which music has been interpreted via a political, social and cultural analysis. The review then offers a critical understanding of song and singing drawing on adjacent disciplines such as

sociology, music, and health psychology. This focus also presents critical understandings of '*community music therapy*'. Finally, the review turns to the cultural geographies of breath via a thinking on *affective atmospheres*. The phenomenological properties of breath and breathlessness are explored both in contemporary geographical theory and through multi-disciplinary and lung health research, as well as in artistic work at the intersection of breath and creative expression.

Chapter 3 is concerned with methodological matters, setting out the fieldwork practices I undertook across the four chosen singing sites. My attention focuses primarily on the singing-for-breathing group, accompanied by supplementary explorations of a political song group, a psalm-singing congregation, and a deathbed choir. The research project forming the basis for this thesis has been a practice-led enquiry where I have shaped my research around my dual identity of being a song leader and cultural geographer. As such, the first part of the methodology chapter lays out the processes that shaped these identities and the practices of song leading used with the group. I explain how singing practices are carefully shaped to teach breathing practice for individuals living with breathlessness and the challenges this presents. The chapter also considers the place of care when undertaking research with chronically ill participants, and I explore the challenges of learning about the emotional accounts of living with breathlessness in the intimate space of the interview. The chapter considers how geographers can best interpret and record sound. In research across the different singing spaces, sound recordings were used as a representational method for exploring different sung-sounds. I describe the challenges of working with sound, especially when unable to take written notes at the same time as singing. Using autoethnography and participant observation gave me insights into the processes, emotions, atmospheres and embodiments of singing within the groups, which was accompanied by the interview accounts from members. Finally, the chapter turns to the analysis of these materials, discussing how "sung-sound" can be critically interpreted and represented and written.

Chapter 4 is the first of a series of empirically-grounded chapters, introducing the reader to the group's journey as they learn to sing. This chapter explores participants' relationship to their breath and voice, and how learning new breathing techniques helped reshape their emotional and embodied capabilities. Almost every person who stepped through the door of the singing-for-breathing group told me upfront that they could not sing. However, over the course of the year, those who attended the group learned to find their voice, and in time the sound of the group transformed. This uncovering of voice was coupled with learning breathing techniques that would help their singing, but importantly would also help to manage their breathlessness caused by chronic respiratory illness. However, a note of caution is considered for placing breathless bodies within the context of polluted city air. In this caveat, the role of the self is critically contextualised within factors outwith the individual's control, such as poor air pollution levels which can cause exacerbations for those living with respiratory illnesses.

Interlude 1 takes the reader into a small political singing group located in Glasgow's West End. Glasgow's political histories are voiced and narrated through protest songs that represent and repurpose resistance struggles from the past for today's political issues. Songs are crafted and discussed to prioritise words as an emotional representation of political social histories. A strong sense of comradery is experienced between group members, communicated through embodied movement in response to the stirring rhythms and powerful lyrics.

In **Chapter 5**, the singing-for-breathing group is considered as space for community, identity and belonging. 'Community music therapy' is explored as a concept through which to contextualise the group as a non-clinical health space, in line with an agenda for *Realistic Medicine* outlined by the Scottish Government. The chapter explores how the identity of group members as "East Enders" is manifest in the humorous atmosphere of the group, as well as being represented in Glaswegian songs, namely *Doon in the Wee Room*, to which the group composed their own lyrics.

Interlude 2 offers a second opportunity to explore Glasgow's wider culture of singing communities. This chapter steps into the psalm-singing of a Glaswegian Presbyterian Church, where singing forms the heart of worship practices. In this church, singing is understood as being prescribed by God. The practices of psalm-singing are closely linked to the Gaelic speaking cultures, which have traditionally been located in the neighbourhood of Partick, where the church is situated. Unlike hymn singing in most congregations, this worship practice is entirely unaccompanied and instead uses a precentor to guide the voices of the congregation. This creates a *soundscape* that gives the church a distinctive identity in Glasgow's religious singing communities.

In **Chapter 6,** the sounds of the singing-for-breathing group are intimately tuned into via sound recordings taken through the research. In the analysis, non-representational elements of sung-sound are explored through an attention to rhythm. An ecology of breath workshopped in 'breath paintings' is presented, with the chapter exploring how breath, body, music and space are interconnected in sung-sound.

Interlude 3, the last in the set of three, explores the reflective singing practices of a deathbed choir as they gather to practice and learn in their formative stages of end-of-life singing training. The calming lyric are intended to soothe the listener as they transition the threshold of life and death. The choir is considered with reference to the Celtic Spirituality beliefs that contextusalise members' participation and the rituals that transform the tenement common room into a mindful singing space.

To bring the empirical chapters to a conclusion, **Chapter 7** travels with singing-for-breathing group members on their *lifeworld* journeys outwith the group space. Embodied experiences of breathlessness are presented through a reflective phenomenology of health. In addition, the impacts that group activities have had in the *lifepath* journeys of members is examined, illustrating how singing can function as a community health intervention.

To conclude the thesis, **Chapter 8** considers how the Covid-19 pandemic has had a critical impact on the lives of the singing-for-breathing group members. With singing being categorised as a dangerous activity due to aerosol transmission, the singing breath has been afforded a wholly unexpected set of negative meanings. However, the singing-for-breathing breathwork techniques have much potential for aiding in the post-covid recoveries, as emerging research is illustrating. This chapter reflects on the impacts of the pandemic on members of the singing-for-breathing group and documents the ways in which they have stayed connected during a time of isolation. The research questions are returned to, and in doing so the contributions this thesis has made to different knowledges and practices within human geography, singing for health research and song leader practices are presented. Possibilities for future research are laid out, particularly with reference to notions of recovery in a *Realistic Medicine* model.

The in-depth coverage of the singing-for-breathing group allows for the emotional, social, atmospheric, and embodied geographies of collective singing to be explored. This provides an overview of how singing can play a role in the health journeys of individuals living with chronic illness. These insights are complemented by the brief interludes that introduce collective singing in differing settings. This strategy means that singing is understood not as a homogenous act, but as a practice that differs across sites, spaces and scales. Overall the thesis communicates Glasgow as a 'singing city'.

Chapter 2

Literature review: Placing geographies of song, singing and health

This review is organised as three sections which each explore a different facet of theories and practices that shape understandings of collective song. In *2.1 Geographies of sound and music,* I explore how the past two decades of research in cultural geographies have shaped an understanding of sound and rhythms and the impactful social and relational forces of music. *2.2 Theories and practices of song and singing* reviews interdisciplinary research on song, singing and voice. Here, cultural, political, and religious practices of collective song are presented, health and wellbeing impacts of singing are explored, while experiences of voice give context to the emotional potential of song. *2.3 Inspired by the world around us: Air, breath and breathlessness* will explore phenomenological understandings of breath and *atmospheric* geographies and seeks to make a connection between singing bodies and *affective atmospheres*. In doing so, I also draw on emerging literature in geohumanities and health. This review therefore lays a groundwork for the empirical chapters and practice-led research.

2.1 Geographies of sound and music

2.1.1 The sound of music in the discipline

> [Mogwai's] music kind of has a – almost it has some emotional weight to it, but it's not a specific emotion or story or anything like that. Maybe there's something *unspoken*. I think that's one of the things I love about music, it's actually magical. There's actually something *indescribable* about it, that it has an effect on people that can't be quantified. You can rip it to bits with statistics or analysis, but it doesn't come anywhere close to explaining what it actually does to you.
>
> – Stuart Braithwaite, speaking in the film *Lost in France* (2016)

The words of Stuart Braithwaite, of the Glaswegian band Mogwai, resonate with geographers' attempts to reconcile what it is about music that moves people emotionally, or that generates *affective* intensities. Music is *'indescribable'* in its abilities to shape embodied experiences, it's something unquantifiable, it's *more-than-representational* (Lorimer, 2005). When I heard Braithwaite describe music like this, I had to pause the film so that I could quickly write his words down, such is their relevance for explaining how current geographic scholarship is exploring sound and music. Perhaps the experience of music can't be quantified, but through contemporary conceptual debates originating in 'new cultural geography' during the 1990s and, subsequently, during the post-cultural turn, geographers have critically analysed sound and music in a way that accounts for its allusive, moving qualities. Influenced by Smith's call for geographers not simply to visualise the world, but to consider differing sensuous perspectives, such as sound (Smith, 2000, p. 615), geographers have considered emotion, affective, embodied, performative and subjective dimensions of music.

As outlined in Duffy and Waitt's (2011) account of music in the discipline, before the cultural turn of the 1990s, the study of music was shaped around regional, descriptive, and empirical approaches. For example, these approaches mapped musical styles and genres (see for example Lomax 1976; Carney 1997) and found social and political intentions in song lyrics (Connell and Gibson 2003). As Kearney (2010) explores, there were two schools of thought concerning music geographies. These were the American school, pioneered by George Carney (Carney, 1987, 1995, 1998; Nash and Carney, 1996) which was predominantly representational and could be regarded as a continuation of classic Sauerian cultural geography, and a British interdisciplinary approach influenced by Leyshon, Matless and Revill (1995, 1998). This British approach was 'concerned with spaces, networks and contexts for the performance and consumption of music and identity' (Kearney, 2010 p.13), rather than the spatial pattens of the American school. In doing so, this British approach opened up studies of musical cultures to the conceptual debates which were originating in the 'new cultural geography'.

Geographers working within recent music scholarship frequently entangle discussions of music with its sonic properties, as Waterman puts forward, music is

'the epitome of organised sound' (2006, p.1). And so, it is relevant to contextualise geographies of music within a broader context of what might broadly be called 'sonic geographies'. Arguably there has been a surge of interest in sonic geographies as of late, which is reflected in special issues of journals such as the *Emotion, Space and Society* special issue on 'Emotional and affective geographies of sound' (Doughty, Duffy and Harada, 2016), as well as edited collections such as *Soundscapes of Wellbeing in Popular Music* (Kingsbury, Andrews and Kearns, 2016) and *Sounding Places: More-than-representational geographies of sound and music* (Doughty, Duffy and Harada, 2019). The growing importance of sound in the discipline is also evident in recent geographical conferences. For example, the 2013 *Emotional Geographies* conference in Groningen explored sound and emotion, the 2016 *Geography Music and Space* conference at Durham University considered different ways geographers can consider how music can shape spaces, and the 2017 RGS-IBG conference session *Soundscapes of Wellbeing* in London explored the need for geographers of health and wellbeing to engage with sound and listening. Therefore, rather than reproducing a typical historiographic account of sonic geographies and their development in the discipline, this literature review will instead engage more recent literature that expands on the work of geographers from the 1990s. It will explore how geographers have grappled with the concept of sound and music and how these can be analysed.

2.1.2 Soundscapes and sonic geographies

'Soundscape' is a term coined by composer R. Murray Schafer (1977) to conceptualise landscape's sonic properties. This term was used by geographer Susan Smith (1994, 2000) in her questioning of why research priorities were given to the visual, as opposed to hearing and listening:

> What would happen if we thought about space in terms of its acoustical properties rather than in terms of its transparency or its topography? What would happen to the way we think, to the things we know, to the relationships we enter, to our experience of time and space if we fully took on board the idea that the world is for hearing rather than beholding, for listening to, rather than for looking at? (Smith 2000, p.615).

As Waterman (2006) suggests, hearing is an important sense through which to gain a deeper perspective of the world through its power to evoke memories and images

that 'resound and echo' in our thoughts (p.1). Therefore, where vision might be momentary and transient, sounds have the ability to stay present and be reflected upon multiple times. Soundscape studies developed over the past two decades often involve representational, performative methods such as sonic mapping and sound walks (Gallagher and Prior 2014, Lorimer 2007, Butler 2007, Saunders and Moles 2016). Berrens' (2016) study of London East End soundscapes is a useful study to explore how we encounter the urban landscape aurally. Through 'shifting the focus from cognition to sensation' (p.75), the body acts as a sensor though which the soundscape is perceived and experienced. In this encounter 'the listening body is not only listening to the environment but also listening to itself' (p.75). The practice of immersing the body in the urban soundscape creates an experience of sound broken down into its acoustical qualities. Berrens explores the rhythms and tempos of the bustling street, as well as the emotional reactions to that immersion, such as how sound triggers memory. The dynamic interaction of the body in sound is conceptualised as being '*ensounded*', where we must 'feel sound and feel ourselves feel it' (p.78). Berrens' study of the soundscape uses Tim Ingold's (2007) formulation here:

> Sound, like breath is experienced as a movement of coming and going, inspiration and expiration. If that is so, then we should say of the body, as it sings, hums, whistles, or speaks that it is *ensounded*. (2007, p.12, original emphasis).

Ingold's writing on this topic is revisited later in this review, as its relevance to breath, sound, and singing provides useful links with my study. In his use of the terms *ensounded* and *enwinded*, Ingold responds critically to soundscape studies that had been emerging over that past decade. Ingold asserts that sound should not be an object, but rather it should be explored as a medium of our perception; it is what we hear *in*. Ingold argues, therefore, that 'soundscape' is a term that has 'outlived its usefulness' (2007, p.10). It should be abandoned, he writes, as understanding sound as *object* distils it too much from the live immersive experience of listening. I have not altogether abandoned this term in my thesis, however, I acknowledge Ingold's view of sound being at once the medium of perception that is heard as we sing, and the vibrational matter produced by singing bodies. In this sense, the term *ensounded* is used alongside soundscapes, where landscapes of health are explored

through the medium of sound, and as a product of bodies producing sung sound together. In order to unpack this idea further, I will turn to look at how geographers have elaborated concepts of sound, acoustics and soundscapes.

2.1.3 Emotional and affective geographies of sound

Sonic vibrations

> *I'm pickin' up good vibrations*
>
> - The Beach Boys, *Good Vibrations*

Geographers have worked to distil sound into its sonic, vibrational properties to understand how sound can be understood as a medium of perception. Revill (2016), for example, states that 'sound needs to be simultaneously embedded as vibration in materials, received or perceived by a 'listener' and recognised as a meaningful experience in order to be thought of as sound rather than pulse, signal or meaningless noise' (p.9). To achieve a critical reading of sound, Gallagher (2016) explores the notion of sound as *affect* – 'an oscillating difference, an intensity that moves bodies, a vibration physically pushing and pulling their material fabric' (p.43). Gallagher discusses stripping back sound to a 'base layer' made up of the 'vibrational movement of bodies' (p.43). On top of this base layer, further layers can be added, such as 'motor responses, feelings, perceptions, meanings, memories and so on – but which does not require these layers, and thus is not reducible to them' (p.43). This conceptualisation echoes elements of Waterman's (2006) evaluation of sound as a force that resonates in memory, after initial physical sensing. In Gallagher's example, sound is also understood as 'waves of movement *through* and *between* bodies' (Gallagher 2016, p.43, original emphasis). This interpretation of 'layering' and 'waves' is important for affective analysis. It allows in non-representational aspects of the raw embodied sensations, while not disregarding emotions, and contexts (Colls 2012). As Gallagher states:

> what begins as a flow of raw vibration may produce sensations, emotions or moods, or push through into the realm of significance to be heard as anything from slight hints of something, evoked memories, associations or senses of space, through to more formal meanings and representations, as in spoken language. Sonic affects may gain significance over time, through repetition and habit, by becoming attached to other affects (2016 p.44).

This layering of sound corresponds to Ingold's (2007, 2011) argument that sound be understood as rooted in experiences and, as such, is mobile, fluid and subjective depending on the different memories, emotions or associations that are evoked.

Emotional and affective reactions to rhythm

In dissecting the properties of sound and soundscape further, geographers have turned to rhythm to help understanding of how space is shaped by sound (Duffy *et al.*, 2011; Kabir, 2011; Waitt, Ryan and Farbotko, 2014; Atkinson and Duffy, 2019). Rhythm can be defined as a pattern of sound, as well as the flow of time and movement. For example, music is made up of different rhythmic patterns, our body keeps rhythm in our breath and heartbeat, and we might experience a rhythmic passing of time throughout the day. Geographers have drawn on these different conceptualisations of rhythm, especially using *rhythmanalysis,* based on the work of Lefebvre (2004). It is important to note that soundscape studies are not the only place that rhythm and rhythmanalysis have been used as an analytical tool. Embodied studies on movement, walking, cycling, running and journeying (McCormack, 2002; Spinney, 2006; Middleton, 2009; Edensor, 2010b; Springgay and Truman, 2017; Edensor and Larsen, 2018) pay attention to rhythm as a vital part of the embodied human condition, through pulse and breath, as well as in movements and daily routines.

Boyd and Duffy (2012) investigate the non-representational intimate experience of everyday repetitive embodied rhythmic states and sequences such as breathing, eating, walking, heartbeats, and talking. These 'habits of bodies give rise to a rhythmic shaping of the cafe, such that each of us comes to differentially inhabit this space with other bodies' (p.3). Boyd and Duffy present a more-than-textural representation of a café space through performative writing based on repetitive rhythmic states such as laughing, talking, vibrations from the speakers, the glasses chinking. From this base layer of rhythmic sound, Boyd and Duffy consider how 'habit, rhythm, and movement form the amplifier through which [they] think through the ways in which sound constitutes place' (p.1). This enables them to think critically about how these initial sounds work to build up social constructions of space through their affectual flows and interrelations between people. Duffy, Waitt and Harada (2016) offer further innovative methodological analysis of the lived

experience of sound through 'rhythmic time-space'. They explore the embodied experience of sound so as to address 'sound as a material (rhythm, timbre, biological) and expressive (desire, affect, emotions and ideas) force' (p.50). 'Our focus on the visceral', they argue, 'means that we are examining how we respond, react and interact with the movement of sound across our body's (albeit permeable) boundaries' (p.50). One specific means to examine the relationship between sound-made and body-making is through an approach they call *visceral sonic mapping*. This methodological tool draws on Lefebvre (2004), but, extend his interpretation of rhythm by incorporating the body's biological rhythms (respiration and heartbeat).

Following this argument, soundscape analyses must extend to the ways that bodies are acted upon and, in turn, influence the spaces where they dwell. This is significant in the musical group space, as 'the capacity of the body to absorb the rhythmic qualities of music has a significant role in creating and enhancing deep communicative interaction and social bonds between individuals within a group' (Duffy *et al*., 2011 p.18). Duffy *et al*. (2011) extend the point on group dynamics, highlighting 'how the capacity of the body to sense rhythm and anticipate certain communicative patterns operates in ways that help sense a collective identity, one that is forged through the euphoria of communicating back-and-forth between the self and others' (p.19). This communication creates 'a sense of 'being in the groove together'' (p.19). Understanding how bodies, emotion and sound intersect through rhythm is important to my study as breath, movement and sound are three critical components to the experience of individuals in the singing-for-breathing group. Chapter 5 tunes into the group dynamics fostered through embodied communication through song, while Chapter 6 and Chapter 7 give close attention to rhythmic embodiment arising through the soundscape and through the walking journeys of group members.

2.1.4 Are geographers listening enough?

Despite this surge of interest in sound in the discipline, sonic geographies are still identified as a neglected field. Indeed, as Gallagher, Kanngieser and Prior (2017) state; 'it is still all too common for simplistic assumptions about sound and listening to be uncritically reproduced in geography' (p.2). Others critique the emphasis on representational presentation of sound as an object to be 'seen or observed rather

than heard or felt' (Doughty, Duffy and Harada, 2016, p.39). Furthermore, Duffy, Waitt and Harada (2016) state that 'current geographical research remains somewhat vague in comprehending how sound is known through the body. This leaves geographers poorly positioned to consider the interconnections between the 'material' and 'cultural', and the 'conscious' and 'intangible' in our explanations of sound in everyday' (p.50). Further critique comes from Revill (2016), who argues that 'the processes and properties of sonic spatiality remain under theorised by geographers' (p.4). There is a distinct prompt from these critiques to engage with the embodied sensations that sound evokes, such as the physical vibrations and reverberations that sound produces in the body and how these form connections between the body and the space around it.

Through my methodology and empirical analysis, I seek to respond to some of these critiques. For example, I intimately tune-into the sounding bodies in the singing spaces, listening both to my own singing sound, and to that resonating through the space. I explore how singing sound, first produced as vibrations in the body as breath passes through the vocal folds, becomes sung-sound in space. This sound is at once rhythmic and vibrational, and interwoven with different memories, relational and social dynamics, and emotions. Likewise, one way to tune-into these 'deaf spots' and to further conceptualise the spatial and social dynamics of sound in the singing-for-breathing group is to explore how geographers have attended to the sonic properties of music, musical relationality and the mobilisations of bodies, which I explore in the following section.

2.1.5 Placemaking through music

> *All we need is music, sweet music*
> *There'll be music everywhere*
> *There'll be swingin', swayin' and records playing*
> *And dancing in the street*
>
> - Martha and the Vandellas, *Dancing in the Street*

Music can generate representations of and practices within place through lyrics and sound. For example, when *Dancing in the Street* first came out in 1964, the lyrics both depicted and inspired individuals to take to the streets in dance. As part of the Motown music culture, it 'transformed the humid streets of 'Summer in the City'

into a night-time party world' Connell and Gibson (2003, p74). Connell and Gibson (2003) discuss how sounds work to (re)create and represent *place* in Detroit, in this instance the urban cultural landscape. For example, the ''Motown sound' explicitly related to the industrial focus of the city' (p.99). This music contained the *soundworld* of Detroit industry, through assembly-line rhythms of chains, hammers, and wood planks. The authors also give a similar example of a 'Bristol sound' (p.100), where the electronic music of the city reflects the city's physical infrastructure and its historical legacy as a trading port and place of West Indian migration. Connell and Gibson's discussion of place and music is written within a context of geographers examining how place can be materialised and represented in music, stemming from the late 1990s and continuing until presently (Cohen, 1995; Leyshon, Matless and Revill, 1995; Barrett, 1996; Revill, 2000; Riiser, 2010; Bohlman, 2011; Glick Schiller and Meinhof, 2011; Hancock-Barnett, 2012; Wood, 2012; Mazzola, 2016).

Closer to home, Scottish music and national identity have been explored by Nicola Wood to understand further how place-based qualities of music might communicate nationhood. Here music is presented as a 'medium though which ideas of nation can be created or negotiated' (p.198). Wood established that there are certain traits acknowledged as making a piece of music sound Scottish. These Scottish 'idioms' such as the instrumentation, language, and melodic and harmonic styles are 'intrinsically linked to, and reflective of particular ideas of a unique Scottish land and seascape and a 'Scottish' way of life' (p.197). Music reflects nationhood and is also an expressive medium 'through which notions of identity and place can be *created* and *lived'* (p.199, original emphasis). Wood argues that applying a more-than-representational framework to Scottish music can help establish exactly what it is about these Scottish idioms that are evocative of and express place-based identity and nationhood. A more-than-representational approach for 'exploring the 'doing' of (national) identity' (p.201) can help researchers distil aspects of musical experience that communicate elements of this. For example, getting a '*feel'* for the '*performance'* of Scottish music (p.204), or recognising the '*familiarity'* of accents and the '*emotional power'* of hearing Gaelic language performances (p.205). However, notions and understandings of 'Scottishness' are subjective, and they change over time. Therefore, Wood concludes that 'Scottishness' in music is dynamic and fluid, while also limited somewhat to the constraints of tradition and

expectation. The emotional potential of Scottish music experiences may also be a route to wellbeing and communality: 'Perhaps it is here that we find the vital clues for how the practice of geographies of music and routes into the 'doings' of national identities might be developed further in the future (p.211). Scottish music 'idioms' do indeed permeate the pages of this thesis in the context of communal musicking. The soundscape of the psalm-singing church is offered as a listening opportunity for the reader to tune-into the Scottish 'idioms' of a Gaelic religious singing practice. Equally, the Glaswegian identity of the singing-for-breathing group shapes and crafts the song choices that they sing, often linking to the city's cultural heritage, particularly in the East End where they are situated.

Aside from questions of national music genres, music can be more intimately encountered, such as when we listen to music in the home space. Duffy and Waitt (2011) state that 'soundscapes focus back to ourselves and our place, not as separate and autonomous entities, but as connected beings. Such connections are often articulated as feelings of belonging' (p.133). As Jackiewicz (2007) considers, music's ability to capture and recreate place resonates in the associations he makes with his experience of music, 'where these songs are heard and how the sound and place are eternally married in my (and I'm sure most out our) mind(s)' (p.28). Jackiewicz, contemplates listening to music in his bedroom as a child. He describes how 'this place we created was a one of great pleasure, an escape from our parents, siblings, homework, etc.' (p.28). He goes on to state that 'we all live with the so-called "soundtracks of our lives" which are intimately connected with place' (p.29). Music therefore plays into our own personal identities and histories and their interconnections to place. As Jackiewicz reminisces on the places and spaces he connected with through music, he considers how music transformed these spaces, whether in live concert, or through his headphones. This example can be compared to DeNora (2002), who considers the intimate quality music has when listening with someone else, and how sharing music can shape the emotional atmosphere of a space. Jackiewicz (2007) dwells on the effect that private listening through portable players such as iPods has, where 'people can take their musical sanctuary with them thereby reconfiguring how people, music, and space interact' (p28). This notion of placemaking though listening to music has been considered by other authors such as Anderson (2002) who explores the connection between listening to recorded music

and 'utopia'. In this study, music generates *hope* by helping individuals to forget stressful situations and to feel positive emotions. Anderson's consideration of qualities of recorded music continues in his study into music as a medium which inspires remembering (Anderson, 2004). In these examples of music's affective potential, place experience is shaped by listening and also evoked as reminiscent memories.

2.1.6 Mobility of music

> *Generations will come and go*
> *But there's one thing for sure*
> *Music is our life's foundation*
> *And shall succeed all the nations to come*
> *Yeah*
>
> *I hope it's gonna be alright*
> *'Cause the music plays forever*
>
> – Pet Shop Boys, *Alright*

The lyrics above reference that music moves beyond nations and generations, across time and space. Music rarely stays static, it travels, moving out of the spaces where it is 'made, heard, encountered, and experienced' (Wood, Duffy and Smith, 2007 p.869). Indeed, studies of music's mobility shaped early geographical scholarship on music, such as Carney's (1978) exploration of music styles across time and space. Music may evolve as it becomes immersed in different cultures, practices, sites and spaces. Take, for example, music's perceived 'Scottishness' that Wood (2012) outlines, and compare it to the hybrid music found in Cape Breton, Nova Scotia, where Scottish people immigrated in the late eighteenth and early nineteenth centuries. Language, music, and dance culture travelled across the Atlantic where today a small pocket of the population speak Gaelic, and Scottish fiddle and Gaelic 'mouth music' hold a place within a hybrid Canadian-Scottish culture. The 'idioms' of this music are reshaped by their location and cultural context. As fiddler Liz Doherty (2006) reflects, fiddle playing techniques and 'differing attitudes to 'correctness' and the 'flavour''(p.108) have evolved since at least the 1920s. As aligned with Wood's (2012) descriptions of the fluidity and dynamism of traditional music, Doherty describes how Cape Breton 'Scottish' music has been adapted:

The younger Cape Breton players today recognize their Scottish heritage, yet they do not necessarily allow it to shape what they do. Their contexts are different and thus their musical language has adapted because of the challenges of these new experiences. These younger players have embraced the music of their past - Scotland of the eighteenth century may inform much of their repertoire and aspects of their style – but now the older music of Cape Breton itself is also their heritage (2006 pp. 107-108).

How music moves, and the ways in which it is (re)shaped, as in this example, has therefore been of interest to scholars, and this mobility is a useful foundation for exploring collective singing practices. For example, Interlude 2 will consider how psalm-singing cultures of the Hebrides have been reshaped for Glaswegian congregations, demonstrating that music practices do not need to travel far to be adapted and crafted. Across literature, this mobility of music has taken a scaled approach, with some scholars observing music in tangent with the migration of people (Bohlman, 2011; Glick Schiller and Meinhof, 2011; Kabir, 2011; Strait, 2012), and others regarding the smaller-scale nuances of music's transgression of space, such as by technology, or mobile listening in headphones (White and Day, 1997; Anderson, 2002; Jackiewicz, 2007; Keough, 2011; Waitt, Harada and Duffy, 2017).

In this discussion of music's spatial movement, it is important to be critical of the homogenous notion that music and its influences can remain the same when transported to different sites and spaces. As Waitt, Harada and Duffy (2017) argue, it is critical to take into consideration 'the importance of the specificity of context, the active power of sound/music and the ways that sound/music is integral to how space is enacted in the flows and encounters between bodies and affects/emotions' (p.329). Music, they state, is a 'multiplicity' (p.329), it differs between contexts, between the people listening, and the situations where it is being heard. Therefore, they argue, 'it makes little sense to conceptualise sound/music as an object, but rather as a material and expressive force that may modify the flow of connections between bodies, spaces and affects/emotions in a particular mobility event' (p.329). Consequently, it is important to consider these smaller and transient, even momentary, nuances of music's effects when considering this mobility of music. Tracking the movement of music through migration through this critical lens, for example, may open up wider arguments about how music's impact is contrasted between these different sites and scale. Likewise, the idea that music might

homogenise groups should be challenged, as this term does not account for the exclusions or tensions that can occur within a community or population. Not all individuals experience music in the same way, with subjective emotional experiences being critically important to consider.

Music moves *with* people, but it also *moves* people. It makes us dance, and it also inspires social or political *movements*. It has the potential to mobilise people into action, and so music is often intertwined with political protest and activism. To contextualise this notion, we could explore music's 'persuasive power [... which] has the ability to foster desirable social and political attitudes and behaviours, hence the popularity of national anthems' (Morley and Somdahl-Sands, 2011, p.59). As Saldanha (2005) states:

> The interesting thing about music is that it changes people and circumstances, and it changes different people in different ways, according to differences in race, gender and class. Hence music is always bound up in power struggles; in fact, I suggest it is precisely its rather mysterious effect on the body that makes music political [...] music has the capacity to arrange and politicize social formations, just like money or disease does (p.707).

Examples of music as a politically mobilising force are helpful to illustrate how it can be intimately bound up in cultures and societies to empower change and enact solidarity. One demonstration of the emotional geographies of music's mobility comes from Morely and Somdhl Sands (2011) analysis of performance. The authors consider U2's rock concerts as spaces politicised through the all-encompassing spectacle of the performance. Rather than focusing on one site or political environment, the authors illustrate how this music attempts to 'jump scales and link the individuals within very different nation-states to similar causes: human rights, militarism, and social justice' (p.60). While their songs have underlying political messages, it is the site of the live concerts that 'have the ability to shape, promote, contest and reinforce varied meanings of any given songs as the visual and emotional aspects of the performance add depth to the personally conceived soundscape' (p.70). In achieving this, the authors state that U2's music has an 'emotional resonance' (p.65) which is used to express political conviction. This emotional ability of music 'mobilises passions' (p.64), heightened by the 'intimate environment and communal atmosphere' (p.5), allows these emotions to be shared and amplified.

This example illustrates music's political expression by portraying how music evokes emotional intensities surrounding the political message.

2.1.7 Music's embodiment and materiality

> *Music's got me feeling so free*
> *We're gonna celebrate*
> *Celebrate and dance so free*
>
> – Daft Punk, *One More Time*

Affect and emotion are two sensory barometers through which music in sites and scales of consumption are experienced. Analysis of these is often advanced via non-representational theory (Revill, 2004; Saldanha, 2005; Anderson *et al.*, 2011; Wood, 2012). Nash (2000) presents a measured argument for the study of non-representational embodiment, following Butler's (1990) work on performativity. In a critique of Thrift's (1996, 1997, 1999) theorising of dance performance, Nash states that 'a return to the body and bodily practice seems to pull in two different directions: one towards understanding and denaturalizing the social differentiation of bodies through practices, and one towards a more generic and celebratory notion of the embodied nature of human existence' (p.655). Nash argues that embodiment, read though non-representational theory, neglects to read the different political, social, cultural divisions, exclusions, and inclusions presented by music and performance. Nash draws on the examples of dance to reinforce how music acts on the body to shape social and cultural ecologies. For example, the physical culture of festivals, dancehalls and nightclubs each facilitate the embodiment of music performed by the dancing body. This embodiment is characterised by politicised and cultural divides, or uniting forces through its affectual qualities.

Embodiment is clearly considered in Zebracki's (2016) study of techno music. Zebracki considers the gendered and sexualised dynamics of the dancefloor in a techno-music club scene. Using his own experience as regular club goer, Zebracki discusses how 'affective citizenship' is produced in this space through 'a fluid practice of bodies-in-(e)motion' (p.113). A relativity is created through the more-than-human interplay with soundwaves and the gendered and sexualised dancing body, which Zebracki entitles 'cyborgian techno citizenship' (p.114). He describes his experience where 'the gendered and technologically mediated, cyborgian body

was transcended into a state of emotionally shared publicness that co-produced techno-space' (p.117). Zebracki's paper provides a useful consideration of the ability of music to unite groups on the dancefloor, where gender and sexuality are fluid and where people are therefore free to experiment with their sexuality.

The embodiment of music has been the focus of other studies. Driver and Bennett (2015), for example, also consider how music scenes are constructed through embodied practice. The authors move away from the notion that bodily responses are a product of music scenes, manifested in the spaces of clubs, festivals and venues. Rather, they seek to understand the visceral bodily participation in music (focusing on hard core punk scenes) not as a product, but as 'pivotal to the ways in which scene identities and scene behaviour are embedded in the individual' (p.112). Crossley (2015) builds on the work of Driver and Bennett (2015) through his understanding of the 'body techniques' that construct 'music worlds'. For Crossley, musical worlds are constructed by the networks involved in musicking (see Small, 1998). These networks also involve subcultures, which are constructed by sets of different embodied actions, or *body techniques*, such as how groups and individuals act, speak, dress, and walk. However, Crossley expands this beyond traditional notions of subculture to fully explore the notion of 'music worlds'. In doing so, Crossley expands the notion of music consumption to consider the practices through which it is produced. Playing a musical instrument is conceptualised through this approach by considering the 'set of interlocking body techniques' (p.479) needed to play it. In doing so, Crossley engages with the embodied processes required to produce music. Therefore, parallels and differences are drawn up between the uses of the body for listening to and producing music. We are encouraged to 'focus upon different uses of the body as they manifest within and across a variety of different social worlds' (p. 490). This literature expands the previous themes discussed by exploring ways in which the body interacts with music and how this translates into social worlds. Such conceptualisations of embodied music-making and listening are important in understanding practices of singing, where the body is the instrument that creates, and is moved by, sung-sound. Section 2.2 will explore embodied singing in more detail.

2.1.8 Conclusion: Sounding out the choir's place in music geographies

This review has presented several analytical and interpretive themes through which geographers have regarded music as a form of cultural concern, social engagement and personal affiliation. Current geographical studies are very much focused on emotion, affect and embodiment through practice-led study. Perhaps this is because music powerfully stimulates emotion and produces affect central to the experience of music. It is also evident from the literature that that music is a way of bringing people together through different forms of collectivity. Of relevance here is thinking about the implications for the choir, which can be seen as a temporary social situation through which people from different backgrounds, cultures, geographical areas are brought together and given a collective identity as a *choir*. Music and singing has therefore acted to mobilise people and bring them together.

The mobility of music has resonance at and through different scales, from the micro scale, to small scale sites, the local, the national and the global. Wood, Duffy and Smith (2007) reflect that music shapes and impacts in the lives of those who make music or experience music together at multiple scales. They suggest implications for how geographers engage with musicking practices:

> Just as music exceeds the bounded spaces of concert halls, churches, social clubs, and muddy fields, just as sound mixes old identities into new socialities, so emotions overflow into scholarship and methods spill into practice. The challenge, then, is to think about how our practice as geographers might work with and through practices of musicking: to develop ways of expressing the `unspeakable geographies' of music (p.885).

My study of choirs is a multi-scaled study that considers a selection of choirs in Glasgow, the embodied site of the singer, the spaces of singing in rehearsal and performance, and the communities in which singing occurs. I investigate how singing can work across these sites and scales, how singing together in the church hall can leads to new physical and emotional capabilities that reshape the *lifeworlds* of individuals in the singing-for-breathing group. Through this work, I seek to consider the forces and flows that music creates between people, spaces, and affective atmospheres, rather than objectifying music and song as a singular effect or event. As Wood, Duffy and Smith (2007) invite, I have allowed the emotional and embodied complexities of song practice to resonate through the lines of my academic writing,

communicating my own choir leading and singing experience, as well as drawing carefully on narrative accounts across the empirical chapters.

2.2 Theories and practices of song and singing

2.2.1 Shaping a geography of the voice

While there has been some acknowledgement of song in traditional geographies of music, such as through geographical placement of lyrics and national song, there is little work presented on singing and the conceptualisation of song beyond lyrics. This couplet of song and singing makes for an interesting focus. We can consider, for example, how song can become lived experience through singing. When considering what it is about a song that sets it apart from other forms of music, it would be simplest to say that a song is text set to music. However, it can also be argued that song is a *more-then-textual* representation of musical intention and personal expression. Dolar (2006 p.30) helps us here by understanding the voice as an expression of the *self*. Dolar states that the voice acts as bearer of what cannot be expressed by words. Here a 'post-linguistic' analysis of voice in a realm beyond language is explored. Dolar gives the examples of laughing and singing: 'Singing takes the distraction of the voice seriously, and turns the tables on the signifier; it reverses the hierarchy - let the voice take the upper hand, let the voice be the bearer of what cannot be expressed by words' (p.30). With reference to sung song, Dolar argues:

> The voice appears to be the locus of true expression, the place where what cannot be said can nevertheless be conveyed. The voice is endowed with profundity: by not meaning anything, it appears to mean more than mere words, it becomes the bearer of some unfathomable origin meaning which, supposedly got lost with language (p.31).

To a geographer, this *expression-beyond-words* found in the singing voice appeals to a more-than-representational agenda of understanding. By further unpacking these values of expression-after-text found in the singing voice, we might understand more the *affective* power of this secondary language of voiced music. This post-linguistic intention is something that will be critically explored though this review.

Kanngieser's (2012) study of spoken voice as an affective force presents the 'way in which voice and geography – voice and space – co-create one another' (p.336). Kanngieser highlights the ways in which sound vibrates through space, and compares this to the vibrations, reverberations and resonances of the voice through the body, which acts as an 'anatomical acoustic chamber through which the sound of the voice is shaped' (p.345). The voice carries affective force through its spatial qualities where 'its inflections and resonances, both fills space and is filled by the spaces into which it is projected, to set into motion worlds that encompass physical, psychic, emotional and affective geographies' (p.345). Therefore, 'aural architectures' of a space produce different affective qualities depending on how sound is reverberated and reflected around spaces. The body is the sensor and producer of sound, creating and shaping resonances as soundwaves in space, travelled on the breath. Just as Gallagher (2016) has presented through a multi-layered analysis of sound, so too can this approach be applied to sung-sound and song.

2.2.2 Singing in practice - the collective power of voice

Getting in the groove

We're lost in music; feel so alive

- Sister Sledge, *Lost in Music*

Singing is a way of escaping. It's another world. I'm no longer on earth.

- Edith Piaf

One pathway into theorising the practices of singing is to explore what happens when we are in the moment of singing, and for this, we can examine the concept of flow (Csikszenthmihalyi, 1990). Flow occurs when one's skill level and the challenge one is undertaking are equal. This leads to intense concentration, which results in no attention being left to think about anything else, such as life problems, as the above lyrics and quote allude to. This results in a loss of self-consciousness and a distorted sense of time. This concept can be regarded as 'an almost automatic, effortless, yet highly focused state of consciousness' (Csikszentmihalyi, 1996 p.110). Csikszenthmihalyi refers to this as *optimal experience*. He also states that activities that create a sense of flow are heightened when experienced as a group (p.164). He

gives the example of listening to music as an illustration of Durkheim's (1995) theory of 'collective effervescence', or sense of belonging to a group; 'the very conditions of live music help focus attention on the music, and therefore make it more likely that flow will result at a concert than when one is listening to reproduced sound' (Csikszentmihalyi, 1996 p.110). However, he goes on to state that 'even greater rewards are open to those who learn to make music' (p.111). For example, 'singing in a choir and playing in amateur string ensembles are two of the most exhilarating ways to experience the blending of one's skills with those of others' (p.112). Composer Brian Eno encapsulates this sense of 'collective effervescence' and flow:

> When you sing with a group of people, you learn how to subsume yourself into a group consciousness because acapella [unaccompanied] singing is all about the immersion of the self into the community. That's one of the great feelings - to stop being me for a little while and to become us. That way lies empathy, the great social virtue (Eno, 2008).

Several studies have been done to observe how flow occurs in musical performance (Sinnamon, Moran and O'Connell, 2012; Wrigley and Emmerson, 2013; Chirico *et al.*, 2015; Forbes, 2020), including specific analysis of flow when singing in choirs (Freer, 2009; Keeler *et al.*, 2015). These studies draw on the embodied nature of flow in musical performance and seek to understand how this can create a sense of wellbeing. Keeler *et al.*'s (2015) neuroscience study, for example, illustrated that a flow state in collective singing practices decreased stress. During vocal improvisation, oxytocin, a social bonding hormone, increased, thus facilitating social connectedness. This awareness of the wellbeing potential for flow has been integrated into some singing for health practices, such as singing for mental health (Williams, Dingle and Clift, 2018). These studies have informed singing pedagogues, where choir leader textbooks and guidance consider how best to facilitate flow within a rehearsal or performance (Bonshore, 2018; McCarther, 2018). For example, the skill level of the music should challenge singers without being overwhelming, and an awareness is needed that performance anxiety can limit flow.

Community in song

> The power of group singing surges beyond what any words can describe-to penetrate the soul, to bind and enchant with a magic that no other group activity can quite achieve. Its tremendous ability to transport and transform

is self-evident to anyone who has joined voices with others, whether around a campfire, at a sporting event or in a religious service (Silber, 2015 p.251).

Collective singing can be important in building communities through the intersubjectivity experienced between singers. Collective singing creates social ties, both between singers and outwards, into the community. Schnable (2012) unpacks this by exploring how gospel singing in children and teenage choirs in Bethal, a black Baptist church in New Jersey, acts as *practice* for forging social bonds. She draws on the notion of collective identity to present an understanding that singers broadcast this identity through song. In doing so, she draws on Small's (1998) concept of musicking, as music as *collective action*. Here musical training is hand in hand with religious education (and see Ingalls, 2011). Singing acts to forge ties across generations and with the religious and cultual community; 'singing in the choir builds more than interpersonal solidarity; singers are bound not just to each other, but also to Bethal as an organisation' (Schnable, 2012 pp.282-283). Furthermore, this group's practice of singing gospel music evokes the 'rhythms and styles of African-American history'. Therefore singing creates a bond with the social and racial community through this history by connecting across time-space through song. Schnable explores the music, which is upbeat, powered by the rhythm and melody; lyrics which express emotion and religious messages; and subjectivity of performing, which is described as a 'worshipful subjectivity' (p.288) and explores the emotional response to the story and music. It is this worshipful subjectivity that transforms the practice of singing into a religious act. Music is used to create social solidarity between different groups. Schnable describes this bond between groups as the 'world-building' (p.293) tool that singing enables through these social ties. This example is important as it can help extend the analysis of the solidarities within the singing group.

The collective community shaped by singing can also be considered through the emotional power of song as an agent for social change or for protest. This politicisation of music and practices of music-making is explored in depth by the Campaign Choirs Writing Collective (CCWC) (2018), a collaborative research group of geographers and 'street choir' political song participants. CCWC discuss the role of emotion in their singing groups, understanding how reflexive emotions such as

political anger and musical joy work to form 'affective allegiances and communal moods via shared moral sentiments' (p.201). In their book, *Singing For Our Lives* (SFOL), the CCWC make it clear that it is never the place of the singers to speak *for* another person, therefore asserting privilege and raising problematic power dynamics, but rather, the place of the singer is to express care towards another party through fostering a *sense* of solidarity through demonstrating care towards them and through representing their voices. One understanding of solidarity in song is shaped by considering how singing *in particular* acts as a unifying force, where 'it is the act of singing, singing together for a common cause, a common set of values, that moves and bonds singers together – even beyond their own choirs' (p.290). The emotional expression of music can be understood as central to shaping the thematics of belonging, identity and community. However, it is important to note how singing might also create a barrier to inclusion where communicating the emotional self through music is challenging. Therefore, I will now consider two gendered examples of communities shaped by singing as emotional expression.

Emotional expression for wellbeing and social harmony

Across different kinds of literature, there is a clear claim that singing is an emotional experience, and song is often used as a vehicle of expression. An interesting example is Nash's (2012) autoethnographic account of his own singing in a male voice barbershop ensemble. Nash presents a study of a group composed of white, conservative, middle-aged men. According to Nash, this group of 'truck drivers, carpenters, and brick masons' (p.588) exude hyper-masculinity and who, in their daily lives, embody a macho demeanour, usually void of emotion. Singing provides a platform for emotion to be *voiced*, felt, and expressed, facilitating an acceptable space through which to process life problems and to explore their emotional self. For example, 'men who appreciate emotion, but may not have found ways to blend it into everyday life, may discover in music and instrument of emotional expressivity- a sharp contrast with their quotidian existence' (p.593). These emotions may be shared across the group through vocal and social connectedness. Collective singing shapes an effective medium for these men to express emotion, which is especially impactful amongst such traditionally emotionally-inarticulate groups. The challenge would be to move these emotional connections outwith the safe space of the singing

group and into the lives of the singers. Interestingly, it is common among amateur singing groups to have low numbers of male singers (Bartel and Cooper, 2015), and this has been theorised to be due to the nature of collective singing not being perceived as a masculine activity (Powell, 2015).

In contrast, Silber (2005) has undertaken a study of collective singing in a women's choir. The choir was established as a social intervention to enable prisoners to express themselves. While the barbershop group explored above restricts their emotions to the confines of the group, Silber explains how the impacts of singing can infiltrate into other aspects of life. As the quote at the opening of this section on collective singing encapsulates, singing has a strong affective quality through its power 'to transport and transform' which 'surges beyond what any words can describe' (p.251). Sibler observes that collective singing 'affects people deeply by enhancing self-expression and evoking profound emotion' (p.251), and this can be compared to Nash's (2012) study on male voice barbershop groups. Furthermore, Silber describes the practices of singing in the group that generate group cohesion;

> singers become involved with the music, with themselves and their own voices, and with their fellow singers. At the same time that the spell of the music is upon them, they are also called upon to 'tune in' to the sounds and rhythms of choir mates, and to adjust to the conductor's cues (p.252).

This sociality illustrates the interpersonal and intersubjective abilities of group singing where the singer is at once experiencing the *flow* (Csikszenthmihalyi, 1990) of music and their own voice and being aware of those around them. Indeed, Sibler expands on this notion of self-awareness of one's voice amongst others. She states that:

> this delicate balance requires both personal skills – self-control, patience, 'finding' one's voice, self-expression, intuition - and the relational skills necessary to produce a harmonic whole in negotiation and cooperation with a diverse group – listening, yielding, trusting (as for other voice to come in), sharing and supporting (p.254).

While singers might already be from a community, in this instance a prison community, singing provides a more positive common denominator - an '*alternative community*' (p.253) - through this skilled practice. Equally, the embodied practice of singing contributed to positive outcomes out with the choir, such as using the breath control learnt in singing as a method for controlling anger through deep

breathing. Finally, Sibler reflects on choirs' therapeutic potential, such as forming social bonds, learning to take criticism, and expressing oneself in a protected space. This example can be compared to the male choir, however in the prison choir, the ability to be in touch with emotions and to express them extends beyond the bounds of the group.

Collective singing for health and wellbeing

Wood, Duffy and Smith (2007, p.885) explore the potential of the emotional geographies of music to foster community through a process that 'allows for the expression of feelings that cannot, perhaps should not, be put into words'. They suggest that this has potential to facilitate a therapeutic practice:

> The unspoken and unspeakable: the emotionally precious, the personal, the hidden, the repressed. For this reason, one way of appreciating the emotive power and radical potential of music is to engage with music as therapeutic practice designed precisely to invite participants to communicate emotionally (p.885).

Communication and practice are two components that are central to the creation and facilitation of community as defined by Delanty (2003). Musicking (Small, 1998) - the embodied and social processes of music-making - acts to support and create this facilitation of communication and practice communities, as Ansdell (2010) puts forward. Wood, Duffy and Smith (2007) unpack this understanding of musicking as central to community, stating 'musicking is an emotional process that builds identities, creates spaces of community and belonging, and has the potential to challenge paradigms and empower agency' (p.885). Drawing on Pavlicevic and Ansdell's (2004) work, Wood, Duffy and Smith explore 'community music therapy' (CoMT) as an avenue for understanding the links between musicking and community. Wood, Duffy and Smith (2007) state that CoMT is a valuable approach for understanding the emotional geographies of collective musicking;

> Although framed within a discourse of health and understood explicitly as a therapeutic practice, musicking within community music therapy has many parallels with the musicking described in this paper; musicking is an emotional process that builds identities, creates spaces of community and belonging, and has the potential to challenge paradigms and empower agency (p.885).

Ansdell's (2010) analysis of community music therapy in the Musical Minds singing group explores what it means to be part of a singing community. He presents the 'dream of a musical community that forms as a sanctuary to turmoil, tensions, illness etc. In some accounts this fades away after the last note but in 'Musical Minds' this community stayed' (p.42). Ansdell is cautious of the over-romanticised portrayal of community that may be critiqued here. However, he states that this is 'not a romantic or politically expedient notion but an accurate descriptor of a moving and vital human process' (p.42). For Ansdell, this combination of the individual and the collective is described as the 'complex relationships between individuality and community; identity and belonging; communication, collaboration and negotiation' these elements are vital as they cross 'social, culture and health barriers' via the processes of musicing' (p.42). Ansdell's description of the East London singing group via community understandings resonate with an understanding of community in the singing-for-breathing group explored in Chapter 5. Community is present and shaped by the collective sung sound in-the-moment. Each individual voice contributes to the sound in space, and so there is at once individuality of experience and a group collectivity. While members might be anxious about what their own voice may sound like, there is safety in the knowledge that the voice will only be heard as part of a larger collective whole. Small's (1998) conceptualisation of *musicking* is useful for exploring through active participation in music as a *collective* act. Musicking creates collective processes that resonate throughout the group setting through our voices coming together in the practice and performance of song.

The collective act of singing has also been linked to wellbeing by exploring the intimate embodied connections made through sound. DeNora's (2015) forefronts the research in this field, commenting that, while there is a body of literature that examines the wellbeing impacts of singing, there is little to explain what it is about singing that achieves this. She explores the embodied nature of singing as a 'whole body-activity' (p.83), stating that 'because singing is using the whole body as a musical instrument, there is a unity of sound and sounder. Moreover, this unity means that one feels one's body producing the sound. One is the instrument' (p.83). Singing cannot be separated from the bodily involvement used to create sung sound. This 'unity of sound and sounder' means that the sound which is heard resonates in the small-scale nuances of the body which created it. One feels the air being sucked

into the lungs, and in turn, being channelled back out by engaging the muscles and cavities of the chest, stomach, throat, face and mouth. This is something I have explored in depth through previous research of my own singing body (Boyd, 2017). DeNora (2015 p.83) discusses the synchronicity that being the instrument involves;

> one needs to use one's body to produce sounds in time, and one can feel one's body in the act of producing this synchrony. Singing with others – such as in duets or choirs – further confirms this sense of embodied synchrony, which is nothing less than finding a place in (musical) things. Being in time and being full, literally, of voice.

Singing expresses the self, literally through vocalising the sites and spaces of the body and by giving voice to the singer's emotion and interpretation of music.

It is this voicing of the self that DeNora (2015) suggests should be harnessed for wellbeing. My thesis takes a lead from DeNora's (2015) conceptualisations of wellbeing to focus on the embodied experiences of singing and breathing, and how these inform breath management strategies. My focus on lived experiences of the singing breath in relation to embodied illness compliments more clinically framed quantitative and mixed-method studies on singing for respiratory health (Morrison and Clift, 2012; Clift *et al.*, 2017) that illustrate the improvements that singing can have breath control. My research also adds to a body of research on wider examples of health and collective singing practices. Examples of these studies illustrate that singing has impacts on individuals' physical health and mental health, such as the strengthening of vocal muscles in individuals living with Parkinson's disease (Forbes, 2021), increasing communication and facilitating emotional support for those with Alzheimer's and their carers (Clements-Cortés, 2015; Swall, Hammar and Gransjön Craftman, 2020), the management of chronic pain (Irons *et al.*, 2020), and the emotional and psychological support of those living with mental illness (Lagace *et al.*, 2016; Perkins, Yorke and Fancourt, 2018; Williams, Dingle and Clift, 2018; Fancourt *et al.*, 2019; Warran, Fancourt and Perkins, 2019).

Singing in a group has also been identified as benefiting health through the support networks and community which is created through collective singing. The 'ice-breaker effect' of singing, explored by Pearce, Launay, & Dunbar (2015), illustrates how singing facilitates social cohesion. Compared to non-singing activities, those engaging in group singing experienced faster social bonding with a significantly

greater increase in closeness at a shorter space of time than non-singing activities. This 'ice-breaker effect' of singing demonstrates that singing is effective at bonding individuals who have little personal knowledge of each other. Studies on singing and health place great emphasis on the social elements such as the group dynamic and peer support that happen during group singing sessions (Joseph and Southcott, 2014; Lamont *et al.*, 2018; Camlin, Daffern and Zeserson, 2020). This emphasis on the social through belonging, identity, and community are also crucial for maintaining engagement with health management practices where self-efficacy through group interaction has been shown to increase self-management (Cameron *et al.*, 2018). The social dynamics of singing are important as they work to decrease social isolation in choir members (Bonde and Theorell, 2018). This aspect is important as it has been well documented that social isolation and the associated impacts of mental illness are increased among the older population and people living with chronic illness (Cornwell and Waite, 2009; Cacioppo and Cacioppo, 2014).

2.2.3 The *experience* of voice: physicality and emotion of solo singing

Collective singing is clearly a socially impactful phenomenon; however, many of the theories expressed here are specific to group singing. It will therefore be useful to compare individual singing experiences. In doing so, a more in-depth exploration of the specific embodied and emotional qualities of singing can be explored, which may equally help to feed back into an understanding of some collective song practice and theory. First I will evaluate the experience of hearing song, then I will scale down discussion to consider the physicality of singing from personal accounts.

Experience as listener

Songs convey emotion through lyrics, melodies and singing style. This emotional quality of songs creates an experience for both singer and listener. Holman Jones (2010) account of torch singing portrays her experience of song emotion through her autoethnographic account. Torch songs 'recount the pain and suffering of unrequited love' (p.738). Famous torch singers include Edith Piaf, Billie Holiday, Lena Horne, Barbara Streisand and Sarah Vaughn. Holman Jones uses a geographical language to discuss the sites and spaces generated by song performance. She also

expresses a non-representational ontology to understand the affective nature of sung performance;

> Emotional space, the distance between the notes of a song or two lines of dialogue or two bars of music … The silences are taught, full of anticipation. Emotional space can create anxiousness and tension – as well as a celebratory pleasure – for audience members. It impels us to participate in a performance and to connect with one another in the sounds of alienation, ecstasy, cultural divisions, and commonalities (p.742).

Here, Holman Jones describes the evocative power of song and the affective atmospheres of performance. She talks of the connection between singer, song and audience through this affective ontology created by the 'emotional space'. In contrast to literature that places analytical importance on the lyrics of song, Holman Jones devalues the place of lyrics in the song experience. Here 'lyrics drag behind rhythm and emotion, so that by the time I hear the words, they are filled with my own reverberations' (p.741). She further removes the emphasis of lyrics, stating that 'a performance can create beauty and complexity even when the lyrics aren't rich or evocative or interesting' (p.743).

Where Holman Jones focuses on the in-the-moment affective drive of listening experience, anthropologist Plancke (2015) focuses on the relationality of singing subjects and audience. In doing so, a matrix of relations is explored between the singer, the audience and the emotions and affective drives experienced at that moment. These experiences connect those who originally wrote and sang the song and those who have experienced it since. While the same song may be being sung, the experience of the song will be different depending on those listening, singing, and the time or event it is sung at. Each time the song is sung, new interpretations, emotions and intentions are added to it, and these become part of the song's narrative. In this sense, the experience of song transcends time and space through this matrix of relations while also contributing new experiences and understandings of the song. Plancke describes how the 'melodic quality of song, in its sonorous reverberations, produces an intensity that is carried with it. This intensity, resonating as affect within and between the persons present during the performance, turns into a specific emotion when the song is interpreted in a new situation' (pp.98-99). In the Punu song that Plancke analyses, intentionality and

motivation for singing are important. The song becomes a creative act where a person wants to express their personal experience through words. In these two examples presented in this section, the singer and listener are interconnected through the emotional intention of the song, where song is an act of expression which the listener interprets.

Singing as an expression of self

A different avenue for exploring song experience is through performers' memoirs. Doing so contextualises singing within the context of someone's life, rather than through an academic agenda. A memoir that has resonated with me is Charity Tillemann-Dick's (2017) account of her life pursuing a dream of being an opera singer but being set back by serious failing health that resulted in two double lung transplants. In this way, Tillemann-Dick has a challenging relationship with her body-as-*instrument*. Her setbacks really bring to the forefront how the singer relies on their body and how fragile their instrument is because of its embodiment. Her memoir takes the reader on a journey through training, illness, and striving to reclaim her voice. She recounts how she trained her body to sing, such as through relearning to breathe. She paints vivid descriptions of the embodied processes of producing song, explaining that everything starts with breath. She remarks:

> The more I think about it, the more I realize that my breathing mechanism is like an entire opera company – the lungs are two miraculous, high-maintenance diva principals. The ribs and the intercostal act as the stage crew and supporting roles. The conductor, Maestro Diaphragm, is totally useless without the director (lower back muscles), the orchestra (abs), and the choruses (glutes). Some parts receive bread critical acclaim. Others do their job without fanfare. But remove a single player and the grand opera collapses (pp236-137).

This central focus on breath makes her recovery back to singing post-transplant all the more remarkable. She writes: 'My breath always feels a little shallow, but every moment I practice, I feel my new lungs growing stronger. Each song I sing makes my new lungs seem more at home. After every session, the pressure around my scar diminishes. The act of singing makes me feel more complete – more whole. Each day, it seems my breath carries me a little farther in a musical phrase' (p.170). In this account she uses singing as a therapy through becoming *ensounded,* filling her body with song. Because singing is an embodied process, her instrument and thus

her body it is her *identity*. Voice is a representation of her body, the stronger her voice becomes, the stronger her body. In this case, her *voice* is also an expression of her will. Achieving song goes hand in hand with expressing her journey, and her physical and mental strength. Tilleman-Dick uses song to express herself in great opera arias, but also in moments of quiet intimacy. She sings hymns together with her family in her hospital room, and poignantly she sings Silent Night to her doctor after discussing what to do if she died that night. Clearly, song and voice carry more than the glamour of the stage, but rather is an intimate expression of self through its embodiment and emotional power.

A contrasting example of self-expression through song comes from Tracey Thorn's (2013) account of her career as a pop star. Thorn presents a contrast between her shy demeanour and the emotions she was able to express through song. What was usually left unsaid was voiced in song, and so she was able to express her personality more articulately than through words; 'I made a sound that was unquestionably emotional, heartfelt, sincere, and which connected with people and moved them. Surprised them too, in that it seemed to reveal to them a side of my personality they hadn't suspected. It was an outlet, a direct conduit from the interior 'me' to the outside world' (p.58). However, Thorn contrasts this where performance anxiety led her to become her '*least* self' (p.235) through vocal tension and causing nerves to overshadow the emotion of the music. This is something I have written about in my own experience of performance nerves (Boyd, 2017). While the performer is expected to give an emotional performance, her own emotions of performing are not acceptable.

2.2.4 Conclusion: Breathing sound into critical studies of wellbeing

When we consider the place of singing in society today, often times it appears to be marginalised to certain spaces and groups. Not so long ago in the UK, collective singing was commonplace as people regularly attended church and there would sing together. Nowadays, with UK church attendance dwindling, congregational singing is not regular practice amongst the population, perhaps there is even a stigma attached to it. Singing is an intimate act, an expression of self. However, this intimacy and expression give it its power to affect bodies, groups, and individuals. Singing, arguably, needs to move beyond its restricted boundaries and have a greater

place in society. Indeed this opening of music's geographic boundaries reflects Wood, Duffy and Smith's (2007) agenda for community music therapy (as discussed), where music moves into people's lives and into the community creating a greater sense of social cohesion and wellbeing. In this review, singing is presented as a way of world-building (Schnable, 2012), it creates community within external communities through the communual sharing of song (Sibler, 2005). Through song, people are connected to their history, heritage and culture, sometimes at a far-removed time-space. Singing moves people, it allows for expression of the self, and of emotion. Indeed, singing and song are entangled with *identity*. It is impossible to detach song from the human because, unlike other forms of music-making, voice is generated within the body.

What then is the agenda for these geographies of song and singing? This review has explored studies of song and singing through the spaces created by those who attend groups, the affective geographies of sung space, and the emotional and embodied expressions of song. As geographers begin to develop conceptual understandings of singing practices, we can contribute our disciplinary insights into relevant space, place, embodiment, emotion, and affect. Drawing on but also shaping interdisciplinary encounters with singing could help develop a new focus for singing within the creative geohumanities. My own geographical contribution into interdisciplinary studies of singing and health adds in-depth understanding to the embodied and emotional experiences of people who sing collectively. Their singing bodies are encountered as geographical entities, where sound and breath flow through spaces of the body, and witnessed through detailed empirical analysis and sonic example throughout the thesis. Weaving multifaceted components of singing practice through different kinds of conceptual reflection in the pages that follow helps to shape an understanding of singing as an embodied social practice. Doing so answers DeNora's (2015) call for music and wellbeing to be understood as part of a *social ecology*. Within this ecology, breath takes centre stage as the generative force of sung-sound. The final section of this review will conceptualise breath in order to shape a context of breath as the engine for sung-sound, and as the omnipresent concern for individuals living with respiratory illness.

2.3 Inspired by the world around us: Air, Breath and Breathlessness

2.3.1 Remembering to breathe

Figure 2.1: Copper Condensation by Jayne Wilton. Part of her Breathe series and cover image of The Lancet Respiratory Medicine. The images depict breath expired onto copper. [Souced from: https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(15)00501-9/fulltext Date accessed 7/3/2018]

Breathing, all creatures are
Brighter than that brightest star
You are by far
You come right inside of me

Close as you can be
You kiss my blood
And my blood kiss me

- The Incredible String Band, *Air*

The lung provides the tissues of the human body with a continuous flow of oxygen and clears the blood of the gaseous waste product, carbon dioxide. Atmospheric air is pumped in and out regularly through a system of pipes, called conducting airways, which join the gas-exchange region with the outside of the body.
- Human respiratory system physiology (Klocke *et al.*, 2020)

The song *Air*'s lyrics by Mike Herron capture the relationship between our living, respiring bodies and the air in the atmosphere around us, creating a poetic rendition of the physiological definition of respiration. It is an intimate relationship, one that breaks the barrier between our inside world and the outside world. The air comes inside the body, it 'kisses' our blood at the point of gaseous exchange in the alveoli, and this blood spreads the life force of atmospheric air around the body. This final review section seeks to explore the multifaceted relationships between our bodies and the air we breathe. We connect with the air around us though embodiment as breath. It therefore makes sense for this essay to explore the physical-elemental and the phenomenological properties of air and atmosphere. In doing so, we can understand better the relationships between our bodies, the act of breathing, and the world around us.

Irigaray (1999, p.5) calls for a 'remembering of the air' claiming that it is all too easy to be guilty of forgetting the remarkable process that is breath. Too often, breath is prioritised for its physiological function, rather than given awareness in spiritual or emotional terms. Though of course, there are exceptions within cultural traditions that resist this claim. Yoga, for example, prioritises a spiritual and physical awareness of breath. Equally, athletes carefully plan, measure and temper their breathing efforts with acute awareness. Similar arguments can be made for singers who shape and craft their breath along songlines – as this review will explore. A critical reading of air is vital to understandings of breath, and so it is essential to take a *deep breath* and consider what it actually is to *breathe*. Indeed, phenomenological scholars have noted that breath serves a greater function than biological survival. It is a spatial concept that filters into all areas of life due to its intimate closeness to our way of being-in-the-world. Berndtson (2013) asserts that it is vital to understand 'the respiratory dimensions of: spatiality; temporality; openness; language; ethics; knowledge; art; wisdom; spirituality; habitation, etc.' (p.44). This review will draw on literature and art to expand on the respiratory dimensions set out by Berndtson. In doing so, topics of breath and atmospheres of breathing will be explored, as well as considering the implications of breathlessness. Finally, the review will circle back to ideas of breath and voice, considering the sung voice as an expression of breath. The review is interspersed with art, poetry and song lyrics to help explore concepts of breath.

The importance of air and breath is growing across disciplines such as medical humanities, anthropology and geography, as Jackson and Fannin (2011) explore:

> What if we began with a different element, one other than the earthy crust usually the focus of geographical thought? What if we began with the thing Irigaray claims to be so present and enabling as to be forgotten? Why not begin with air, the absent presence whose clearing and filling at the same time makes possible our earthly flourishing? (Jackson and Fannin, 2011 p.439)

New publications such as *Atmospheres of Breathing* (Škof and Berndtson, 2018), an edited anthology of philosophical essays on breath, have emerged. The Life of Breath project[8], which ran at Durham University and the University of Bristol, has created a platform to explore different understandings and presentations of breath, making breath 'visible' by using art, sound, creative writing, and other creative projects. This project provides a rich resource through which to explore the place of air and breath in life, and I draw on it throughout the thesis, but particularly in Chapters 6 and 7.

One way in which we can pay more attention to air and breath is through the arts. Poetry, creative writing, visual art, sound and song have all been used as methods of visualising (and sounding) air and breath. For example, Drawing on the work of Engelmann (2015), this review will also explore creative representations of breath. Doing so acts to give voice to the experience of breath and of breathlessness due to ill-health. This attention to air and how it can be conceptualised, experienced and represented is something that geographers look to understand. For example, the non-representational properties of air and atmosphere have been prioritised in studies of 'aerographies' which 'seek to think through the invisible reciprocities of the element of air' (Jackson and Fannin, 2011 p.442) in order to compliment the 'geo' land-based studies of the discipline. As Engelmann (2015) states, 'geographers have of late questioned the metaphysical assumptions that favour land and territory as platform(s) for the study of discrete objects and beings' (p.431). This has been the focus of geographic study with scholars exploring the politics, security and health of respired air. Adey (2015), for example, presents a key ontology that acts to 'explore the elemental to be more than its current rendering as physico-material

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[8] https://lifeofbreath.org/

agency but into a different register of more than chemical affinity' (p.55). Breath, therefore, intimately connects the human body to the atmosphere it is inhabiting and therefore in prioritising 'aerogeographies', it is important for human geographers to closely examine breath and breathing.

2.3.2 Phenomenology of breath: Inspired by the world around us

In his existential phenomenology of the lived body, Merleau-Ponty discusses the intimately collapsed interface between the inside and outside world caused by air passing in and out of our bodies. As Merleau-Ponty understands, 'once a body-world relationship is recognised, there is a ramification of my body and a ramification of my world and a correspondence between its inside and my outside, between my inside and its outside' (Merleau-Ponty, 1968, p.135). Scholars understanding the phenomenology of breath have turned to Merleau-Ponty's understanding of spatial corporality as the 'origin of space' to understand the embodied spatiality of breath. For example, Merleau-Ponty writes about body-breath spatiality in *The Child's Relations with Others*:

> At the beginning of the child's life [...] the body is already a respiratory body. Not only the mouth but the whole respiratory apparatus gives the child a kind of experience of space. After that, other regions of the body intervene and come into prominence (Merleau-Ponty 1964, p.160).

In this sense, breath creates the first formation of spatial awareness, drawing breath in and out of the body before sight, sound and speech develop. Drawing on this notion of space, Berndtson states; 'It can be said that respiratory space breathes life and meaning into all of the other forms of spatiality and they would not exist without respiratory space which can be understood as a primordial level of spatiality' (Berndtson 2013, p.40). As Morley (2001) understands, the spatiality of the body presented by Merleau-Ponty disrupts limits of terms such as 'outside' and 'inside', 'interior' and 'exterior'. Morley brings this back to the concept of breath through discussing the yoga breathing method *prāṇāyāma*. In this practice, breath is used as the conscious connection between the body and the space it inhabits. This relation between outside and inside worlds draws in a conscious use of breath to 'pull external air into ourselves and rhythmically to release outward something of ourselves' (Morley, 2001 p.76). Through breath, we therefore act *on* and *with* the

space around us. Indeed, here we can consider space as being redefined through its embodiment as breath, air is given materiality in the human form. The body facilitates a correspondence between ourselves and the space we inhabit. As Berndtson (2013) puts forward; 'it could be said that this experience of respiratory space originates from a primordial communication of gearing between the respiratory body and its world, that is, the atmosphere of air' (p.40).

To fully grasp the phenomenological properties of breath, it is important to consider the etymology the word. The Greek word 'psyche', for example, means both soul and to breathe. As Austin (2008) states in her work on vocal psychotherapy, this is important as 'breath is the life force that connects the mind, body and spirit' (p.25). She states that this is illustrated through mindfulness of breath being used in healing practice in some meditative and prayer traditions (see also Morley 2001 on *prāṇāyāma* practice). Irigaray (2015 p.254) states that 'not only does our culture not teach us how to cultivate breathing to assure our existence in an autonomous way, but it does not make known to us that becoming spiritual amounts to transforming our elemental vital breath into a more subtle breath at the service of loving, of speaking and hearing, of thinking'. For Irigaray, breath is at the forefront of spirituality, rather than knowledge and words, so spirituality can become accessible to all, if mindfulness of breath is learnt. Berndtson (2013) seeks to understand the 'respiratory communication between the respiratory body and the atmosphere of air' (p.41). He does so through translating St. Paul's *First Epistle to the Corinthians* through alternative readings of words such as 'Spirit'. He states that the Greek word *pneuma,* which translates literally as breath or air, has been unanimously translated as Spirit or Ghost in many religious traditions including Christianity and Occidental cultures. Berndtson explains that the Latin translation of *pneuma* is *spiritus* which meant both 'breath' and 'wind' and the verb *spirare* which means 'to breath' or 'to blow'. *Spiritus* is therefore the root of the word 'spirit' and is also found in words to do with breathing, such as 'respiration', 'inspiration', 'expiration'. Berndtson takes this further, describing the 'breath of life' presented in the *Book of Genesis* as a translation of the Hebrew word *ruach* which means 'breath, spirit, wind'. Berndtson therefore argues that the relationship presented in Biblical texts is a respiratory relationship. This '*pneumatic* experience of human existence' is used by

Berndtson to contextualise the human experience of the respiring body and the space in which it inhabits. He states:

> In my reading of Paul, God is the Atmosphere of Air or the Holy Breath. This would mean that according to Paul the fundamental source of human existence and our being-in-the-world, as well as ultimate value (the Holy), is the Atmosphere of Air or the Holy Breath. Our body is the place (the spatial domain) in which we can experience our fundamental aerial or respiratory source and origin of everything ultimately valuable (p.43).

And so, a great significance is placed on the action of breath. It is given a heightened spiritual status which by its nature it inhabits in the body. Berndtson therefore places the emphasis of breath not on its respiratory function, but of its greater significance to spirituality.

If we explore the word 'inspiration', we can consider its biological function of inhaling air. Equally, we can consider its common meaning of being filled with energy and stimulation to do something, especially something creative. Through Berndtson's ontology we can then consider these two meanings simultaneously, to be inspired is to breath in stimulation from the world around us, to be filled with its energy. To expire then is to breath out air. Its common use is to refer to the end of a time period, and it is associated with death. 'To breathe one's last breath' is a significant moment in life and death, symbolised in this exhalation. This philosophy of first and last breaths is explored in Binnie's (2016) reflections from palliative and neonatal care[9]. In this short article, she explores her work as a music therapist helping patients and their families at the last moments of their lives. She uses song and music to curate a unique experience, befitting of the atmosphere and emotions in the room. Binnie writes: 'As we are (ideally) born, taking our first breath loved and treasured in a safe and individualised environment, so we would wish to take our last, however many breaths we may take in between' (2016, np). At the end of her article, she presents a reflection of breath at the beginning and end of life by using a soundscape which the reader can listen to. This sound is made up of breath recordings at a number of life stages and interspersed with speech and song. It creates a provocative sound experience as the reader is brought through different

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[9] https://lifeofbreath.org/2016/06/the-first-and-last-breath-reflections-from-palliative-neonatal-care/

life stages from newborn babies' first cries, to the ill breath that is shallow and struggling. Here breath is important as it is the force that unites life and death.

2.3.3 There's something in the air: Atmospheres of breath

The term *atmosphere* is used across interdisciplinary literature around breath. The newly published anthology on breath philosophies, for example is named *Atmospheres of Breathing* (Škof and Berndtson, 2018). Dwelling on this relationship between our breath and what we breathe is therefore important. The word atmosphere has many connotations. We can think scientifically of the physical quality of earth's atmosphere, made up of many elements and which moves to create weather systems. Equally we can consider the atmosphere in a space where the quality of atmosphere has affective, emotional or spiritual properties (Anderson, 2009). Furthermore, the phrase 'there's something in the air' suggests a shared common feeling being transmitted in this emotional materiality of air. As it has been established, breath is the convenor between our inside body and the space it inhabits, therefore we can consider both instances of atmosphere when considering breath. We breathe in the chemical components that make up air, equally breath is often linked with emotions which are affected by the space we are in.

We should then draw our attention to the relationship between the body, breath and the atmosphere. Ingold (2007, 2011a) argues that we are not simply in the atmosphere, *regarding* its light, sound and touch, but rather, we are *of* the atmosphere. He writes that 'fundamental to life is the process of respiration, by which organisms continually disrupt any boundary between earth and sky, binding substance and medium together in forging their own growth and movement' (2007 p.120). Additionally, he proposes that 'wind and breath are intimately related in the continuous movement of inhalation and exhalation that is fundamental to life and being. Inhalation is wind becoming breath, exhalation is breath becoming wind' (2011 p.138). To this end, Ingold seeks to understand the intimate relationship between breath and the atmosphere, of 'how the wind is embodied in the constitution of persons affected by it' (p.138). Disagreeing with the use of the term *embodiment* of air, he writes 'it made breathing seem like a process of coagulation, in which air was somehow sedimented into the body as it solidified' (p.139). Ingold goes on, 'acknowledging that the living body, as it breathes is necessarily swept up

in the currents of the medium, I suggested that wind is not so much embodied as the body *enwinded*' (p.329, and see Ingold 2007). This term suggests a dynamic relationship between the body and the atmosphere it is experiencing through breath. To this end, we can understand that being enwinded is an experience of atmosphere where we become a part of the atmosphere through the comingling of our body with air. As he writes, 'inhalation is wind becoming breath, exhalation is breath becoming wind' (p.138).

One way in which geographers have considered our respiratory connection with air is through understanding air quality. Peter Adey (2013, 2015) for example, considers the affective and political statuses of urban air. In his 2013 paper, Adey explores the mega city as a site of air *inequalities*, where pollutants from industries and waste management policies create an atmosphere. He equates the physical atmosphere, which has an 'atmospheric charisma in the dust, din and dirt, the dark and gloomy oppressive settings or kaleidoscopic colours, dances of light' (p.293) with the affective notion of the word atmosphere. He states, 'air is more than just air but constitutive of the material affective relations that animate the experience of the city in a way which we might say is *atmospheric* (p.293). As McCormack (2008) also argues, atmospheres are simultaneously *affective* and *meteorological*. Adey continues that 'atmospheres carry us away in their buoyancy and lightness, or, conversely, they may sink us, drowning us with heaviness, lethargy or exhaustion' (2013, p.293). Adey considers how chemical pollution affects public health for residents of megacities and how the various smells around the city mingle to create affective atmospheres. These aspects of atmosphere are experienced through breath, with toxins entering the lungs and smell evoking emotions when inhaled. In his 2015 paper, Adey seeks to understand air's *affinity*, that is the sort of chemical attraction of air through the lens of affect and social and material factors. Nieuwenhuis (2015) unpicks the details of Adey's paper through the lens of geographies of breath, highlighting the intimate relationships humans have with the air through breath and discussing human's affinity with air through respiration. Nieuwenhuis explores the political connotations of this relationship. Regarding the air that we breathe, he states that:

> The air's chemical composition reveals a history and politics in itself. It is already infused with memories, chemicals and other things of the past.

Neither do we stay within one air. We are constantly and intermittently thrown into different, new and old airs. All these different airs transcend complicated and diverse geographies of power (p.91).

That is to say that air becomes a politicised, even weaponised force through chemical attacks that poison and suffocate individuals and populations (Sloterdijk, 2009). Breathing acts to carry airs of war and atmospheres of terror into the body, making the body the site of war and the very air being breathed the warzone defiant of geographical boundaries. Nieuwenhuis is further interested by the mundane atmospheres of breath, air that is inhaled unconsciously, the 'silent respiration of those breaths that did and do not make it into the history books. For example, the air, which is infused with memories of home, the wet air of the sea, the dry air of the desert but also the perfumed air of the shopping mall and the sanitized air of the airport and aeroplane' (p.92). In doing so, he stresses that the air's affects, politics, identity and performativity can be considered. Air becomes further politicised through its governance and regulation, such as in anti-smoking regulations. As Nieuwenhuis states, 'politics becomes something that is inhaled' (p.92). We can continue this notion of politics being inhaled by considering the socioeconomic inequalities of those who are exposed to poor air qualities, such as industrial pollution, traffic fumes and cigarette smoke.

Berndtson (2013) suggests that we should pay attention to the 'atmospheres of air' that we breathe. Berndtson suggests that we celebrate air, that it should have a place in culture, as without air there would be no existence. Berndtson considers the word 'conspiration', which translates as 'breathing together' or to breathe with someone or something. Breath is the phenomenon that unites all living beings, and it is this uniting force that Berndtson suggests we celebrate as a community of living breathing beings. We can consider Berndtson's assertation all that living, respiring beings share the same air in a community of breath. This analogy of breathing communities is also evocative of situations through which breath is choreographed collectively, such as in the controlled breathing of a rowing crew who breathe in tempo with the regulated strokes. The choir also must share a collective breathing rhythm, shaped by the lines of music to breathe as one at the end of phrases. Taking this concept of collective breath forward, we might consider the impacts of human life on the atmosphere. For example, if we consider ourselves part of a community

united by breath, we might have more respect for respiratory health. We might respect plants more for their positive contributions to the atmosphere, and we might reflect on the impact air pollution has on the community. Equally, we could consider air quality and breath health as a fundamental measure of societal equality. It is often the poorer in society who are affected by breathing problems, for example (Adey, 2013, 2015; Graham, 2015).

2.3.4 Breathlessness

Breathing
By Mark O'Brien

Grasping for straws is easier;
You can see the straws.
"This most excellent canopy, the air, look you,"
Presses down upon me
At fifteen pounds per square inch,
A dense, heavy, blue-glowing ocean,
Supporting the weight of condors
That swim its churning currents.
All I get is a thin stream of it,
A finger's width of the rope that ties me to life
As I labor like a stevedore to keep the connection.
Water wouldn't be so circumspect;
Water would crash in like a drunken sailor,
But air is prissy and genteel,
Teasing me with its nearness and pervading immensity.
The vast, circumambient atmosphere
Allows me but ninety cubic centimeters
Of its billions of gallons and miles of sky.
I inhale it anyway,
Knowing that it will hurt
In the weary ends of my crumpled paper bag lungs.

Breathing, a poem by Mark O'Brien (1997), reflects the relationship between the atmosphere and a body suffering with lung disease. Mark O'Brien was paralysed from polio which caused him to rely on an iron lung for his respiration. His poem reflects on the vastness of air, sky and atmosphere, on which life relies. But he describes the nature of his relationship to air as a difficult one. He cannot easily access the vast oceans of air, but instead receives just a 'thin stream of it / A finger's width of

rope that ties me to life / As I labor like a stevedore to keep the connection'. This poem describes the relentless process of breathing to stay alive for someone suffering with lung illness. Here breathing remains at the forefront of consciousness, the relationship between body and atmosphere is difficult, painful and frustrating. This forefonting of consciousness provides a viewpoint through which we can return to phenomenological notions of breath, with those who suffer from lung conditions constantly aware of their breath and their body's capabilities for activities. One way in which atmosphere manifests itself in the body is by causing pulmonary conditions which cause breathlessness. Here the materiality of air and all that the atmosphere carries, such as pollution or smoke, but also weather and temperature is experienced through air's interaction with the lungs. As Macnaughton and Carel (2016) discuss, 'the air around us, with its pollutants, odours, humidity and heat, becomes internalised briefly, making us beings who are not only *in* the world, but also *of* it' (p.295). This interaction can lead to illnesses such as chronic obstructive pulmonary disease (COPD) which is most common among smokers and those who have worked in polluted environments, such as miners. A main symptom of COPD is breathlessness, an experience that causes great emotional stress and anxiety (Clift *et al.*, 2017).

Havi Carel (Carel, 2014; Carel, 2015; Macnaughton and Carel, 2016) has written extensively about her own experiences with chronic lung disease, which causes her breathlessness. In her 2014 piece, she eloquently describes a day in the life of someone who struggles with breathlessness. Carel describes a coughing fit of breathlessness that sets her day back by two hours. She describes the physical exhaustion of this and the emotional exertion it causes. She writes, 'it could have been so simple, I think angrily. Just walk out of the car, up the stairs and into my office. But what would be a two-minute journey for the healthy has cost me half the afternoon' (p.2). She comments that 'the ability to rush forward, to press into the day's activities and projects, to habitually and unthinkingly perform small tasks, is lost in illness. The natural flow of events, the ability to accelerate one's pace when needed, the natural rhythm of the day – are all lost' (p.2). Rather, she is hyper-aware of all activities she must carry out, 'each trivial, previously spontaneous action becomes a fully-blown, carefully planned operation. Each day, as I set out to work, love and live, I do these with complete and continuous awareness of how much

breathing will be involved in each activity' (p.2). Carel explains how an absence of health manifests itself in the consciousness of day-to-day being and the person's 'entire way of being in the world' (p.5). There is a spatial dynamic to this altered way of existence, affecting the 'geography of one's world: places that were near and now far, stairs that used to lead somewhere are now obstacles' (p.5). Equally, there are changes to 'social worlds' (p.5) with friends lost due to the potential awkwardness of the changed life situation. Here, with this loss of spatiality and social connections, we could say that the *lifeworlds* in which she inhabits have shrunken due to her body's incapability.

2.3.5 Lifeworld phenomenology and respiratory illness

The time-spaces of the daily lives of individuals living with a spectrum of chronic illnesses has been considered over the past two decades of health geographies. This literature has included a close reading of the home space, as well as day-to-day interactions and experiences (Dyck, 1995b; Moss and Dyck, 2002; Crooks, 2007; Garrett and Poulain, 2018; Lucherini, 2020). *Lifeworlds* is a term conceptualised in humanistic geographical theory (see Seamon, 1979 and recently Vannini, 2015) as a way of exploring spatial lived experience. The day-to-day spaces of encounter and interaction has been considered in health geography through a lifeworld framework (Dyck, 1995a; Crooks, 2007). Dyck (1995) presents in-depth research with women living with Multiple Sclerosis and their experiences of place. She presents the 'biographical disruption' (p.307) (and see Bury 1982) that chronic illness creates in the shrinking spatial and social structures of everyday life. The women in Dyke's study 'remap' (p.308) their lives post-diagnosis to adjust to their often-hidden capabilities and changing bodies. This diagnosis event is similar to Carel's (2015) narratives of life with a chronic respiratory illness, where her diagnosis marked a point in her trajectory through illness that reshaped her physical and emotional capabilities. Geographers have engaged with narrative biographical storying through a *lifepath* conceptualisation (Daniels and Nash, 2004). Lifepaths intimately entwine geography and biography by analysing life journeys via 'overlapping domains of self and place, positionality and identity, spatiality and subjectivity' (p.450). These *life geographies* are useful for examining the impacts of illness where the diagnosis

becomes a *plot line* (p.452) that shapes the spatial world of the individual living with breathlessness.

A lifeworlds conceptualisation has also been used across interdisciplinary studies, such as nursing and caring studies and social medicine. These studies present an in-depth understanding of life with a chronic respiratory illness at different stages on the lifepath, such as at diagnosis (Lindgren, Storli and Wiklund-Gustin, 2014); during self-management programs such as pulmonary rehabilitation (Sigurgeirsdottir *et al.*, 2019; Simonÿ *et al.*, 2019); after a hospitalisation (Rosa *et al.*, 2018); in conjunction with mental health (Coventry, Dickens and Todd, 2014); and during the palliative phase at end-of-life (Ek and Ternestedt, 2008). In these studies, the patient narrative is forefronted through in-depth interviews and close analytic process is used to understand and interpret participants' lived experiences. Phenomenological approaches outlined by Merleau-Ponty (1945/1962, 1964) have been developed for this context to provide a critical reading of *body-in-the-world* (Pooler, 2014). In Pooler's study, for example, an effort is made to represent the embodied experiences of respiratory illness by highlighting the heightened awareness of the sounds, sensations and signals of breathing and the body. Here, symptoms such as panic, fear, anxiety, distress, and frustration are contextualised through embodied experiences. In doing so, Pooler conceptualises a 'discord between body and intention' (p.3), where bodily capabilities are restricted by breath. She identifies three themes within this conceptualisation; slowing down, doing less, and having to stop. Here pace of movements and day-to-day life are overshadowed by a constant awareness of breath and restricted capabilities. This awareness is presented in contrast to Merleau-Ponty (1945/1962 p.37) who determines 'movement is not thought about'. The ever present awareness of breath and physical capability is a theme shared across phenomenological studies on respiratory illness. Chang *et al.* (2016) demonstrates how these reduced capabilities can lead to a feeling of entrapment in the home space due to shrinking lifeworlds. This 'contracted perception of lived time and space' (Coventry, Dickens and Todd, 2014) can lead to experiences of depression.

Phenomenological research on the lived experiences of chronic respiratory illness was identified across studies as having important implications for person-centred

health care practices. For example, van der Meide *et al.* (2020) explore the implications on clinical practices when a holistic understanding of breathlessness is employed. They advocate for a *phenomenology of practice* in health care that focuses on lived experiences, rather than solely medicating symptoms. In this model of practice, a sensitivity to the person's sense of imprisonment should be shown in order to build trust with them and enhance wellbeing (p.126). The authors invite health practitioners to explore the lifeworld experiences and life projects of each individual patient as part of a person-centred care model. Phenomenological studies are useful indicators for the impacts of interventions such as pulmonary rehabilitation. As Simonÿ *et al.* (2019) explore, knowledge of patient experiences in pulmonary rehabilitation led to findings that this intervention empowered some individuals to gain a new sense of trust over their body due to improved breath management. However, some participants also felt a sense of hopelessness in their body when they could not achieve better breath control. Therefore, they argue that health care practice should invite patients to share inner feelings and concerns, as was mobilised in this study, to offer targeted care. Finally, phenomenological studies that focus on the lived experiences of breathlessness also provide a useful reference point for raising awareness of conditions such as COPD. COPD is underdiagnosed because individuals living with breathlessness are less likely to report their symptoms, instead of connecting shortness of breath with smoking or ageing (Pooler, 2014). Equally, as Pooler identifies, breathlessness can carry stigma and is sometimes difficult to fully put into words. Therefore, Pool states that phenomenological narratives of patients' descriptions of breathlessness can be used for patient and public education and integrated into nursing education and practice. Indeed, Carel (2012) strongly advocates for integrating phenomenological resources for patients to allow for the rift in medical procedure and patient experiences to be addressed. She recommends a *phenomenological toolkit* to be developed and presented as workshops to patients so that they can be given the tools to reflect on and understand their illness. In doing so, patients can more effectively communicate the aspects of breathlessness that are difficult to express. The following section explores some creative methods that have been developed to help patients voice and express their experiences in line with a phenomenological philosophy.

2.3.6 Giving voice to breath/lessness

Breathlessness has been described as an invisible symptom, as many who suffer with it do not necessarily put it down to illness, but rather ageing, smoking or lifestyle (Macnaughton and Carel 2016). Therefore, creative initiatives have been set up to make breath and breathlessness more visible. With breath and air being invisible to the eye, the arts provide an important platform for conceptualisation. The Life of Breath project has many examples of artistic collaborations that literally capture breath visibly in art (see Figure 2.1) and provide space for expression of breath for people who suffer from breathlessness. Macnaughton and Carel (2016) describe the collaboration they had with artist Jayne Wilton as part of the research group 'Breathing Space'. Here the group drew on her methods to make breath visible in art to produce a clinical method of visualising breath, illustrating how artistic collaboration is vital in the field of medical humanities. Geographer Sasha Engelmann (2015) writes about the importance of art for representing breath and atmosphere. She draws on the concept of a *poetics of air,* a term that 'denotes an awareness of the simultaneous material, affective and aesthetic impressions of air' (p.430). Engelmann presents her conceptualisation around *Breathe,* a public art installation on Westminster Bridge that contained images of a figure breathing. She states that 'encounters with a work like *Breathe* point to the importance of an aesthetic sensibility open to the worlding of air and atmosphere as they fold and shape forms of life' (p.430). In conceptualising such artwork concerned with air academically, Engelmann argues that a lacuna has been met within geography for prioritising the air and atmosphere alongside the physicality of land. Therefore, such art is a rich resource for academics to create new methodologies and phenomenological concepts. Art focused on breath forces us to remember our breath and to consider the atmosphere around us. Therefore, Engelmann argues that art should be used as a methodological platform for geographers to feel and express phenomenologies of air and breath and to incorporate the social, geographical and political projects that are intertwined.

In this vein, artistic methods are highly useful for allowing people who suffer from breathlessness and breathing problems to express themselves and to present their relationship with breath. A highly evocative example of this comes from the Life of

Breath's project where people who suffer breathlessness were given the opportunity to write a letter to their lungs to explore this relationship[10]. This creative expression gives voice to the relationship of the breather and reflects Irgaray's notion of the importance of remembering breath. The creative potential of these letters to present breath was taken further in the art insulation 'Suspended Breath' by Louise Jenkins (Figure 2.2).

Figure 2.2: Breath Capsule, by artist Louise Jenkins, for the Life of Breath project. Image shows letters that have folded into shapes and inflated with breath. These shapes are suspended in bell jars. [Sourced from https://lifeofbreath.org/2018/01/gasp-making-breathlessness-less-invisible-through-the-creative-arts/ Accessed 7/3/18]

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[10] See https://lifeofbreath.org/2016/06/letter-to-my-lungs/

Here, twenty-four bell jars contained a 'breath capsule' made of paper printed images of a letter which has then inflated with one breath[11]. This project aimed to illustrate the isolation of breathlessness, with breaths cut off from one another. The artist Louise Jenkins writes:

> I arrived at the idea of making containers of breath out of the letters. The invisible breath held as a solid form, with the form expressing the energy created by the individual's breath (or lack of). Suspending the breath within a glass display dome references the clinical gaze, and brings the viewers' attention to the isolation and the individual whose story is held within – creating a physical presence of the breath and a visible experience of the creators (from Malpass, 2018 np).

This example illustrates how art presents something as invisible as air and breath in a thought-provoking way. Breath is literally captured in the installation, while the emotional dis/connection between breath, body and atmosphere are explored. Relatedly, the composer and academic Toby Young, who has explored the interconnection between music and breath, was commissioned by the Life of Breath project. Young composed a twenty-minute long choral work, *Under the Surface,* to make audible presentations of breath[12]. Young achieved this through using poetry on breath and through the letters to breath previously described. However, he also combined these presentations with the relationship between breath and the singing body. He states:

> To achieve this, multiple points in the piece challenge the singers physically: multiple repetitions of the same phrases, extreme dynamics (both loud and quiet) and perilously long held notes all challenge the singers, forcing them to be made aware of the struggle between physical technique and artistic aim (Young, 2017 np).

As Young illustrates, singing and breath are intimately entwined as the voice gives sound to the outbreath and musical phrases and the ability to sing them are limited by the breath. This musical representation, therefore, creates an artistic piece that challenges both the performer and audience to encounter notions of breath,

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[11] See https://lifeofbreath.org/2018/01/gasp-making-breathlessness-less-invisible-through-the-creative-arts/
[12] https://youtu.be/cXeh7vF8PEQ

breathlessness and the body. Singing is a powerful way to combine a representation of breath with the arts. Singing gives voice to breath, and this voice is often laden with emotion and expression. Indeed, Norton asks of singing, 'How has the dynamic combination of air and human anatomy resulted in such a meaningful force?' (Norton, 2016 p.xvi). Singing harnesses the expiring breath and fills it with creativity and beauty through sound.

Perhaps it is no wonder then that singing-for-breathing groups that help people with breathing problems such as COPD are growing in popularity. Not only do such groups teach better breathing practice to reduce breathlessness, but also they put positivity into the voice by filling it with music. As outlined in Chapter 1, breathlessness in people with COPD is caused by damage to the lungs, which makes expelling air difficult, causing a level of air to remain trapped. This damage means that breathing is shallow, and so a state of breathlessness is easily triggered. Revisiting Ingold's term *enwinded,* provides a valuable reflection for this. Ingold was reluctant to consider breath in the body as being *embodied* as he felt this was too stagnant a word to describe the flow of air in respiration, for him, embodiment suggests 'a process of coagulation, in which air was somehow sedimented into the body as it solidified' (2011, p.139). Perhaps this description of embodied air more accurately describes someone who has COPD, where the air trapped within their body does not flow in or out. As it is trapped, the connection between the body and its atmosphere is disrupted. Perhaps the body becomes *unwinded.* How then can embodied, stagnant air become *enwinded* again? Singing has proved to be a highly effective method to push this air out of the lungs and achieve deeper breathing. In this way, the body becomes open to its atmospheres. Air is able to flow in and out of the body, channelled through the singing voice. Ingold presents the term *ensounded.* Here he applies the concept of being *enwinded* to sound. He compares the whistling of wind to that of the humming, whistling, speaking, or singing body. He states, 'sound, like breath, is experienced as a movement of coming and going, inspiration and expiration'. He describes; 'it is like setting sail, launching the body *into* sound like a boat on the waves or, perhaps more appropriately, like a kite in the sky' (p.139). Therefore, it can be argued that singing produces a body that has opened up atmospheres in and around itself.

2.3.7 Conclusion: shaping human ecologies of breath

This review has explored the role breathing has in life beyond its biological function. *Breathing-in-the world*, argue Škof and Berndtson (2018), is at the heart of being-in-the-world and thus central to a phenomenological ontology of air (p.xiii). Breath intimately connects our body to the atmosphere it inhabits. What does this agenda for breath and its spatialities mean in practice? A future agenda for academic research on breath should take its lead from the Life of Breath project and employ creative methodologies through collaborations with artists and musicians. This will allow the important phenomenological ontology of remembering breath to be implemented and shared beyond the academy. This is a route I will explore through song and singing. Here an awareness of breath is paramount to creating sung sound as singing is the vocalising of breath, extending it through soundwaves into space. This spatial dynamic is also important to exploring a geography of breath and of singing. Through breath, the binary spaces between the internal body and external space are blurred, as expressed by Merleau-Ponty's existential phenomenology. Exploring a geography of song and breath therefore creates opportunities to expand on this embodied spatiality and the atmospheres of song. The vocalisation of breath as song is therefore an area that can be explored as part of a geographic enquiry of 'aerographies' and an embodied geography of music.

Breathlessness has been established as key to understanding experiences of breath. It is through the removal of breath as an autonomous process that we are forced to remember it. This has been presented in this review by considering instances of illness but in reality breathlessness is something that may be experienced in most day-to-day lives, such as when exercising, running for the bus, or during moments of extreme emotion. In this case, breathlessness is a useful tool for breaking down some of the more complex philosophical and phenomenological ontologies to illustrate the role breath has for us as breathing subjects. Again, singing is a useful platform to harness this as this is an activity where the autonomous function of breath is replaced with a measured and controlled use of breath. An interesting area of exploration is therefore found in the use of singing to improve breathing practice for people with breathing problems such as COPD. This area has much potential for uncovering both how breathing practice is improved physically, but also in

considering breath beyond its respiratory function such as its emotional and affective functions, as scholars have encouraged us to do so. Therefore, uncovering what it means for a person who suffers breathlessness to breathe when singing may have added dimensions of spirituality and emotional wellbeing through breath.

Interestingly, singing-for-breathing groups often end with a meditative cool down. Here mindful breathing is practiced and a version of *prāṇāyāma* is often used. The singers spend a few minutes focusing on their inbreath and outbreath, feeling it enter and leave their body. Before researching this review, I had considered this to be a nice, but perhaps unnecessary practice. I now understand the important place this awareness of breath has in such a setting, especially for people who live with breathlessness. It creates an awareness of the body in space, of the air being breathed, and of the lungs processing this air. This process and the process of singing therefore go hand-in-hand in achieving a positive awareness of breath, and relationship with the breathing body that should be investigated further.

2.4 Geographies of song and health: theoretical conclusions

This literature review has provided a context into which a geography of choirs and singing can be placed. My research opens the potential for more discussion about the embodiment of breath in singing and the physical and affective atmospheres experienced. In exploring these topics through this thesis, the relationship between breath, breathlessness, and singing is explored for their *enwinding* and *ensounding* properties for COPD and other breathing problems. Through this conceptualisation, health is defined through changed abilities for breathing, facilitated through song (Chapters 4 and 7). Within this health framework, wellbeing is shaped through understanding the social worlds of singing practices and how these impact outwards in people's lives, (Chapters 5 and 7). These understandings are explored through attention to emotions, embodiment and affect, and how collective sound creates a space for health in a church hall (Chapter 6).

As is summarised through this chapter, a geographical study of choirs will embrace the current interest in emotion, affect and embodiment in the discipline by reflecting on the small-scale bodily practices of singing and related power of music. Breath is an emergent topic in the critical medical humanities (Macnaughton, 2020). Therefore, this thesis conributes to this current body of work by shaping narratives of breath through song and giving voice to breath as breathless experiences. An *ecology of breath* is shaped through singing practices which animate sung-sound as expired air. This thesis draws on these cultural geographies and interdisciplinary studies of music, song, and breath to open up new possibilities for a study of singing and health within geography. Here, music is presented through the whole-body act of singing, encompassing music and sound into an embodied, somatic practice. Through encouragining the body-as-instrument, a relational social sound is explored through the building of a community shaped by singing practice. In doing so, my research comprises a distinctive, practice-led, creative geohumanities in Glasgow, one attentive to geographies of singing and health.

Chapter 3

Methodology: Developing a practice-led enquiry into song and health

3.1 Introduction: Situating the methodology

The methodological design of this thesis is influenced by a cultural geography that experiments with creative methods at the intersection of human geography and the arts (Boyd and Edwardes, 2019; Hawkins, 2019, 2020). In this thesis, embodied practices of singing become the *medium* (Hawkins, 2021) through which the cultural geographies of health in Glasgow were encountered and shaped. I placed my singing body as an 'instrument of research' (Longhurst *et al.*, 2008) alongside other singers to listen, respond and critically analyse the social, emotional, and affective forces of voice, breath and music. At the heart of this methodology was a practice-led enquiry where I have used my more-than-academic skillset as a musician and singer to create and facilitate a space of singing and health in Glasgow. In doing so, I have developed a methodology appropriate for this practice, as Leavy (2015) discusses;

> Arts-based researchers are not "discovering" new research tools, they are *carving* them. And with the tools they sculp, so too a space opens within the research community where passion and rigor boldly intersect *out in the open*. Some researchers have come to these methods as a way of better addressing research questions while other quite explicitly long to merge their scholar-self with their artist-self. In all cases, whether in the particular arts-based project or in the researcher who routinely engages with these practices, a *holistic, integrated perspective* is followed (Leavy, 2015 p.3).

As Leavy (2015) establishes, crafting arts-based practice into a research design opens up opportunities for the researcher's passion, in my case for singing, and rigorous methods to intersect. This intersection has allowed me to shape a research practice that merged my identities as a singer, choir leader and cultural geographer. This practice-led methodology established a space within Glasgow's East End through which it was possible to learn more about how singing can impact the health of individuals. Where Hawkins (2020) establishes key sites for knowledge production within a creative practice context (such as the field, the artist's studio, the PhD thesis and the exhibition), the singing-for-breathing group has forged its own space,

created specifically for this research project. In this world-building research practice, an impactful research design acts to shape the lived experiences of participants (and see Pain *et al.*, 2011). It also enables a critical analysis of geohumanities and health (Hunt and Atkinson, 2019), whereby an interface of perspectives from the humanities and cultural geographies, namely creative musical practice and health scholarship, responds to chronically ill bodies.

In this chapter, I consider what it is to be a practice-led cultural geographer working within the parameters of a geohumanities of health. In doing so, I interrogate my own challenges of being emotionally invested in my practice and my participants' lives. I also consider how phonographic methods can assist a reflexive methodology that charts singing as an intervention for change. This chapter will delve into my practice-led methodology before attending to the methods used outwith the singing-for-breathing group and in the sites and spaces of other singing groups. The mixed-methods used to explore the singing-for-breathing group were autoethnography, sound recordings, in-depth interviews, and creative workshops. In this thesis (particularly Chapter 7), the empirical data that I collected is supplemented by clinical data collected by Janice Merrick, the practice nurse who I collaborated with to establish the singing-for-breathing group. This chapter will therefore explore this collaborative research and the ways in which my qualitative data can complement clinical data gathering. The chapter will then present the research methods with other groups via commentary on observation, sound recording and semi-structured interviews. After discussing these methods, I will describe the data analysis undertaken with the written and recorded data. Finally, I will consider the place of practice-led research in geohumanities and how this creative methodology could be applied to broader interdisciplinary inquiries into singing and health.

3.2 Positioning a singing-researcher

3.2.1 Situating the research within the life-course

Situating research in the researcher's *life-course* is sometimes helpful for understanding how emotions and experiences during fieldwork shape the research process and its outcomes (Bondi, 2005; Lewis, 2017; McGarrol, 2017). MacGarrol (2017) presents 'lifecourse theory' as a way of 'contextualis[ing] and present[ing]

fieldwork experiences as interwoven into the biographical, historical and social life of the researcher's life course' (p.437). Understanding the positionality of the researcher and their relationship to the research can also be contextualised within a feminist epistemology (Bondi and Fewell, 2017), and so I chose to *write myself* here. Training as a singing-for-breathing facilitator, setting up and running the group formed a personal milestone in my life and musical journey. Being a singer is part of my identity, having sung in choirs my entire life, so running a choir of my own was a level-up in my professional development. Taking this step within the context of a PhD allowed critical reflection on my experiences, shortcomings, successes, and personal growth in becoming a confident song leader. Conquering my nerves in the singing space has also translated outwards into developing confidence in public speaking in other life and PhD spheres, such as conference presentations, GTA work, and solo singing with the Glasgow University Opera Society. The singing-for-breathing group formed an intersection between my life course and the group members' journeys through illness (see Chapter 4). In interviews, some members commented on this shared journey of growth in the group, and I opened up about my challenges in response to their sharing (and see Carroll, 2013). Carrying out this research has been intimately connected to my personal, social and emotional life, and in the experience of leading the group, I have gained a new professional skillset as a choir leader.

3.2.2 Learning practice skills

I undertook conductor training with *Sing for Pleasure*[13] upon finishing my undergraduate degree and throughout my Master's degree studies. My intention was to establish a community choir that I could run as research for my PhD. Towards the end of my Masters, an opportunity opened up to train as a singing-for-breathing practitioner with Scottish charity, The Cheyne Gang[14]. I was successfully awarded a place on the competitive training course, which took place over a weekend in the autumn of 2017. In this training, I learned how to convert my choir leading abilities into a specialist skillset focused on facilitating breath in song. This training developed a detailed understanding of the physiological processes of singing,

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[13] https://singforpleasure.org.uk/
[14] https://www.thecheynegang.com/

focusing on the micro-spaces of the body. I relearned the role of muscles in the abdomen and back in supporting sound. Importantly, I learned a language of breath and body that would be accessible for first-time singers. For example, as a singer, I had always been asked to think about my *diaphragm*. In this training, we were forced to consider to what extent we could actually *feel* the diaphragm. The answer is that it is not the diaphragm that is felt at work when singing as it is an involuntary muscle, but rather the abdominal muscles work to support the breath. And so, I learned a detailed physiology of the singing body and an applied language to teach this embodied knowledge to singing-for-breathing group members.

The training offered a physiological education about respiratory illnesses and how these impact the respiratory system. A physiotherapist ran a session on the life-limiting impacts of respiratory illness and how exercise is prescribed to patients to build muscle wasted due to the lack of oxygen in the blood. Here, singing was brought in as a comparison to exercise where active movement can be incorporated into song (Philip, Lewis and Hopkinson, 2019). The bodily limitations of people with respiratory illnesses were also considered, such as the extent to which exercise can cause breathlessness. A session was dedicated to teaching the psychological impacts of respiratory illness on mental health. This session focused on the lived experience of anxiety and depression caused by decreased physical capabilities (Small *et al.*, 2012; Pooler, 2014). With this clinical knowledge imparted, the training focused on running a singing group for respiratory health compared to conventional choirs. We were asked to consider our subjectivities as choir leaders and how we might show *care* to group members. This focus involved considering how we should look beyond the illness and decreased capabilities to tune into each individual. We were also asked to confront the reality that respiratory illnesses can be fatal. And, sadly, unlike most choirs, we must be prepared to facilitate the emotional dynamic of the group in the event of a group member passing. Finally, the training offered a spiritual consideration of breath as a more-than-physiological process. Here, we were introduced to the *prāṇāyāma* practice, described in the literature review, in order to tune into our breath mindfully. This training showed that breath can easily be forgotten or taken for granted until a respiratory illness forces our attention upon it. Equipped with the theory and knowledge required to work safely with individuals living with respiratory illness, my challenge was now to establish a group of my own.

3.3   Establishing a group: collaborations in the health community

The Cheyne Gang connected me with a practice nurse, Janice. Janice had intended to establish a group in Glasgow as she believed singing would be a critical intervention for her patients. Janice and I teamed up to establish our singing-for-breathing group in Dennistoun, in the East End of Glasgow, in July 2018. Together, we found a venue local to the GP practice where she works that would be physically accessible and had the facilities we needed – chairs, tea and coffee making facilities. I designed posters and fliers (Figure 3.1) which we distributed to the local libraries and community centres.

Figure 3.1: The fliers I designed to advertise the group (Author's own photograph)

Janice has been integral in every step in setting up and running the group from its conception. Before the group was up and running, she engaged with the local GP cluster, made up of 5 East End surgeries, to explain our intentions for the group and

outline the reported benefits of singing. In doing so, she sought to establish a clinical connection to our group and to integrate singing-for-breathing within their social prescription practices. Social prescription is where health professionals refer patients to community-based support. Fortunately, the GP cluster's focus for community resources during 2018 was COPD, and so Janice established a partnership with them that saw them part-funding the group's running costs through its first year. I fundraised £1000 to cover the other portion of the costs from the University of Glasgow Geographical and Earth Sciences Impact Enabling Fund and the Watt Memorial Trust. These combined funds paid for our venue, advertising, music supplies, and catering, as well as my practitioner's insurance. Initially, the group ran on alternate weeks, but with the funding from the GP cluster, we were able to pay for the venue weekly from November 2018. The group was supported by Irene, the receptionist at Janice's practice, who has acted as secretary for the group.

Figure 3.2: The team at the first session. From left: Myself, Janice, Deborah, Irene (Author's own photograph).

Prior to the group starting up, Janice involved a Community Links Practitioner (or links worker[15]), Deborah, from a neighbouring GP practice to support individuals attending non-clinical health interventions in the community. This support has been vital in developing a working model for community-based arts-for-health programs. As a links worker, Deborah is involved in the Deep End Practices program[16]. This program means the Bridgeton GP practice that she works in is located in one of the 100 most deprived patent populations. Funded by the Scottish Government, Deborah's job is to signpost patients to non-clinical support available to them, such as the singing-for-breathing group. In her role, Deborah supported members to attend by first explaining to them what the group is and how it may help them, allowing individuals to decide for themselves whether this is the right fit for them. The role of 'signposting' is essential here as it moves away from popular language around 'social prescription'. Language around signposting is more empowering as the individual is given agency over their health, rather than a top-down approach of being 'prescribed' what is best by a clinician. Janice, Deborah and Irene attended all sessions, acting to support and encourage individuals to attend. 35 people engaged with service during fieldwork between July 2018 and September 2019.

The active involvement of health practitioners, the structure of signposting, and the financial investment made by the local GP cluster indicates ways in which the group has acted as a working model of community-based arts-for-health. The involvement of Janice and Deborah has allowed the group to exist as a collaboration between health care, creative practice and research. Janice and Deborah have given critical insights into my research, contributing their professional knowledge as health practitioners and group members. The collaborative relationship of the team provided the opportunity to feedback the impacts and outcomes from my research to the wider health community, both locally to the GP cluster and Scotland-wide at large health conferences. The group performed at *The Health and Social Care ALLIANCE* annual conference in 2019, where we showcased the potential for arts as community intervention to an audience of health practitioners. The group was also

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[15] https://www.alliance-scotland.org.uk/in-the-community/national-link-programme/
[16] https://www.rcgp.org.uk/clinical-and-research/resources/bright-ideas/deep-end-group.aspx

shortlisted for the ALLIANCE self-management project of the year 2019, raising the profile of the group's work[17] .

3.4 Caring: working with ill subjects

The room where we sang on Wednesday afternoons was a small church hall, situated in an area where some of the members have lived all their lives. The space was the perfect size for the group, as it was not a large hall with boomy acoustics, and it was not cramped either. Blue chairs were stacked around the walls of the room and we put them out together to form a circle in the centre of the room. There were often more chairs put out than there were people attending, as chairs were left in expectation that other people might turn up, and so a seat was often saved for them. Since the first session members sat in the same seats in the circle, and so chairs left out for members were left unoccupied in their position in the circle, creating an absent presence for the member. As it was a small room, the space felt *full* with our circle of chairs, even when we were just a small group. In order to run a session that was *care-full* of the bodily limitations, I planned sessions around breath, carefully considering my body-focused language. Sessions started with a physical warm-up, breathing exercises and a vocal warm-up (see Figure 3.4), before moving on to sing a mixture of new songs and songs already learned. All songs were taught by rote rather than through using sheet music. Teaching by rote uses a 'call-and-response' pattern to demonstrate each line of the song, where I sing a line and invite the group members to sing it back. Doing so made the session accessible to everyone, rather than limiting to those who read music. Songs were chosen for their suitability for breathless members by considering the length of song phrases and the spaces for breath contained within songs.

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[17] https://www.alliance-scotland.org.uk/blog/news/self-management-awards-ceremony-2019/#expanded

Figure 3.3: The group singing together in the church hall (Author's own photograph)

As a practice-researcher, my labour for this methodology has included the work that goes into planning these sessions, such as collecting and learning new songs and creating new variations of warm-up exercises. This was the first group that I had ever run on my own, and so when we started, I prepared and planned diligently, practicing my song teaching, planning my script (Figure 3.4), rehearsing my warm-up routines. As time went on, I relaxed into these elements of each session, learning to trust in my abilities and no longer relying on scripts or notes. This journey is explored in more depth in Chapter 4. I worked hard to develop a repertoire of songs that would resonate with group members, such as Glaswegian street songs and Scottish songs that they already knew, and new challenging songs, learned for the first time. This repertoire enabled me to establish an appropriate relationship with group members through song choices, where I could communicate my personality without oversharing from my personal life (Silber, 2005).

Singing-for-breathing warm-up using body focused language to carefully explore breath.

1. **Establish good posture**
   "Imagine a string coming up each vertebrae of the spine and out the top of your head, so it's holding you nice and tall but not with any tension, make sure your shoulders are relaxed and chest is open. For those who are standing, make sure your knees are unlocked by bobbing up and down on them gently"

2. **Check-in with abdominal muscles**
   "I'd like you to put your with thumbs on your belly button and fingers fanning down in a diamond and give that a shoogle. These are the muscles we're really engaging with when we're singing so it's important to check-in with them and know where they are"
   - A reminder to breathe right down to this area, rather than up in the chest
   - Avoid terminology such as diaphragm
   - Always reassure members not to get worried about breathing techniques

3. **Feeling abdominal muscles at work**
   - Keeping hand placed around belly button
   - Copy me: "haha" "ha ha haaaa"
   - Check-in: "can you feel some movement going on there, some bouncing? That's your breathing muscles working to get the sound out, lets do some more"
   - Copy me: "yipeeeee", "Yehaaa" "yahoo" "oh oh" etc.

4. **Engaging abdominal muscles with resistant sounds and pulsing**
   - Keeping hand placed around belly button
   - Copy me on a series of resistant sounds: /z/, /v/, /zh/, /sh/
   - Pulse on these sounds with different rhythms

2. **Recoil breathing – taking the inbreath from the outbreath**
   - Use language around feeling a *release* of the abdominal muscles to fill back up with air, language of relaxing to re-inflate, rather than actively drawing the breath in which results in raised chest and shoulders
   - Always reminding people not to worry as when this is new to members some people find it daunting
   - Ask members to sigh out and then "relax" or "release" the muscles at the end of their outbreath to let the breath fill back up – keep hands in diamond position to feel this.
   - Repeat and ensure no one is breathing in first and that everyone is keeping their posture rather than slumping with the sigh out.
   - Repeat outbreath on a pshhhh in their own time, again not breathing first and just releasing whenever they reach the end of their breath

3. **Extending the outbreath**
   - Using an exercise such as counting brain gym at the end of warm up to extend breath via short phrases which progress to long phrases (e.g. 12345; 1,121,etc). Demonstrating release of abdominals between phrases. Include songs with short and long phrase lengths in sessions.

4. **Vocal warm up moves onto sironing on 'ng' sound (as in the end of the word 'sing')**
   - Encourage members to stay checking in with their abdominal muscles to feel movement in the muscles to support the sound.

Figure 3.4: Scripted warm-up. Contains key words and phrases to communicate conscious breath-body-brain connection.

My research practice has been developed within an *ethics of care* (Parr, 2003), where participants' emotional and physical safeguarding has always been forefronted. Milligan and Wiles (2010) explore 'the complex spatialities of care and care relationships' (p.736). As the authors establish, there is an interplay of processes and structures which shape and facilitate *landscapes of care*. In my research, the church hall became a *landscape of care* placed within a healthcare nexus of the GP cluster, social prescribing practices, and an arts-for-health infrastructure. Within this healthcare structure, my practices as the song leader were always *care-full*. I showed care *for* group members by always using safe facilitation practices appropriate for breathless bodies. I also cared *about* members, ensuring that they felt comfortable, included and safe in the space. I also felt an onus of care when working with group members who had joined the group with expectations that it would help their breathing. Therefore, in engendering care towards group members, I found it emotionally challenging when members became too sick to attend the group any longer, reflecting the regressive nature of chronic respiratory illness. To this end, I was sure to exercise self-care by using my field diary to express my emotional encounters with illness and any personal struggles I was experiencing with running the group. Diarying facilitated a reflexive space to consider the role of singing and breath and my role in facilitating a *care-full* space for breath. In keeping with an *ethics of care*, measuring change within the group has always been mindful of group members' emotions and my own emotional labour. The following section describes and critically analyses the research methods used to give voice to the social, sonic and life-world changes with the group.

3.5 Documenting change

3.5.1 Autoethnography: diarying song leadership

Autoethnography is a method that involves reflexive writing, reflecting, drawing and recording to attune to the researcher's emotions, experiences and encounters. It is used as a reflective method in geography as a way to critically engage with embodied, emotional and affective experiences in space (Spinney, 2006; Zebracki, 2016; Moss and Besio, 2019). I drew on my positionality as both practitioner and researcher to chart and represent the collective practices of the group, the embodied emotions of the space, the sound generated through the research year.

Autoethnographic accounts created a narrative that explores my role as song leader in close proximity to the group members and the space we shaped together in song (Milligan and Wiles, 2010). Both Spinney (2006) and Zebracki (2016) use autoethnographic methodology to encounter and attempt to chart and explain non-representational elements of embodied experience, such as the way music moves the body through rhythm or how the microscale sites of muscles in the body react to being in motion. Zebracki (2016) uses autoethnography to create embodied knowledge through experiencing music as dance, studying the 'body-in-(e)motion' (p.117) and how his body relates to time and space through sound. Similarly, autoethnography enabled me to *tune in* to the embodied nuances of my sound-making body and my emotional experiences of leadership. Using autoethnography as a primary method allowed me to engage with my body in space, as well as reflecting on the non-representational qualities of sound and the group's atmosphere.

A regard for emotion and embodiment is presented as vital for understanding music geographies through embodied methodological practice. Duffy and Waitt ask: 'can we make sense of the affective or innate biological responses aroused by music in a meaningful way?' (2011 p.124). Wood, Duffy and Smith (2007) particularly engage with this field of musical methodologies, establishing this research gap and evoking debates as to how geographers should go about understanding and accounting for these geographies. They suggest that appropriate methodologies for music involve the researcher themselves engaging closely with live performance. This involves honing their listening skills as *sensing participants* and using field notes and auto-ethnography as writing practice for representing the non-representational aspects of musical performance. In doing so they are able to engage with their emotional experience and to give voice to the 'unspeakable geographies' of musical performance (p.885). Scholars have taken up various approaches to use their body as research tool in order to produce an informed embodied study of music. Duffy and Waitt (2011), develop a methodology which uses sound diaries in order to 'capture the social and individual processes of music' to investigate how 'the sounds and music of this festival operate to forge an individual and collective sense of self through place' (p.123). The authors use sound recordings to 'allow people to think about the sonic qualities of place', such as the 'spontaneous bodily and emotional reactions to sounds' (p.125). These reflexive methods are not without risk and

limitation, such as the tensions between 'being and becoming in-the moment' (Duffy and Waitt, 2011 p.125). However, arguably these experimental and creative methods are vital to understanding music's non-representational geographies. Geographers must be 'able to take on the lumpiness, transitoriness, and unexpectedness of understandings of places forged lived through listening' (Duffy and Waitt, 2011 p.133), and so performative, experimental, and creative methodologies such as autoethnographic accounts of sound should be explored further in the discipline.

Autoethnography has also been used by music practitioners as a method of learning and developing skills through reflexive practice (Bartleet, 2009; Bartleet and Ellis, 2009; Cooper, 2017). Bartleet (2009) and Bartleet and Ellis (2009) use autoethnography to explore the dualisms between being a conductor and musician, and an autoethnographer. Both papers expand on the interconnectedness of life and research when undertaking this method, such as how the reflexive nature of autoethnography can result in the erosion of the separation of work and personal life, where practices and processes of the session are continually thought over. This permeable boundary was certainly the case in my research experience, where I would continually mull over sessions to consider anything that I might have missed and find ways to express the parts that I wanted to convey in my writing. I tried to minimise overthinking by writing my diary as soon after sessions as possible and setting aside time in my working day to use sound notes on my phone to record any further thoughts. This method provided very raw data that acted to give a sense of the parts of the sessions that stood out. After making these initial observations, I would handwrite these thoughts into an extended narrative, often visiting a café soon after the session to allow myself space to unpack both the seemingly mundane moments of the session and the interactions and emotionally charged instance.

Bartleet and Ellis (2009) make the case that autoethnography is an ideal medium to present music due to the embodied nature of music and the performative nature of autoethnography. They argue therefore, this method is useful for blending social science and the creative arts. Bartleet and Ellis (2009) and Cooper (2017) highlight how autoethnography provides an opportunity for self-reflection that can increase skill. As Bartleet and Ellis (2009) argue, autoethnography gives the opportunity for

a dynamic discovery of the self. Indeed, this aspect of the method became central to my practice-research where autoethnography gave space for me to check-in with my own emotions on running the group, which at times could be challenging. For example, at the beginning of running the group, I had to confront my nerves at the new experience of group leading and my worries about whether I was doing a good enough job. The pages of my research diary were a space for me to let out my worries and address them. I reassured myself as to my abilities by writing through the positive and successful elements of sessions and the group's journey. As well as reflecting on my song leading place in the group, I used my notebook to explore my emotional reactions to the challenges of working with individuals who are chronically ill, such as my initial shock at seeing someone bring an oxygen tank or my sadness that a member could no longer attend having become too ill. In this sense, the pages of my field diary were a space of care for me as a researcher to address some of the emotional challenges of working with chronically ill individuals (see McGarrol, 2017).

3.5.2 Sound methods: tuning into sessions

Taking sound recordings served two methodological purposes. Firstly, they acted as an aide-memoir that allowed me to 'access the time-space of musical experience' (Wood, Duffy, and Smith 2007, p.881) where I was unable to note-take and sing simultaneously (and see Zebracki, 2016). Having sound recordings enabled me to revisit the sessions afterwards to reflect on the nuances of sound, tuning in to all sounds; as Wood, Duffy and Smith. (2007) consider, listening back allows the researcher:

> to attend not only to actual musical performance but also to the ambient sounds that are often filtered out by listening conventions: the coughs, small talk, scraping of chairs, the rustling of paper, and so on (p.881).

Attuning to these sounds was critical in the singing-for-breathing group, where I could actively listen out for the ways breath/lessness was audibly present in sessions. A similar method is undertaken by Zebracki (2016), where he listened back to the techno music event that he was representing in autoethnography. Here, listening allows the researcher to attend to the time-space, where 'lived memories of the past are 'rehearsed' Once electric techno beats enter my hearing, I 'breathe' them in, they flow through my body and bring it in (e)motion' (p.118). In listening

back, I could step out of the role of song leader and into my researcher role with greater ease, allowing me to be attentive to the ambient and sung sounds, as well as tuning into the dynamics of the group made audible in the responses to songs and jokes (see Chapter 6).

The second methodological role of the sound recordings was to provide a representation of sung-sound to be included as data. Sound recordings in geography follow a phonographic practice of representing space through sound (Gallagher and Prior, 2014). Rather than solely providing descriptions of sound in diary accounts, the reader is also invited to listen and immerse themselves in the sound recordings through the empirical chapters. These sonic invitations are included in the three interlude chapters and the narrative of the singing-for-breathing group. Listening to the sung-sound allows the reader to step-into the *soundworld* of the groups, to hear the more-than-representation aspects of the soundscape, which cannot be easily charted as words. This method follows a growing body of sound work in cultural geography that uses listening as a mode of critically engaging with practices (Pain *et al.,* 2019) and atmospheres (Boyd and Duffy, 2012). I used Audacity[18] software to extract the audio examples from the entire sound recording (Figure 3.5). These trimmed audio sections are inserted as sound files within chapters as a link to a folder in my University One Drive, stored in keeping with my data management plan.
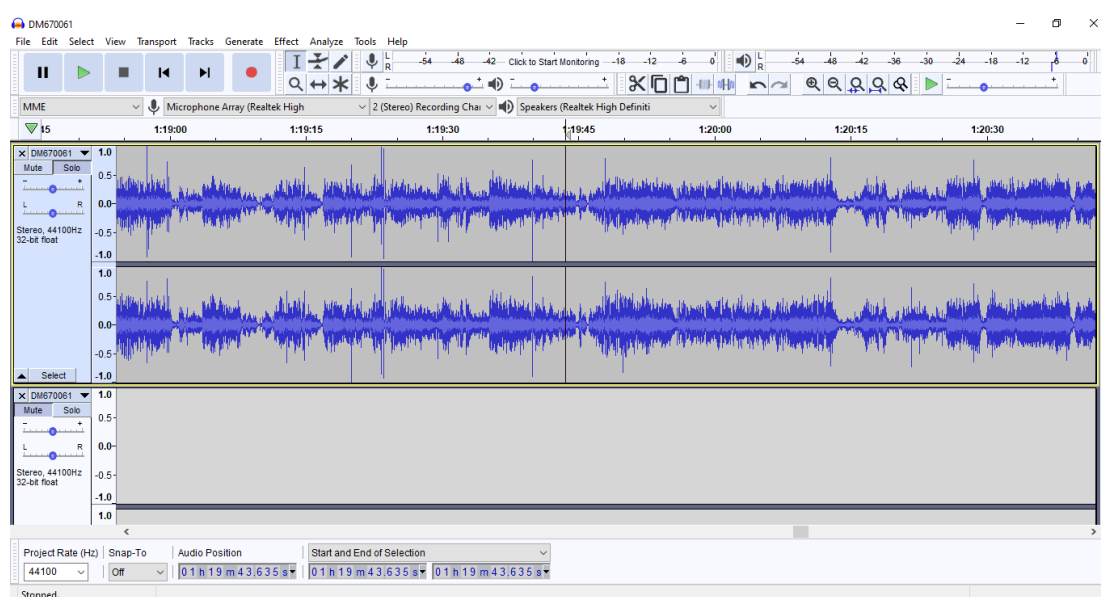
Figure 3.5: Working with sound data on **Audacity** software (Author's own screenshot)

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[18] https://www.audacityteam.org/

Sound methods have received some critique as to their limitations. MacFarlane (2020) queries the extent to which using sound as a primary form of data can represent those who are "silent" in research. MacFarlane's critical reflection on the growing trend of affective and sensory experiences of sound in Geography presents a call for geographers using sound methods to be attentive to the social relations which contextualise sound and consider who is heard and which bodies are silenced. MacFarlane argues that sound is removed from critical engagement by presenting sound as an immediate encounter in non-representational research, such as in methods of listening and recording. For example, more attention should be given to whose sound is captured, whose voices are heard, and whose input is silent. Therefore, MacFarlane calls for the 'negative geographies' and the methodological failures to be woven into the research narrative. When considering this perspective in the singing-for-breathing group, there are certainly instances where the singing group and my data collection have not been successful. The voices that have been excluded from my research are those that never came back to the group. Out of the 35 people that attended the group in the first year, some only came for one session. Some individuals stopped attending because they became too ill and were physically incapable of coming back. These voices of individuals who withdrew from the group are voices that, regretfully, are excluded in my research. Equally, only 4 men attended the group over the first year, so there is a notable gendered imbalance in the individuals represented in this research. In this sense, only the "successes" are represented in the sound recordings and interview data. However, even this success was temporal. Some of those who expressed the most enthusiasm for the group during interviews could not, or did not, come back. While the sonic methods do not 'sound out' those for whom the group was not enjoyable or who did not feel included enough to return, my reflexive dairying does tune-in to moments of my perceived failures in facilitating, such as when songs "fell flat" or were not received well. This focus allows a critical lens that is inclusive of the nuances of positive *and* challenging experiences but cannot represent the silence of those who withdrew. Therefore, future research could do more to engage with these participants to devise ways to ensure that the needs of all individuals are met in the running of singing for health groups.

3.5.3 Interviews: intimate and emotional encounters

Where autoethnography and sound recordings acted to represent and account for the space of the singing-for-breathing group, I undertook in-depth semi-structured interviews with members to understand how the group impacted their lives and their lived experiences of illness (interview schedule can be found at Appendix A). While I had been able to witness a change in the sound and the interactions between group members within the group space (explored in Chapter 4), the interviews were the first opportunity I had had to learn about whether the breathing techniques learned in sessions were having any impact in people's lives. As Table 3.1 presents, I undertook nine interviews with group members in December 2018, 5 months after the group began. I undertook a second round of interviews in July 2019, marking a year after the group began. Three further members who had joined after December 2018 participated in the July interviews. In this second interview set, I invited members back for a follow-up interview. However, out of the original nine interviewees, only three agreed to a follow-up discussion. This was because four original interviewees no longer attended the group due to illness. A further member had taken a break from attending at the time due to personal reasons, and one member did not want to be interviewed again. I also undertook interviews with Deborah, the links worker, and Janice, the practice nurse, to gain their professional and clinical insights and to reflect on their experiences as group attendees.

All interviewees were provided with an information sheet (Appendix B) that explained the purpose of the research and the ethical considerations that have been undertaken. This leaflet was made available to those who joined the group to ensure they were informed of my research practices, such as making sound recordings. All those who joined the group were invited to sign an image release form (Appendix D) in order to consent to the public use of their photographs. Attendees were always informed of when photographs were being taken in sessions and an option was always given to opt out of appearing in these photos. Interviewees gave informed consent for their interviews to be recorded and used in this research (the consent form is found at Appendix C). To that end, the names of all group members have been replaced with a pseudonym, in line with University of Glasgow ethics protocols. Janice and Deborah both gave informed consent to their names appearing in this

research as they are both publicly associated with the group. While 35 individuals attended at least one session over the research year, those who took part in interviews reflected the core group of attendees that came to sessions over these two interview periods. All group members attending these intervals were invited for interviews, but not all members wanted to take part. As Table 3.1 charts, the age range of interviewees was 51-78 years old. The age of group members as being notably older (the mean age is 68.25 years old) reflects COPD having a higher prevalence in older adults. According to Scottish Health Survey (2018, p.251) data, prevalence of COPD in Scotland increased from 1% among those aged 16-44 to 11% among those aged 65-74.

Pseudonym/ name	Age	Gender	Condition	Month of interview
Paul	62	Male	COPD	December
Angie	61	Female	(sever) COPD and heart failure	December
Kirsty	67	Female	Collapsed lung, COPD, asthma	December and July
Judy	70	Female	None (supports Kirsty to attend)	December and July
Sarah	76	Female	COPD	December and July
Hannah	74	Female	COPD	December
Jackie	76	Female	COPD	December
Claire	51	Female	Anxiety	December
Louisa	78	Female	COPD	December
Tom	68	Male	COPD	July
Rob	72	Male	Collapsed lung	July
Nicola	64	Female	Bronchiectasis	July
Deborah	Not stated	Female	N/A (links worker)	December
Janice	Not states	Female	N/A (practice nurse)	July

Table 3.1: Singing-for-breathing interviewee demographics.

Figure 3.6: Interview room at the GP surgery (Author's own photograph).

Interviews took place in a common room in the local GP practice (Figure 3.6). I chose this space because it offered a quiet and undisturbed place. The space had access to tea and coffee making facilities, so I took time at the start of each interview to ensure the interviewee was comfortable (Longhurst, 2016). I hoped this would help facilitate a space where interviewees feel safe to talk freely about their experiences of illness without being disturbed by interruptions or background noise. However, while this was an informal space, the location within the GP practice integrated a clinical element to the interview experience, such as interviewees waiting in the practice's waiting room if they had arrived early. This potentially contributed to interviewees regarding the interview as a clinical appointment to report on their health. For example, Hannah told me how she had described her upcoming interview to her son:

> I was telling him I was coming here the day, just for an interview with Sophie to see how we are reacting to being in the group.

Some members started their interview by speaking directly into the voice recorder positioned on the table and listing their perceived health benefits before asking if I

had any questions for them. While I had always been transparent about the purpose of interviews, I realised that the location within the surgery potentially indicated a more clinical reason for the interview. Equally, one member attending their interview feared that the interview process was acting as an end-of-project evaluation, marking the end of the singing group, though I had in no way suggested that this was the case:

> And this was frightening for me coming up here today, because I thought, 'I hope Sophie isn't going to say; 'well that's the end of it all', and we'll never see each other'. And I'm coming up and hoping Sophie doesn't say this is the end of it. Because I'll cry and I'll say 'please don't end it all, Sophie, please keep going'.

This group member's fear creates a poignant reflection on the sometimes transient time-scale of pilot studies and research projects. Fortunately, I was able to continue the group as it was embedded in my research practice, and therefore funding was not a limiting factor, as it might be for some short-term studies.

Furthering this narrative of placing interviews within the practice-led design, I had to work hard to navigate my multiple identities as song leader and researcher. As DeLyser (2001) discusses, doing research with a community that you have been part of presents challenges around how participants perceive and relate to you. At times I feared that interviewees wanted only to report positive attributes of the group as they perceived that this would help me "do well" in my research. As a result, I had to work hard to encourage a more nuanced explanation about their experiences in the group. Because all previous dialogue with group members had been within my capacity as a song leader, rather than a researcher, the interviewees could sometimes maintain conversation as informal exchanges. At times, it was challenging to steer conversation back towards my semi-structured schedule. This presented a challenge for undertaking practice-led research as group members had only regarded me in my song-leader role, despite knowing my intentions as a researcher. However, informal sharing provided crucial moments of insight into the lived experience of chronic illness. For example, one interviewee struck up conversation about their Christmas shopping where they narrated their experience of negotiating their breath in the cold city streets. This moment, which helped evidence *lifeworld* experience of breath (see Chapter 7), happened just moments

from the end of the interview as thoughts turned to how we would be spending the rest of the day. While I had asked questions about breathlessness in the interview, it was only in this conversational moment of sharing that the interviewee offered this account, illustrating the role that informal conversation has within interviews.

Interviews were shaped as a 'multidimensional talk space' (McGarrol, 2017 p.552), where stepping out of my song leader role and into a researcher position facilitated conversations that were both personal and structured around a research agenda. My position as someone they had spent time with enabled friendly and open conversations. Despite setbacks of members wanting to say the "right thing" to avoid disappointing me potentially, members were often open in the answers they gave throughout the interview. At times we entered into engaged and often emotional conversations about their time in the group and life with a chronic illness. Interviews proved to be highly emotional encounters with group members where they disclosed the extent to which the group was impacting their lived experience of illness (explored in Chapter 7). I felt that the relationship I had formed with group members over the time in the group allowed scope for these frank and honest discussions of illness. For example, during a particularly emotional point in Paul's interview, he told me:

> This is hard, Sophie, but I can only talk like this with people I respect and admire. You're my pal, although youse are all my pals, I can't help it!

Being immersed in the research space can problematise and blur the boundaries between the researcher and participants, as explored in similar immersive methods, such as participant action research and volunteering (Wynne-Jones *et al.,* 2015; Askins and Blazek, 2017). While being mindful that terms of friendship in research should be met with caution, Paul's sentiment here describes how he felt able to open up to me in the interview. This kind of sharing felt possible because of the practice-led methodology, illustrating an advantage of this in-depth undertaking (de Leeuw *et al.,* 2012).

During interviews, I ensured that interviewees were happy to discuss the emotionally difficult accounts of illness, checking-in with them continually and giving space for them to pause or move the conversation on. As Leahy (2021) recognises, interviews

that focus around sensitive issues require the researcher to forefront the emotional needs of the participant:

> Attention to subtle ethics within an interview requires that the interviewer listen with both the head and the heart: simultaneously attuned to intellectual considerations of whether topics have been covered as well as emotional discernment of how the narrator is feeling (2021, p.9).

As well as attending to the emotional needs of participants, I also took care of my own emotional wellbeing. While I had immersed myself in literature about breathlessness and chronic respiratory illness, I found myself taken aback by some of the accounts of breathlessness in interviews. As McGarrol (2017) discloses, doing in-depth interviews on health issues is emotionally challenging. I felt very privileged that interviewees felt comfortable sharing these experiences, particularly as they moved away from listing their perceived clinical benefits and into emotional and personal accounts of health struggles.

Interviews became shaped as an emotional exchange, as I was also open with interviewees about my setbacks and insecurities around running the group at the beginning. In this sense, the shared narrative between my journey as a song leader and group members' journeys as becoming-singers became interwoven. In Paul's interview, for example, we shared a moment of recognising and reflect on this journey together in the group where he sought to encourage me to recognise my role:

> Paul: It's not just a singing group. You see it for yourself; it's a bigger thing. You've created a bigger thing that for people in our situation, it's wonderful. So, more power to you hen and keep going. You know me I come out with "go on yersel hen", but that's just to make you go "am goin' myself mister!" You know what I mean!
>
> Sophie: I guess for me as well; it's been a journey.
>
> Paul: I could see how nervous you were, and I wasn't there the first few weeks. But, when I came, I could see how nervous you were. Now I see how *un-nervous* you are.
>
> Sophie: I'd done loads of training and choir leading and all that, but never run a group. And you can do all the training you like, and I've sung all my life, but when you… I even hate doing stuff like public speaking, being the person that's the centre of attention, your voice and the spotlights on you and... yeah, that's the worst! This group has given me a lot of space for self-

reflection on my own nervousness and fear that I've been able, with the group together, to work past.

Paul: And we see that in you as well as seeing it in each other. It's a great group you've created. And I think each one of us coming in has the nervous thing.

Carroll (2013) discusses that sharing stories between researcher and participants is an integral part of the process of doing sensitive research. By disclosing my vulnerabilities, I was able to demonstrate that feeling nervous was an emotion shared across the group. My interview practice aligned with Carroll's (2013) reflections that being an empathetic researcher involves positioning oneself in a way that diminishes the power dynamic between researcher and participant. Therefore, interviews were care-full spaces where an ethics of care was always at the forefront of my intentions when asking questions and engaging in the emotional dynamics of life with a chronic illness (Leahy, 2021). A description of the data analysis approach that I undertook to understand and interpret the interview data is explored in section 3.8 of this chapter.

3.5.4 Clinical quality of life measurements

As part of our funding partnership with the local GP cluster, Practice Nurse Janice Merrick and I wrote a report in the spring of 2019 that combined quantitative breathlessness assessments that she gathered and my preliminary interview themes and supporting quotes. Janice measured perceived changes in quality of life using COPD Assessment Test (CAT) scores. The CAT is a short questionnaire about the impacts of COPD on day-to-day life (a CAT questionnaire is found in Appendix E). CAT scores are widely used in clinical and research settings as an assessment of how COPD impacts on different areas of life, such as abilities to walk without becoming breathless; levels of confidence for leaving the house; capacities to carry out household tasks such as cleaning; and sleep and energy levels. There are eight questions that participants rank on a five-point scale to give a score between 0-40 that is indicative of how impactful COPD is on their quality of life. Higher scores represent greater lived impacts of the illness. Eight group members participated in Janice Merrick's research, with CAT scores recorded when the group had first started in August 2018 and again in January 2019. CAT scores have been used as part of mixed-methods evaluation of singing for lung health interventions (Lewis, Cave and

Hopkinson, 2018; Skingley *et al.*, 2018; Philip *et al.*, 2020). Lewis, Cave and Hopkinson (2018) were the first researchers to use CAT scores in singing for lung health evaluation. Their research findings, which surveyed 113 singing for lung health attendees, indicated a very slight improvement in the scores when recorded at a 12-week interval. Janice Merrick's report (the results of which are found at Figure 7.1, Chapter 7) found that attendees' CAT scores worsened in the winter measurements, which was understood to be as a result of the cold weather. However, while the final CAT score had increased slightly, her research indicated an overall decrease in exacerbations (flare-ups) in the participants, as well as reported increased abilities in some of the assessment measures (see Figure 7.1). As such, the use of CAT scores was somewhat informative of how group members' quality of life was impacted by the singing group, as well as offering a reflection as to how COPD symptoms are worsened by cold weather. The CAT results offered in Chapter 7 are used in tangent with in-depth interview narratives which offer a lived insight into the experiences behind the numbers. Havi Carel (2018), writing from her experiences of living with a chronic respiratory illness, reminds us that we should not evidence breathlessness as a clinical objective measurement, but rather, we should pay attention to the lived experience. To become breathless, she describes, is physically and emotionally overwhelming, and this experience should be recognised in research and clinical practice, rather than charting breathlessness as a number. Pairing the CAT scores with descriptive narratives and reflections from group members offers nuances into the quantitative questionnaire data. For instance, close phenomenological representations of how breathing cold air while Christmas shopping created breathlessness, demonstrate why the scores may have worsened in the winter assessment.

3.6 Re-imagining breath through creative co-production

3.6.1 Inspiring Songbook – a challenging take-home task

In order to assist members in learning and reflecting on their breath, in November 2018, I produced a take-home workbook for them to work through weekly. The intention was that members try one reflexive task a week, in the form of drawing or

writing that would represent their breath or singing. The tasks took their inspiration from the Life of Breath[19] project, which used many creative strategies, including writing, drawing, art and music writing to imagine and represent breath/lessness. In particular, I drew inspiration from artist Jayne Wilton who worked collaboratively on the Life of Breath project and has used art as a medium to visualise breath[20] The workbook's introduction reshaped reflections I had carried out in my literature review, which explored these breath philosophies. Figures. 3.7 - 3.10 illustrate the opening pages of the workbook and are indicative of the creative formatting taken throughout the workbook pages. Following these opening pages, the workbook presented examples of Jayne Wilton's art and gave some prompts for the group members to think creatively about how their breath could be narrated through the workbook tasks (outlined in Figure 3.11).
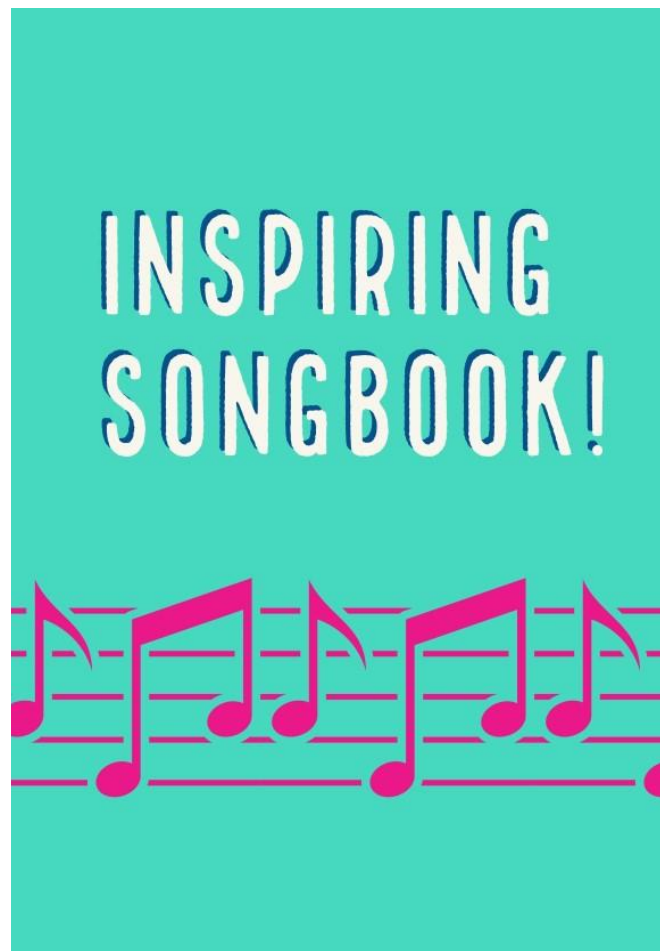
Figure 3.7: Inspiring Songbook cover page.

This is your inspiring songbook!

Inspiring has different meanings... It means to motivate, to provoke thought, or to give energy to do something, and it also means to breathe in.

Inspiring is a lovely way to describe what we do in this group. We breathe together when we sing and we achieve amazing sounds. What I'd like this songbook to do is to be a space where you can be inspired by your breath. The book has eight exercises to work through over eight weeks with tasks that encourage you to think about your breath, your voice and how these two come together in song. In this book I am also asking you to explore your relationship with your breath. Having a respiratory illness means that breath can be something on your mind a lot but by working through this book and with our singing sessions I hope that we can make breath into something more positive.

You don't need to worry about if you're doing the tasks right or wrong, the point of these activities is to get you thinking about your breath and about singing. You absolutely don't have to share them with anyone else, and this book can remain absolutely anonymous if you like! At the end of working through the book I would ask that you share the book with me (Sophie) so that it can be a part of my research project into singing and wellbeing. If you have any questions about this, please don't hesitate to talk to me! Or drop me an email at s.boyd.1@research.gla.ac.uk.

Figure 3.8: Inspiring Songbook introduction.

Thinking about breath
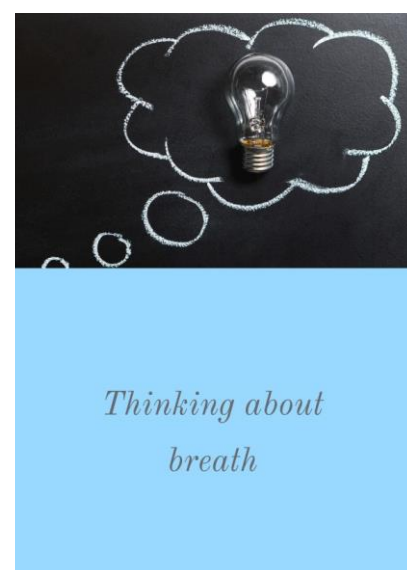
Figure 3.9: Thinking about breath introduction page.

If we think a bit about mindful breathing, we can think of breath as more than just a biological function. Breath is something we do every second of every day for our whole lives. It is something tied up in our emotions. If we are nervous or anxious our breath will be fast, shallow and we may carry tension in our shoulders. If we are relaxed our breath is deep and slow. Breath is also something that connects our bodies to the world around us – think about smell for example and how we experience the world through our breath with this sense. The song Air, by the Incredible String Band is a really nice way to think about this relationship:

Air

Breathing, all creatures are
Brighter then than brightest star
You are by far
You come right inside of me

Close as you can be
You kiss my blood
And my blood kiss me

Here, the song acknowledges how amazing breath is because of the way air comes inside our lungs it "kisses" our blood and provides us with a life force. It's a really beautiful way of understanding the process of breath as something more than just biological.

Figure 3.10: Introducing breath philosophies and mindful breathing

In these opening pages, I sought to reassure the group members that the creative exercises would not be judged or assessed and that they were intended be enjoyable and thought-provoking undertakings, used with permission in my research. The introduction also advised that group members were not obliged to carry out the workbook tasks, and my email address was provided in case they had any concerns or questions.

Following on from the introduction, the workbook presented eight tasks, each assigned a blank page:

```
1.  Describe your breath
2.  When I sing my breath feels:
3.  Describe how it feels to sing
4.  Being a part of this group means to me:
5.  How does singing help your breath?
6.  Write a letter to your breath
7.  What does singing mean to you?
8.  Write a line of a song
```

Figure 3.11: Outline of workbook tasks.

While all group members took a workbook home, only four members completed the tasks. Feedback from other group members who did not complete the workbook suggested that the creative nature of the tasks was overwhelming and off-putting, as Judy and Kirsty described:

Sophie: Thank you so much for embracing this task, I know it's challenging

Judy: It makes you think!

Sophie: I'm curious how you found these different tasks?

Judy: Difficult. [I thought] I haven't a clue what she means. We had no clue how to start. But I thought, you don't need to worry, nobody is going to see it.

Kirsty: I think some of them are panicking because they don't know what to put. At first I thought, what does she want from this?

Despite the assurance that there was no wrong answer and that the books were for *them*, they were nervous that they would not complete it well enough. I used interviews as an opportunity to talk through the tasks with those who were unsure, encouraging verbal answers to some of the questions. However, in retrospect, the tasks were too challenging to complete in a workbook format. While only a few members participated in the workbook tasks, the outputs of those who engaged were often in-depth and thoughtful. In interviews following these tasks, they reflected on

how the process had helped them learn about their breath and it's uses in singing. The following pages present some of the workbook entries completed by Paul. Further examples are analysed in the empirical chapters.

DESCRIBE YOUR BREATH!

BE AS CREATIVE AS YOU LIKE! USE PICTURES, WORDS, DRAWINGS, CREATIVE WRITING...

BREATH

A PERPETUAL CRYSTAL CLEAR, ICE COLD RIVER THAT FLOWS THROUGH OUR BODY, DROPPING OFF AT EVERY DOCK LIFE

Figure 3.12: Paul's Inspiring Songbook entry: Describe your breath

BEING
A PART
OF THIS
GROUP
MEANS
TO ME...

† WE HAVE A GREAT TEACHER.

BEING PART OF THE SINGING GROUP IS A WONDERFUL THING, ALL OF US HAVE BREATHING ISSUES BUT WE ARE ONE WHEN WE SING, THERE IS A NEW FOUND BREATH WHILST WE SING AND SINGING IS THE MOST JOYFUL SOUND, EVERYTHING THAT BREATHS CAN SING EVEN UNDER WATER THE SONG OF THE WHALE IS WONDERFUL. HEART/SPIRIT/WAY OF BEING ARE ALL ENHANCED WHEN SINGING OR LISTENING TO SINGING. SINGING IN MY OPINION ARE THE "GYMNASTICS" FOR YOUR LUNGS, A MAGICAL THING IS BREATHING, IT COVERS SO MANY EMOTIONS, IT CAN BE SPIRITUAL, SAD, HAPPY, LIVELY, SOMBRE, UPLIFTING AND EVOKES EVERY EMOTION IN YOU SO SING SING SING

Figure 3.13: Paul's Inspiring Songbook entry: Being a part of this group means to me..
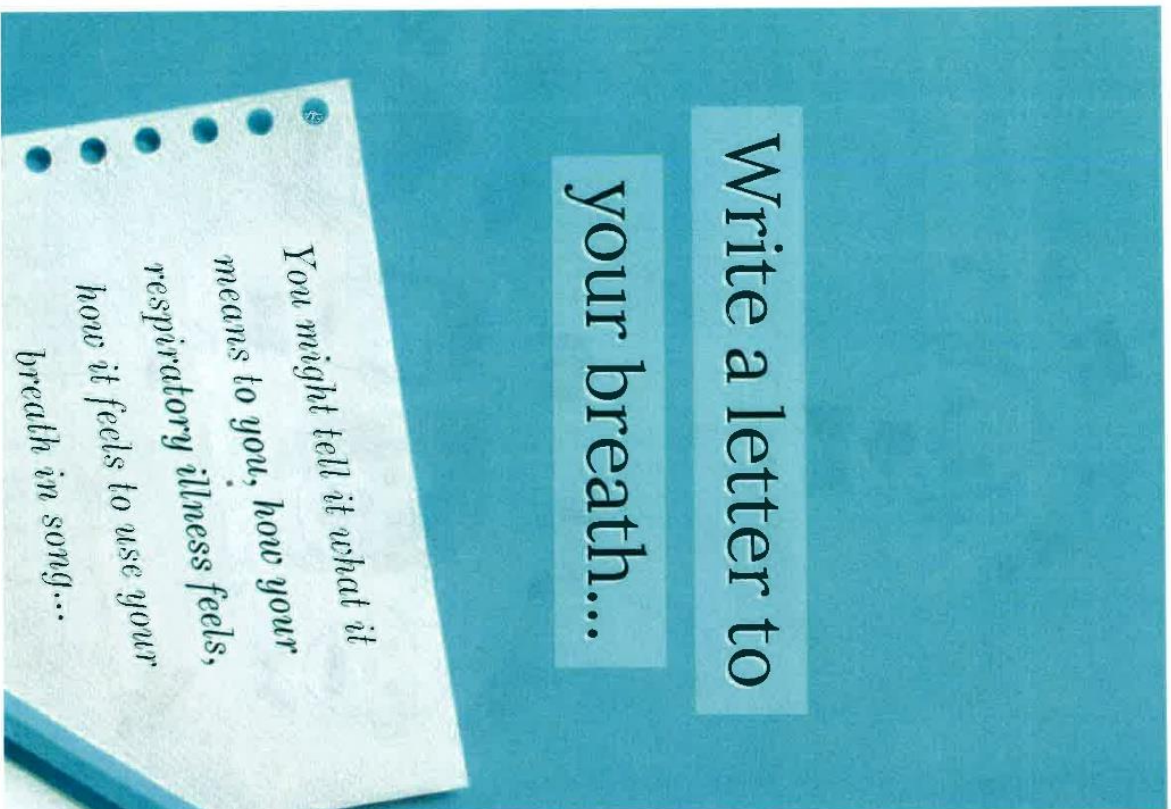
Figure 3.14: Paul's Inspiring Songbook entry: Write a letter to your breath

3.6.2 Designing a workshop series

Figure 3.15: Group members work together on a workshop task, drawing onto a large sheet of paper (Author's own photograph).

Using the feedback that the individual tasks were too challenging, I designed a series of five creative workshops that would allow group members to work together through facilitated discussion about breath, body and voice. Workshops have been employed as a creative method for co-production within the geography discipline as a way of generating shared knowledges (Richardson, 2016) and helping participants to reflect in a medium other than words (Hawkins, 2015). As with the *Inspiring Song Book*, tasks were influenced by the creative outputs of the Life of Breath project. Workshops took place during sessions over three months in the summer of 2019. To avoid disrupting sessions too often and creating fatigue in participating, I ensured that workshops did not run across consecutive weeks and placed the workshops within the 30-minute tea break. In terms of running the workshops, I provided art supplies such as colouring pens, sequins, glue, coloured shapes, tissue paper, and large sheets of paper. For each workshop, I prepared worksheets to help guide members through the tasks. The five workshops detailed below acted to chart and map different aspects of embodied and emotional experiences of singing and gave scope for members to reflect and report on the lived impacts of the group in their day-to-day lives. Discussions were often very engaged and thought-provoking;

however, members found it difficult to translate their thoughts and discussions into visual formats, as analysed below.

3.6.3 Workshop 1. 'Lifeworld' mapping

The first workshop was a mapping exercise for members to creatively acknowledge the impacts of the embodied emotional encounters that occur due to being part of the group. This activity drew inspiration from a range of mapping exercises explored in creative geographies (Hawkins, 2015) and life mapping in health geography (Worth, 2011). In groups of three or four, members discussed things they feel more able to achieve and do due to being in the group and what affects their breath/lessness. This discussion extended some interview themes around feeling able to do more, walk and journey more easily, and consolidated how singing impacts their day-to-day lives (Figure 3.16). After discussing together in groups, members wrote down their individual reflections which gave an overview of how the singing group impacted on their physical and social capabilities. A sample from these responses in found in Figure 3.17.

To discuss: What role does the singing-for-breathing group play in your life?

In groups of 3-4 discuss and write down:

- The things you feel more able to achieve and so as a result of being in the group

- What affects your breath/lessness and whether this has changed with being in the group?

- What role does the singing group have in your life?

- What does it mean to be part of this group?

- How does the group impact on other areas of your life?

  - Activities that you can do

  - Skills acquired

  - Places more able to visit

  - Other impacts

Figure 3.16: Lifeworld survey questions from the first workshop.

Figure 3.17: Examples of lifeworld reflection responses

The second part of the workshop invited the members to 'map' these reflections to visualise the sites and spaces that they engage with as a result of being in the group. Members embraced the first task, giving answers which provided insight into the impacts of the group. The second part of the workshop was harder for members to engage with because it asked for a creative output that some did not feel confident with. However, members encouraged each other in the creative exercise by working in groups, and three maps were made in total across the groups. An example, one lifeworld map is illustrated in Figure 3.18 to demonstrate the creative realisation of some of the themes that groups discussed. These themes include the positive

emotions experienced when singing, journeys made when travelling to the group, and aspects of the session which they deem important, such as exercise, the social tea break, and feelings of community. The outputs of this workshop are discussed in full in Chapter 7.

Figure 3.18: Group 1's lifeworld map (Author's own photograph).

3.6.4 Workshop 2. Body-mapping: voice and song

Figure 3.19: Group members work together on a workshop task (Author's own photograph).

This workshop aimed to chart an embodied and emotional understanding of voice and singing in the group beyond what can perhaps be easily expressed in words. In groups, members were given pre-prepared paper with an outline of a body (see workshop instructions in Figure 3.20). Onto this image, members were invited to use words, printed images, basic art materials, and colouring pens in order to create their representations. Four groups created a body-map each, with an example depicted below in Figure 3.21, and these images are discussed further in Chapter 4 within the context of learning voice.

Workshop instructions: Discuss 'How does it feel to sing?'

- Physically
  - Sensations
  - Use of body
- Emotionally
  - How music affects us
  - Favourite songs
- What it means to have a *voice?*
- How singing compares to other self-management strategies?

Figure 3.20: Workshop questions to be answered creatively on body-map.
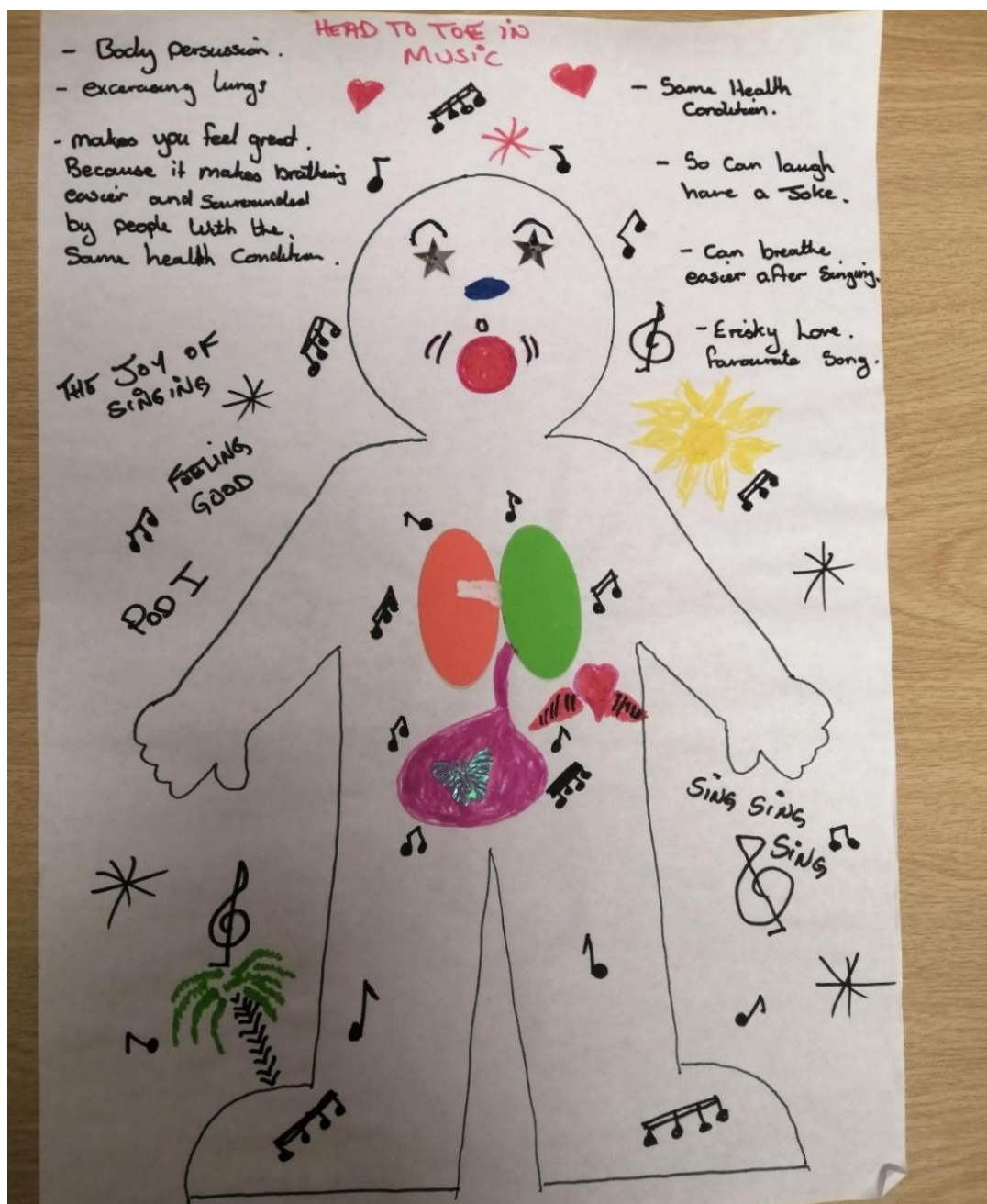
Figure 3.21: Group 1's body-map: How does it feel to sing? (Author's own photograph)

Charting sensations and emotions onto this bodily representation enabled a language of embodiment to be explored. This mobilised the academic language of embodied geographies with a practical understanding of sites and spaces of the singing body. This also opened up reflexive conversations about the embodied anatomy of singing, such as where the lungs are located within the body. Body-mapping is used as a method within creative health research as a tool for enabling expressions of embodied sensations and emotions (de Jager *et al*., 2016). It has also been adopted

by geographers working within a feminist epistemology to enable participants to engage with bodies, emotion, space and place. Doing so, empowers participants to express their bodies as a collaborative process within research (Zaragocin and Caretta, 2020).

3.6.5 Workshop 3. Body-mapping: breath/lessness

The third workshop followed the same body-mapping format as workshop 2. This exercise intended to investigate people's perceived embodied experiences of their breath using a visual representation of sensations around breath and voice. Three groups produced a map that charted their interpretations of the embodied sensations of breath. One group, whose map is illustrated below in Figure 3.23, had a new member, and so his contribution offered his embodied experience of illness rather than the other members' experience of singing breath. However, this workshop offered the opportunity for the members working on this body-map to share and discuss their positive experiences with him as encouragement that his breathing could improve over time.

Workshop instructions: Write a few words or sentences, colour, stick pre-made pictures to map, draw…

What is your experience of breath?

- How / where you feel breath?
- How breath tastes, smells, feels, sounds and looks like?
- How it feels to sing / what your voice feels like ?
- How do you feel about your breath?

How do you describe your breath:

- Before joining (or your experience of breathlessness)
- During the session
- Since joining
  - Has your breath changed?
  - Have the ways you think about your breath changed?

Figure 3.22: Workshop 3 instructions, to be answered creatively on body-map.
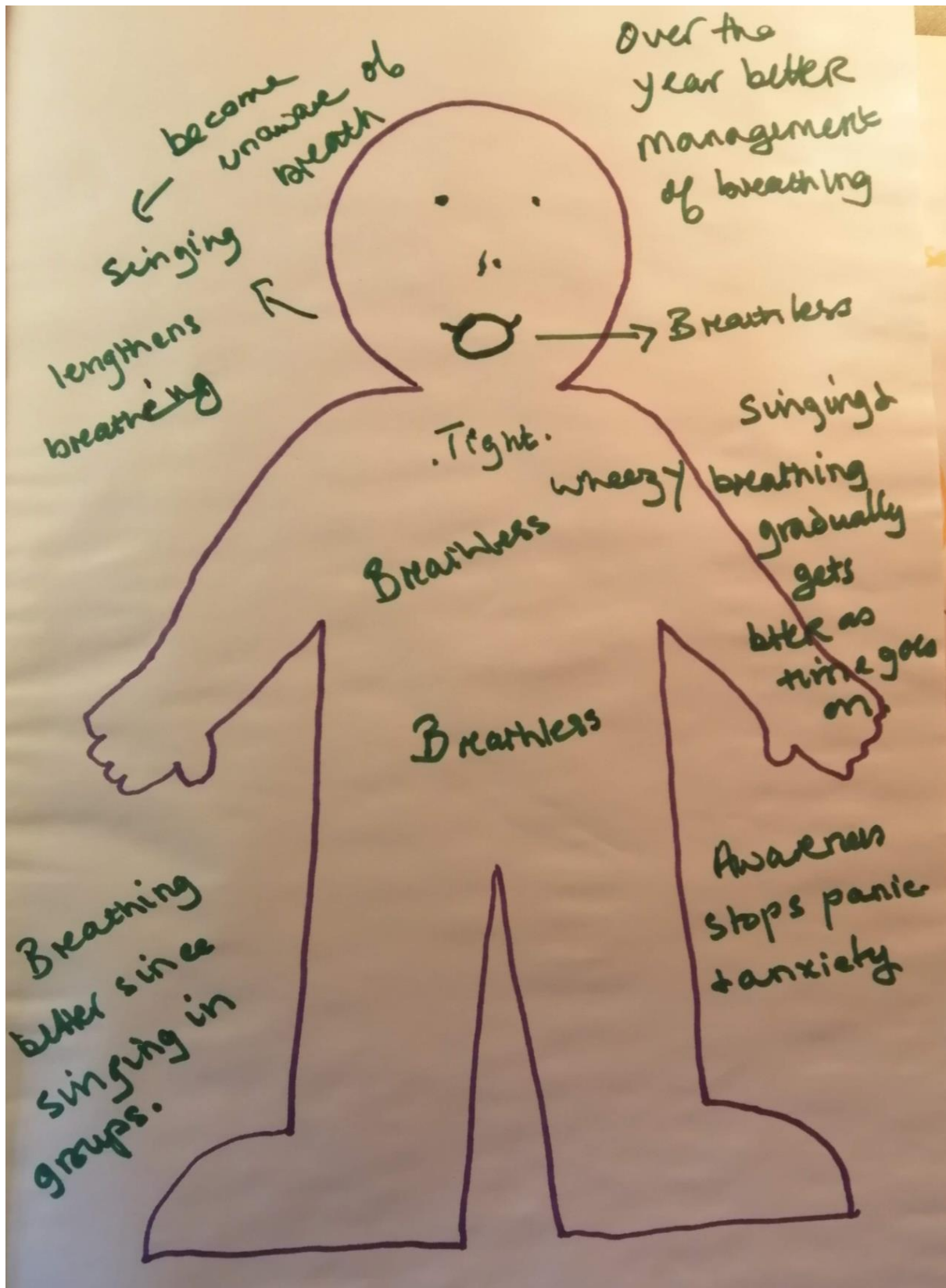
Figure 3.23: Group 2's body-map using words to describe breathlessness (Author's own photograph).

3.6.6 Workshop 4. Breath relationships: How do we see our breath?

Figure 3.24: Workshop materials - paper, straws and cups of paint mixed with soap
(Author's own photograph).

This fourth workshop intended to vision and represent breath. Each individual was invited to make a 'breath painting' by blowing into a cup of paint and washing up mixture, and printing the coloured bubbles onto paper. Jayne Wilton's visioning of breath through creative mediums (Figure 2.1) strongly inspired this activity. An example breath painting is found below (Figure 3.25), and all paintings are detailed in Chapter 6.
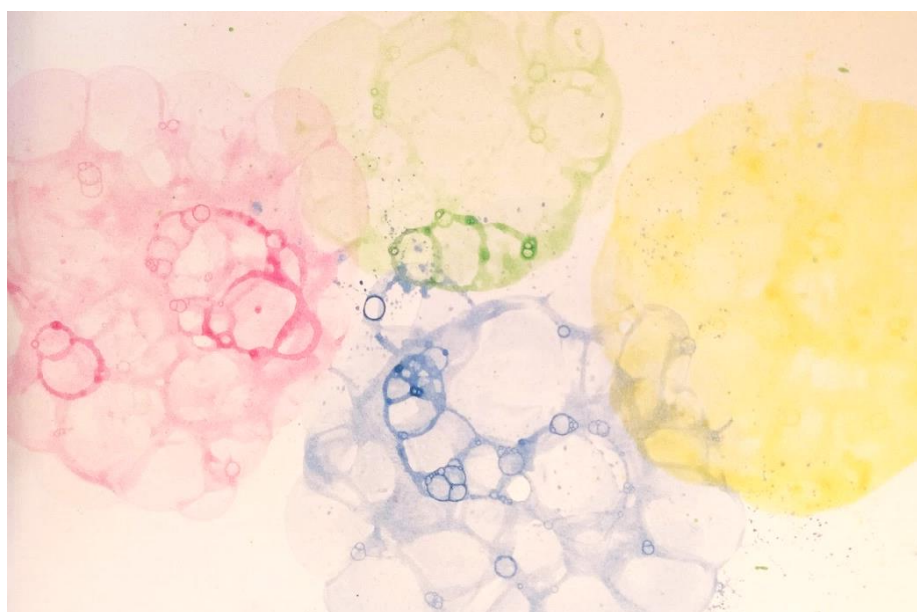
Figure 3.25: Example of a breath painting using different colours of paint
(Author's own photograph).

Participants were encouraged to write three words or phrases that they associate with their breath onto the back of their paintings:

Workshop instructions. In groups discuss:

- What is our relationship to breath when we use it for singing
- How does singing help our breath
- How does breath help our singing?

Figure 3.26: Workshop prompts for discussing the breath paintings.

Visioning breath in this medium provided an engaging way to consider ideas around the different ways breath is used, including the potential for singing to reshape breath into this beautiful medium. By making breath visible, it is easier to imagine it as being reformed in sound. This argument is explored through the breath paintings discussed in Chapter 6.
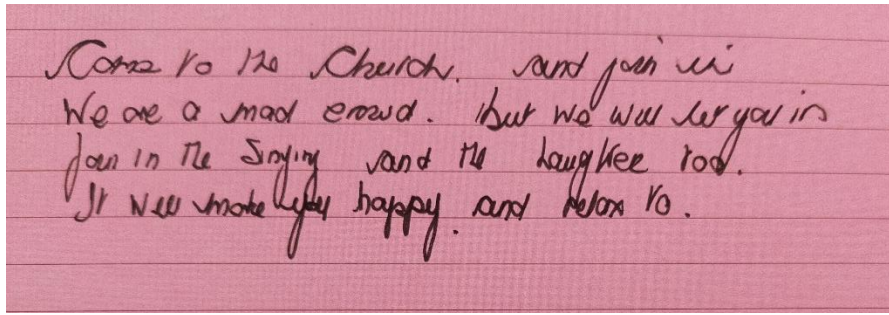
3.6.7 Workshop 5. Co-writing a group song

The final workshop involved collaboratively writing the lyrics to a group song, which were sung to the tune of a Glaswegian song, *Doon in the Wee Room*. This workshop was engaged enthusiastically by members, where the creativity came, not in creating art, but in contributing lyrics. Members were asked to contribute content in the form of lyrics or themes to be included. Some members who felt confident at this task crafted songlines and verses, illustrated below in Figures 3.28-3.30.

Workshop instructions:
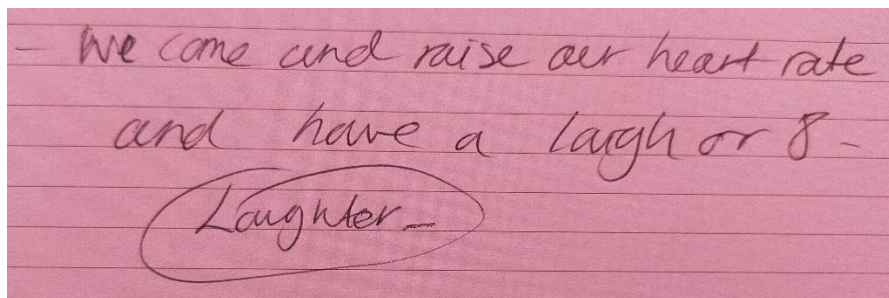
- Write down a word or phrase that you associate with the group. If you're feeling creative have a go at writing this into a song line or verse.
- These will be compiled together to write a group song to the tune 'Doon in the Wee Room'

Figure 3.27: Song writing instructions for workshop 5.
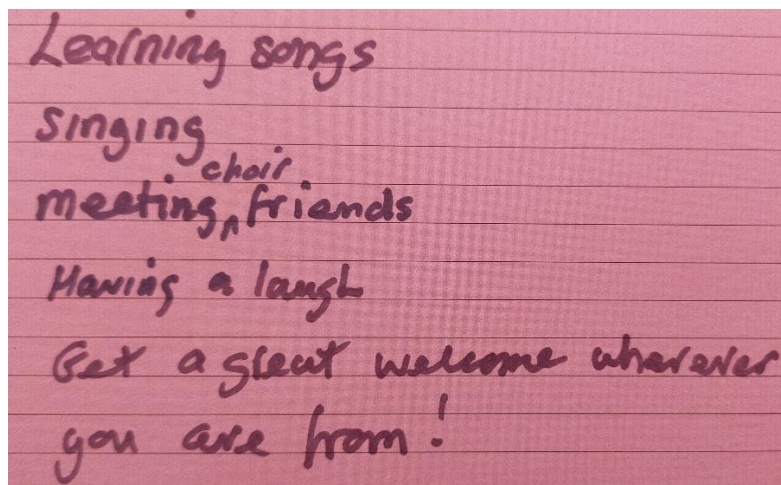
Figure 3.28: A verse that was reshaped for inclusion in the final song.

Figure 3.29: Several group members included laughter as a key element to be included in the song.

Figure 3.30: The welcoming atmosphere and importance of friendship was a key theme established in the workshop.

Members' contributions, written on small note cards, were gathered and placed centrally on the floor. At this point, members made initial comments on the themes that could be grouped together and possible rhymes that could be made across the lyrics. Over the intervening week, I arranged these themes and verses and filled in any missing rhyming songlines. I wrote each perspective verse out on A3 paper and asked the members in the following session to order the verses and to swap around any songlines. I reran the workshop in the third following week to ensure that all

members felt that they had collaborated on the song fairly and happy with all the lyrics and verses. At this point, members held a lively discussion on the suitability of lyric for representing the group. This also facilitated a discussion, transcribed in chapter 2, that considered the elements of the group that were specific to their identity as Glasgow 'East Enders'.

Five verses were created in total, and the chorus was included from the original song. The final version of the song is found in Chapter 5, and a sample verse is as follows:

> Come to the wee room we are a jolly crowd,
> We're working on our breathing, our progress makes us proud.
> Join in with the singing and in the laughter too,
> The welcome's even warmer than the nice cup of brew!

Figure 3.31: A sample verse from the song writing workshop.

Co-writing a song together contributes to an understanding of voice as a vehicle of expression in order to disseminate embodied, emotional and experiences of the group to wider audiences. For example, the group performed their song at the Scottish Government's Realistic Medicine Conference in autumn 2019 to an audience of senior medics, health care workers, politicians and researchers. Shaping the song together acted to literally give the group a *voice* in the research data, letting group members represent themselves in both sound and words. Doing so produced a research outcome accessible to group members and which they can share with others. It also acted as a positive endpoint to reflect together on the year of singing and what we achieved. Composing songs as representational data is an emerging practice in social and cultural geography used as a method for expressing collaborative outputs between researchers and participants (Pain *et al.*, 2019; Gibbs *et al.*, 2020).

3.6.8 Reflections on the workshop series

The workshops and take-home workbooks were challenging for group members due to the creative expectations of the tasks. Group members had already developed an admirable level of creativity and expression through song and dance within the group. The limitations were established in my lack of facilitation skills, particularly

in assisting the art-focused mediums, such as body-mapping. I found it awkward to step out of my song leader role and into researcher workshop-facilitator mode, and I could sense a slight annoyance from some group members when these tasks took up singing time. The song writing workshop generated most engagement. Group members actively participated in the shaping of the song and were proud of the final result. This output was most tangible to them as they could participate in singing the song and requested it frequently over the following months. Upon consideration, this workshop was the most successful because it engaged with the creativity cultivated in the group already through singing. It was closely aligned with the group's successes and was a fitting way to mark a year of singing.

The creative content from these workshops built on themes that have emerged in interviews (such as self-management strategies, growth in confidence, the enjoyability of singing, and breath relationships), but also allowed for expressions that they found difficult to put into words, such as embodied experiences of how they *feel* breath, or what it means to have a *voice*. Therefore, these creative methods are attuned to Boyd and Edwardes' (2019) call for geographers to be responsive to the sensory embodied phenomena by experimenting with non-representational creative arts methods. As such, more-than-textual representations allow for somatic and emotional experiences to be explored (and see Lorimer, 2008). These expressive representations also connect with Hawkins' (2020) exploration of the potential for creative participatory methods to give participants a voice in research, especially to topics that are 'often unspeakable' (p.94). Giving participants a voice through creative research mediums responds to Hawkins' emphasis on the *doings* of research to facilitate the impacts of 'shifting forms of research production, the nature of 'outputs' and diverse relationships with participants (p.94). The outcomes of these workshops were co-produced visual and auditory representations of embodied and emotional experiences of breathing, in addition to reflections on personal and collective developments. Outputs indicate which processes have contributed to changed understandings of breath and singing and changed lifeworlds. In doing so, we have created data that is translatable into academic contexts but which is also accessible to participants. These outputs have allowed participants to reflect on their progress in the group as part of the data production process. One woman, for example, spoke of giving her breath painting

to her son as a Christmas present, using it as a discussion point for the breathing practices of the group, while the group performing their co-written song at the Realistic Medicine Conference in the autumn of 2019, offered the opportunity to disseminating the research through their own words and voices.

3.7 Glasgow's song: Representing collective singing practices across the city

Three case studies of collective singing were gathered to represent singing practices in Glasgow. The examples - a political song group, a psalm-singing congregation, and a deathbed choir – were chosen as each reflects on a different focus of collective song in the city. Each represented a singing practice that I had never experienced before. I visited each group five times over several months. I visited each one consecutively, beginning with the Red and Black Song Club (RBSC), which I visited between May-July 2019, the Reformed Presbyterian (RP) church visited between July-September 2019, and the Threshold Choir visited between September-December 2019. Each occupied a different singing site, such as a community space, a church, and a tenement common room. As such, singing practices were explored for their abilities to transform spaces as they resonate with sound.

3.7.1 Gathering singing practices: first encounters and making connections

I chose each group because of their differing purposes for singing and their varying singing practices. Each offered an experience of collective singing that I had never been a part of before. From carrying out my literature review, I had become interested in the uses of political song as protest. I found that there were two political groups in Glasgow, the RBSC and *Unite, Fight, Sing!*. I reached out to both groups via their public Facebook pages to explain my research objectives, explaining that I would like to visit five times, record sessions, and conduct interviews. While I didn't hear back from *Unite, Fight, Sing!*, the RBSC invited me to a session to explain my research to the members and gain their consent to carry out my research with them. After that, I began my fieldwork with this group.

I became interested in psalm-singing practices after being given the *Salm* albums[21] of Gaelic psalm-singing from the Outer Hebrides. I was intrigued by the soundscape that was so different from the psalm-singing I grew up with as a chorister in the Anglican tradition. I discovered the Reformed Presbyterian Church in Glasgow practiced in this tradition. I reached out to the minister over email and met up with him in a café to describe and explain my hopes for carrying out fieldwork at his church. He was very receptive to my plans and helped to formulate some initial modes of inquiry. The minister shared information about my project with the congregation, including a call for interview participants.

The third group included in this trio of Glasgow's collective song is the Threshold Choir, a group set up to sing at the bedside of the sick or dying. I first encountered this group after attending a singing workshop for the Celtic festival *Imbolc*. I received a personal invitation to attend this event by a Threshold Choir member who had seen a workshop that I had given on singing-for-breathing. At this Imbolc singing day, I was presented with the concept of *Threshold* singing and joined in with a meditative singing session. While I felt outside of my comfort zone at this event, I recognised that these mindful singing practices could offer an interesting example of collective song that has not been explored in literature. I emailed one of the women at the Threshold Choir after the event to ask if I could conduct research with their group. Upon consulting the other group members, I was warmly invited to attend sessions and undertake my data collection.

3.7.2 Being an active observer

Rather than doing a traditional form of participant observation, I engaged with each group as an observant participant, employing Wood and Smith's methodological undertakings of 'observant listening' and 'participant sensing' (Wood and Smith, 2004, p.534). Here, I sang with the groups in their rehearsal spaces or during church services in order to learn and understand the singing practices of each setting. Social and cultural geographers have undertaken this methodology of actively engaging with social and creative practices of music contexts (Wood and Smith, 2004; Morton, 2005; Wood, Duffy and Smith, 2007; Simpson, 2013; Doughty and Lagerqvist, 2016). I participated actively in the singing but focused my attention on the experience of

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[21] https://open.spotify.com/album/6s2OB45su4z7BfzT6AgiSk

the sound and the singing bodies around me, rather than acutely tuning into my own singing processes. Joining in with singing allowed me to actively embody and learn the melodies, harmonies, and rhythms of songs, breathing together with the other singers. Doing so also met Smith's (2000) methodological call for performative work, which 'offers an alternative way of knowing which stresses the unformed, emergent qualities of life and which places emphasis on active engagement rather than retrospective interpretation'. This methodology contrasts other geographical analysis of rehearsal spaces through my active participation. Payne (2017), for example, sat in on rehearsals as an observing researcher. While she was able to closely observe musicking practices, she was left questioning some of the unspoken elements of their practices, such as the embodied feelings and emotional expressions. In the case of my research, I was able to tune into these moments myself, and reflect on them in my diary after the session. However, I was not able to note take and join in simultaneously, which is a limitation of this method. I therefore wrote down notes immediately after sessions, such as on the bus home, or in the case of the RP church, I used the sermon as a space for reflecting. Joining in with the singing, rather than note taking, disrupted some of the potential power dynamics of being a researcher in often very intimate settings.

Singing is an intimate embodied act, and in joining in the singing I opened up my voice as part of a *vulnerable sharing*. This was particularly the case in the Threshold Choir, where there were sometimes just two or three other singers present. The nature of singing practice in this group is highly emotional, described in depth in Interlude 3. Here, I was invited to hold hands and sing to other group members as part of a trust-building practice across the group. I often came away from these sessions feeling emotional, particularly because death was a topic that was readily discussed due to the choir's purpose. Singing intimately with the group over the five sessions opened up an internal journey to think about mortality, which I otherwise would not had done. I attended the Threshold Choir practices straight after Sunday rehearsals with the University Chapel Choir, with whom I sing as a personal hobby. The contrast in the different singing practices forced me to re-evaluate my relationship to singing, opening myself up to singing that was not note-perfect, as I was used to in the Glasgow University Chapel Choir. While I came to feel very comfortable at visits in the Threshold Choir and the RBSC, I felt quite out-of-place

in the RP Church. On reflection, I was able to feel socially included, though briefly, within the Threshold Choir and RBSC, whereas the church did not have any social interactions within their practice. I was concerned about being an outsider in this community and worried about following all the social etiquette, such as sitting in the wrong seat, not finding the correct hymn page, or not wearing a hat - as is custom for women in the congregation to do. The challenges of feeling out-of-place in this setting were also carried into my interview recruitment, explained in the following section.

3.7.3 Interviews: exploring personal encounters with song

I conducted semi-structured interviews with singers from each singing space (detailed in Table 3.2). Interviews lasted up to 1-hour, and an interview schedule can be found at Appendix G. It was easier to recruit interview participants from more social communities, such as the RBSC and Threshold Choir. In those spaces, I was able to talk about my research, and so group members were actively engaged in what I was doing. This contrasted the experience with the psalm-singing congregation, where moments of social interaction were few and far between, and so it was difficult to communicate my request for interviews to many people. In this space, only one congregation member was happy to be interviewed, despite the minister putting out a call for participants to the congregation. While I had not spent much time as part of each collective singing practice, I was able to draw on my experiences to help inform my interview themes which were tailored to each group's practices. I could share my experiences of singing in the group with interview participants. In doing so, I could ask for their reflections on what we had experienced together, such as the learning of a certain song.

Pseudonym	Singing group	Length of time in group
Simon	RBSC	Founding member, since 2018
Alex	RBSC	5 months
Abi	RBSC	Intermittently for 1 year
Dominic	RBSC	2 years
Joan	Threshold Choir	Founding member, since 2019
Flora	Threshold Choir	Founding member, since 2019
Ashley	Threshold Choir	Founding member, since 2019
Alison	RP Church	Life-long psalm-singer, congregation member since church established in 2017

Table 3.2: Interview information across Glasgow's collective singing practices.

3.8 Writing singing practices

3.8.1 Telling the narrative

I immersed myself in the data collected across all mediums to make sense of the various threads, themes, stories, and narratives. I grouped all the research outputs from the singing-for-breathing group (autoethnography, sound recordings, interviews, workshops, photos, additional songs written by a group member) and worked through them separately from the data I had gathered in the other singing sites across Glasgow. While I worked through the data sets separately, I analysed sound data and field dairy / autoethnography using similar methods across the research sites. I mapped the sound recordings onto my reflective accounts, using the sound data to give additional representation to these narratives. Doing so allows the reader to *tune-in* to the spaces and encounter the sung-sounds described through the thesis. Punctuating the written narrative with sound facilitates a more-than-representational reading of the soundscapes, where the voices of participants literally sound from the thesis pages (and see Boyd and Duffy, 2012; Pain *et al.*, 2019).

All interviews were transcribed verbatim by myself, especially paying attention to any moments where breath or coughing punctuated speech. For chronically ill participants, breath pacing, breathlessness, coughing, spluttering, and throat clearing are integrated into their spoken expressions. Capturing these embodied instances of illness in their interviews indicated ways in which chronic illness permeates every encounter, where breath is an ever-present concern. Their coughs and gasps bear witness to their illness in the data and were also used expressively within the interview to communicate breathing experiences. For example, when talking about breathlessness, some interviewees communicated a literal breathless experience by interspersing their speech with gasps and splutters, clutching their throat and chest to indicate the overwhelming embodied experience. These moments in interviews help express the extent to which breathlessness becomes an omnipresent fear in ways that go beyond words. Here, breathlessness has been communicated in the thesis by presenting the reader with these sometimes-challenging encounters via a phenomenological conceptualisation in Chapter 7. When transcribing, I also closely followed the Glaswegian accents and vernacular,

as the dialect connects with group members' identity as 'East Enders', a theme explored closely in Chapter 5.

I coded the interview data by hand in an 'open-ended' style (Cope, 2010), using the codes 'voice', 'breath', 'body', 'sound', 'singing', 'lifeworld', 'emotion', 'group dynamics', 'community', and 'friendship' for the singing-for-breathing group. When applying this open-ended coding to the 8 'Glasgow song' interview transcripts, I used a shared set of themes across the three groups – 'practices', 'intentions', 'group information', 'Glasgow'. Within these broader themes, I tailored codes to each specific context, focusing, for example, on 'solidarity', 'song crafting' and 'learning' in the RBSC; 'worship', 'devotion', and 'culture' in the psalm-singing church; 'spirituality', 'ritual', and 'intimacy' in the Threshold Choir. I applied this same analytical breakdown when triangulating my data with my field diary notes (Valentine, 2005), comparing my experiences to interview discussions, but always ensuring that in these instances, the primary voice and narrative in the interlude chapters was shaped by the group members themselves, rather than leading with my experiences, as is given scope in the singing-for-breathing empirics.

While drawing out the codes helped structure my empirical analysis and highlighted the shared experiences of group members, I always stayed close to the data (Ritchie, Spencer and O'Connor, 2003). This was particularly important in interviews with singing-for-breathing group members where experiences of illness, breath, and time in the singing group followed a set of narratives. I read back through interview transcripts closely throughout the writing process, continually annotating links and themes that I found (an example of an annotated coded transcript that illustrates this close reading process is found in Appendix). In staying close to the data, I also listened back to interviews to ensure I was authentically representing the nuances of breath, expression, and emotional communication. This continued revising and close reading of narratives was a fundamental approach because interviewees discussed a broad lifecourse journey throughout their interviews, discussing both the micro-spaces of breath and body, and the wider portrayals of life with an illness. As such, isolating and extracting quotes during coding could sometimes fracture away from the overall narrative arch. As MacKian (2010, p.363) illustrates:

I suggest that methods which code the words or themes used may be doing little more than analysing the text of the transcript, when it is in fact the experience or story told by that research encounter which we really want to understand.

Staying close to the data ensured that attention could be paid to members' entire stories. Narrative analysis in health geographies is used to unpack the emotional storying of interviews in order to present an intimate re-telling of participant's lifeworlds (Wiles, Rosenberg and Kearns, 2005). Within a context of arts-based research, Leavy (2015, p.45) positions researchers as storytellers, 'charged with telling the stories of others in creative, expressive, dynamic, and authentic way'. One such way of crafting and reporting these research stories is through a narrative inquiry. This method:

> attempts to collaboratively access participants' life experiences and engage in a process of storying and re-storying in order to reveal multidimensional meanings and present authentic and compelling data through a reflexive, participatory, and aesthetic process (p.46).

Through the empirical chapters, therefore, group members' stories are told using their words in sometimes extended quotations or by narrating their journey closely through a chapter.

3.8.2 Analysing singing data

As well as using sound recordings as a record of representation, I also considered how sound as a non-representational force might be represented textually on the page. This was an effort to represent some of the nuances of collective sung-sound in the group space. To achieve this, I drew on Boyd and Duffy's (2012) use of rhythm analysis (Lefebvre, 2004), in which the authors creatively chart sound spatially through creative writing. The authors' aim was to 'push the boundaries of empirical work in non-representational geography as well as to theorise the role of sound in the creation of social space' (p.1). This was a methodology that I shaped during my MRes fieldwork where I focused on the ways in the embodied production of sung-sound could be represented creatively as text (Boyd, 2017). Figure 3.32 depicts a short extract from a larger passage of creative writing, found in Chapter 6, that works to capture affective sonic rhythms and tempos as we sang a sea shanty:

And we'll all hang on behind
Clap   *clap*   *clap* *clap*   *clap* *clap*
Okay what now? This is the last time, I'm getting tired

[Chatter and laughter]

A wee single malt!   A wee single malt!

A wee single malt!

A wee single malt!   A wee single malt!

Oh a wee single malt wouldn't do us any harm!
Clap   *clap*   *clap* *clap*   *clap* *clap*

Oh a wee single malt wouldn't do us any harm
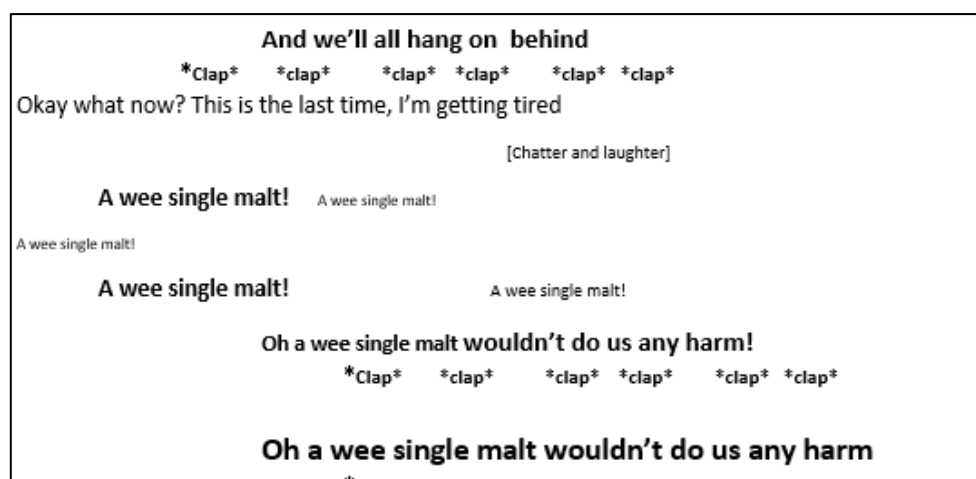
Figure 3.32: A short extract from a larger textual representation of a sea shanty.

The ways that the sound shapes a social space is visualised as laughter travels across the circle, intermingling with the rhythmic claps of the music, and the sporadic interjections and repetitions across the group. Where scholars have problematised *affect* due to its difficulty to present in a textual medium (McGeachan and Philo, 2014), this method allows scope for more-than-representational sonic forces to be partially captured and presented in order to highlight the sociality of sound.

3.8.3 Positioning my voice

When gathering my analysed data across all research sites, I was acutely conscious of where I should, and should not, include my voice. The narrative of the singing-for-breathing group has been shared between the participants and me. We have been there together at the sessions, singing the same songs, laughing at the same jokes, and sharing the same time-space. In this case, I found it both appropriate and important to position my voice within the narrative of singing-for-breathing chapters where the singing group space, processes, sounds and practices were explored. I used my autoethnography to reflect on my interactions with other members and my journey as a singing leader. My experience of the singing-for-breathing group differs in my intention for being there and my embodiment of breath and song. The other group attendees have all learned how to sing, to hold their songlines, and importantly, to breathe well (more in Chapter 4). Where this research with the singing group has formed an important part of my lifecourse, it has also been a fundamental health intervention in the life-world experiences of members living with breathlessness. In these instances of reporting, I have kept my voice quiet,

letting the voices of group members narrate the empirical arch (particularly so in Chapter 7). I have also kept quiet in the interluding chapters. Here, the writing style shifts to give a descriptive snapshot of each singing space and practice. Interviewees speak through their experiences, histories, and relationships to their singing practice. These voices are supplemented by a recording of their collective singing, and a descriptive ethnography extract, of which I have intentionally written myself out.

3.9 Conclusion: positioning reflexive arts-based practice in singing research and geography

The research undertaken for this thesis used a qualitative mixed-methods approach. This methodology is quite different from studies that are usually undertaken in singing and lung health research which act to measure and quantify breath (Clift *et al.*, 2017; Lewis *et al.*, 2018; Skingley *et al.*, 2018) or more general health and wellbeing (Busch and Gick, 2012; Moss *et al.*, 2017). While such studies hold an essential place within a clinical framework, the practice-led methodology presents a useful design within creative geohumanities, through which an intimate understanding of illness can be understood (Atkinson *et al.*, 2015; de Leeuw *et al.*, 2018; Hunt and Atkinson, 2019). This design is not without its challenges, where emotional encounters with chronic illness have created intense and difficult conversations around experiences of illness. I draw on a qualitive exploration of the emotional and affective aspects of breath embodied as song, and the narratives of breathing, breathlessness and voice. Doing so helps to broaden a critical understanding of illness from a biomedical approach to an ethos that incorporates individual and community experiences (Atkinson *et al.*, 2015). Here, singing is understood as an intervention within the *lifeworld* of individuals living with chronic breathlessness. The methods designed in this study aspire to give voice to the participants as more than patients who are undertaking a medical intervention. First and foremost, each participant is a singer, a group member who has helped shape and build a singing community. Change is measured by self-assessment and representation, not as a number that evaluates breath capacity, but as the journey of individuals embarking on singing as a group, often for the first time in their lives. This comparison compliments and gives depth to Practice Nurse Janice Merrick's own

clinical assessments of breath using COPD Assessment Test (CAT) scores, as I have reflected on. Where the CAT scores give a quantitative indication of the impacts of singing on COPD, the qualitative data which I gathered in interviews and workshops enables participants to describe their breath through their own narratives, explaining the fears, frustrations and anxieties of breathlessness, and their joys and successes at learning to sing. As this thesis explains, singing does indeed help members to learn a new way of breathing that gives them control and agency over their breath and body. This change is recognised in relation to their lifecourse and the wider networks that surround each individual.

Many studies on singing for health and wellbeing, and more explicitly singing for lung health are located within fields such as social psychology or other clinical disciplines. My research is not attempting to add another clinical study on lung health to this very established field. Instead, in its methodological design, it seeks to add depth of understanding to the multifaceted ways in which singing can have lived impacts on the lives of people living with respiratory illness. A recent paper by an interdisciplinary group set out to establish an agenda for best practice for researching group singing for health and wellbeing (Dingle *et al.*, 2019). The agenda laid out both qualitative and quantitative methods but does not include practice-led research within its approach. They did, however, agree 'it is important to ensure that singing group leaders are given a voice along with the participants' views, to obtain input from those "on the ground."' (p.10). My methodology includes my voice as an "on the ground" participant and contributes to a depth of emotional knowledge crafted in the relationships forged and shaped with participants as their singing leader. Bearing witness to the small-scale goings-on, the embodied shifts and changes, the emotional charges or the affective atmospheres shaped by song helps to locate and contextualise the experiences of singing group members.

By positioning myself within a practice-led research methodology, I am contributing to knowledges about song leadership and reflexivity. Contributing three further examples of Glasgow's collective singing helps to illustrate singing practices more widely. Doing so demonstrates shared themes of giving voice to music, as well as exploring how differing intentions craft singing practices. These methods are therefore relevant to interdisciplinary researchers exploring singing practices,

particularly practices within a health context. The methodology also furthers impactful research within an emerging geohumanities by establishing an agenda for practice-led research that draws on a more-than-academic skillset of the researcher. In doing so, an agenda for applied cultural geographies in practice is visioned that delves into the practices, performances, cultures and socialities of communities.

Chapter 4

Singing-for-Breathing: Relearning the self

4.1. Starting at the beginning
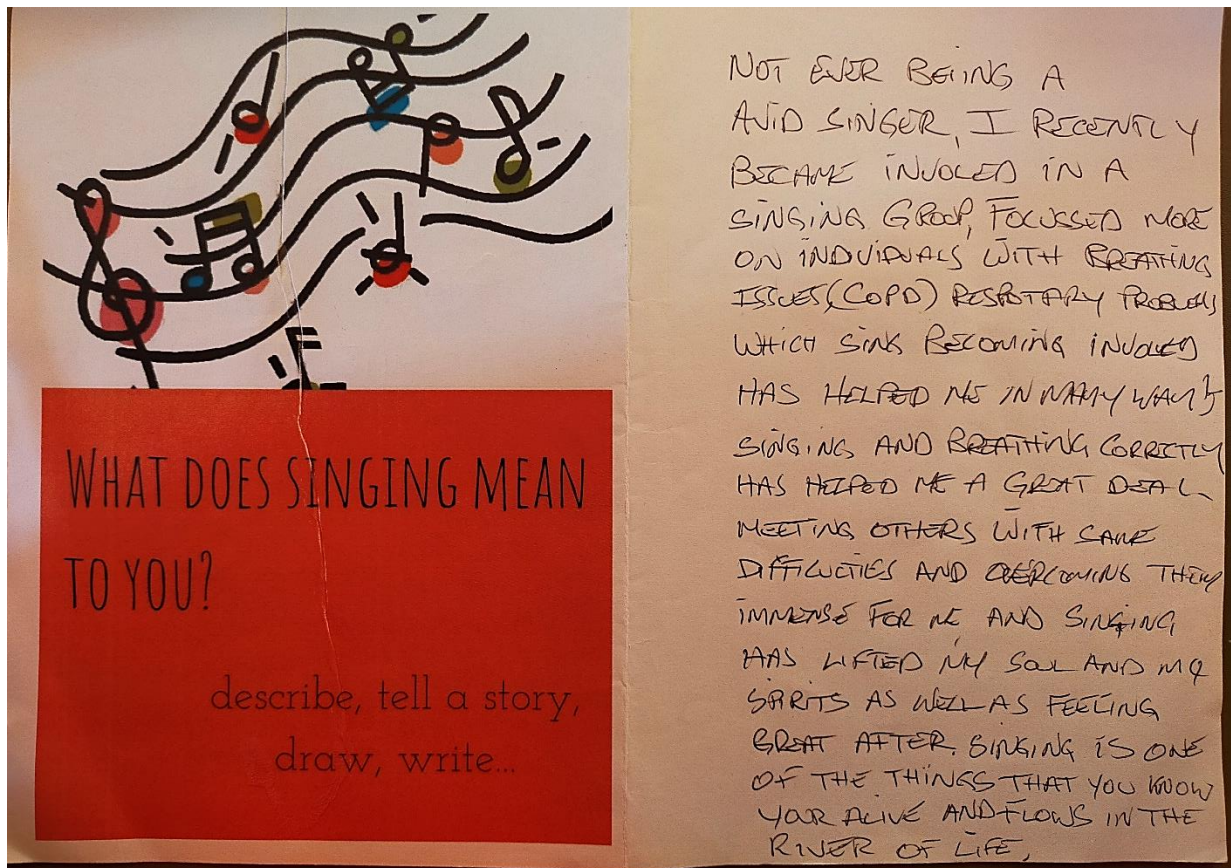
Figure 4.1: Paul's *Inspiring Songbook* entry: What does singing mean to you? (Author's own photograph)

Not ever being a avid singer, I recently became involved in a singing group focused on individuals with breathing issues, (COPD) respiratory problems, which since becoming involved has helped me in many ways. Singing and breathing correctly has helped me a great deal, meeting others with same difficulties and overcoming things is immense for me and singing has lifted my soul and my spirits as well as feeling great after. Singing is one of the things that you know you're alive and flows in the river of life.

   - Paul's *Inspiring Songbook* entry

In expressing what singing means to him, group member Paul articulates the links between learning to breathe 'correctly' through singing in the group and how this translates into his experience of life. This reflective exercise allowed an expression of the links between singing, breathing, emotion and a newfound sense-of-self. Each group member has their own experiences and journeys in health, illness and as singers, expressed in interviews and witnessed in the ever-increasing confidence in the singing-sound in sessions. Each empirical chapter shines a light on different facets of these journeys and personal narrative, such as exploring the peer support and sense of community that has been shaped, the singing-sound itself, and the lived impacts on in the journeys through illness. To put these different elements of group processes into context, it is important to first explore the initial encounters with singing and the new ways in which group members learned to embody their voice and breath.

This first empirical chapter will start at the beginning of group members' individual and collective journeys, exploring the barriers that members experienced around their perceptions of self-as-singers and the difficulties experienced in learning new breathing techniques. The chapter narrates a path from these tentative beginnings shared across the group members to the changed emotional and physical capabilities of discovering voice and *relearning* breath. In doing so, I especially draw on Crossley's (2015) conceptualisation of 'body-techniques' and Austin's (2008) vocal psychotherapy perspectives to contextualise the embodied geographies of relearning the physical and emotional self. By exploring how the physical body-as-instrument of song shapes breathing practices, I explore the connections between body-geographies and emotional experiences of self – such as self-confidence and self-belief. Here voice, breath, and body are intimately connected through singing practices, which allow group members to learn new skills and abilities. Singing is therefore explored as facilitating an arts-health space where group members learn to manage their breath and gain agency over their breathless body. However, to learn to breathe through song, individuals must first discover their vocal abilities, often overcoming a lifetime of believing that they cannot sing.

4.2 Discovering voice

And me not being a singer, I'm actually becoming a wee bit of a singer

> – Paul's interview

Childhood story: As a little girl, aged 7 or 8, we went to Ayr for the day with my mum and sister. There was a singing competition on, and I wanted to join in. So, I went on the stage and decided to recite a poem instead. Guess who didn't win, ha ha! My mum and sister were helpless laughing, I can still see myself. But here I am singing my heart out with all of Sophie's help. Thank you Sophie!

> – From Kirsty's *Inspiring Songbook*

A common self-perception held across group members is one where individuals believe that they cannot sing. For every member who nervously walked through the door for the first time and told me this, I would tell them that they absolutely *can* sing. As Kirsty writes in her *Inspiring Songbook* entry, she has lived all her life with the notion that she can't sing, after an embarrassing childhood experience. She tells me with pride that now she is singing her heart out, defying her self-expectation that she would never be able to sing. A challenge that I am faced with as the facilitator is how to help people overcome their resistance to singing. In doing so, I help them explore the spatiality of their voice, in terms of vocal range and through tuning into the physical sensations of producing singing-sound. As part of the warm-up, before we sing any songs, I ask the group to make silly noises. These are a sort of combination between speech sound and sung sound, gradually exploring the voice and its range. For those who are adamant that they cannot sing, this is an opportunity to explore their voice where there is no wrong sound to make. For example, they do not need to be in time with their neighbour, hold a tune, create rhythm, or even make a beautiful sound. I often ask members to hold a conversation with their neighbour in their humming voice, which is often met with looks of alarm or concern by new members, unsure of what on earth I am asking of them, as Paul jokes with me in our interview, '*when we're warming up people might think we're a bit loopy, but I enjoy that part as well*'. The sound of humming tones fills the room, along with laughter. The warm-up continues with subtle cues about using voice, incorporating funny sounds into the breathwork and often ending with a 'brain gym' exercise where members are so focused on the task they are not thinking about

their voice. Through this work, even the most unsure singer has the opportunity to use their voice by removing the pressure of structured learning of songs, and creating a more accessibly space to play with the voice.

When I think back to when the group was first running, I am amazed at the difference in sound experienced and recorded over the year-and-a-half of sessions. Members who were once quiet and timid in their singing changed to sing confidently. An example of this new-found confidence was demonstrated a year after the group had first been running. I arrived late to a session and entered the room to chorus of singing. I was amazed as they serenaded my entry with the words of *The Eriskay Love Lilt* – *'sad am I without thee'*. They laughed and told me that perhaps they don't need me anymore, proud of themselves for initiating their own confident singing. However, despite members joining in ever more enthusiastically with singing, during interviews held five months after the group started, I was really struck by how many people continued to tell me that they can't sing. Just as most people who came to the group admitted to me when they first walked through the door, their resounding narrative was *still* that singing is not something they could do, even after the preceding months of learning songs and gaining skills in harmony singing. 'Not being able to sing' is an identity that some have worn all their life, as Kirsty's *Inspiring Songbook* entry suggests. For some, the diagnosis of a respiratory illness also fixed in their mind that singing really is unachievable. However, over the course of interviews, some members would contradict themselves by beginning to acknowledge that perhaps they *can* sing. Tom, for example has performed in a band for much of his life but has never had the confidence to sing. The thought of singing put him off attending the singing-for-breathing group, but through the collective sound of the group, he acknowledged that singing has become easier, and he has gained confidence in his abilities:

> I was a bit wary coming at first because it involves singing and I know I've got a terrible voice! I've tried singing with the band, but I didn't enjoy that. I wasnae looking forward to that aspect of it, to be honest, but when you see everybody else and you hear everybody else it makes it a lot easier, I find it a lot easier. […] I'm not going to embark on a singing career! I find myself sometimes singing when I'm playing guitar at home and I may be trying to write a song or something but usually I just play the melody on the guitar, but occasionally I'll burst into song. Then look around to see if there's anybody

listening, ha ha! I suppose it's giving me a bit more confidence, enough to be able to, you know, sing!

The group dynamics that contribute to finding confidence in voice are important. Collective singing creates one sound from many voices, and while members may be nervous about their own voice, they are happy to accept that the overall sound of the group is very good, as Nicola describes:

> Sometimes it feels horrible because you think, 'oh, if anybody can hear me!', I hope they can't hear me, because it might be my ears, but I can hear it just doesn't sound very good. And then at other times when we're getting into familiar song that I know the words to, I just love it! I just think it's great! It feels like you're singing, and you're in tune, and you know the words, and it all comes together. You can hear that nice sound, and you can maybe hear yourself, but your voice is melting with the other ones.

I often encourage members to really listen to the sound we are making together and to acknowledge with them that every person is responsible for creating that sound. DeNora (2015) discusses the collective power of voice by discussing the synchronicity of using one's body to create sound with others creates;

> One needs to use one's body to produce sound in time, and one can feel one's body in the act of producing this synchrony. Singing with others – such as in duets or choirs – further confirms this sense of embodied synchrony, which is nothing less that finding a place in (musical) things. Being in time and being full, literally, of voice (p.83).

In coming together in sound, members are able to grow in confidence and acceptance of voice.

For some members of the group, acknowledging their own personal journeys with their voice was an important discussion in interviews. Together we recognised both the progress they had made with their voice and the importance this development of singing had had in their life. Sarah told me that at first, she was really unsure about attending, not expecting it to be something she would enjoy but admitting that while she 'can't sing', her voice has been improving:

> I wasnae that keen on going. It was only to give Janice a bit of support. Because I can't sing, I could never sing, I'm hopeless at singing. So, I thought I'd just go along. Wasn't 100% keen on it. But actually, I'm starting to really enjoy it now. I find when I'm singing, I can sing a wee bit higher than I thought I could. So yes, I'll continue with it. With me being quite an anxious person,

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I do get breathless because I'm anxious. I get myself into a state. But I must say for the last wee while back I havenae been too bad at all, I havenae been too bad. I think it's very different, I've never experienced anything like that before, never encountered anything like that, in a singing environment or whatever. I mean, you don't know what to expect when you go there. And I told Paul I cannae sing, I'm hopeless! But I do enjoy it.

I appreciate Sarah's honesty in sharing that she didn't enjoy the group at first. However, over the year-and-a-half that the group ran, she hardly missed a session and stood out in the group as one of the most involved members, committing to each song with closed eyes and dance movements. She tells me that she's surprised at what her voice is achieving, singing just that little higher than she had ever thought she could. Singing is helping her anxiety and breathlessness, something that surprises her, even when she retorts back to telling me she is a hopeless singer. In our interview, she goes on to tell me more about her relationship with her voice and the impact the group is having on her sense of self:

In the singing group, I feel as if they're giving you pointers for breathing, which is something to think on if your breathings getting a wee bit irregular. And you surprise yourself with what you can do. You think, I cannae sing, I cannae whatever, so that comes as a surprise that you can sing a wee bit higher. In the group for they two hours, it's you. I don't have a lot of personal space. And I'm a person that does like personal space. I like company, but I like personal space. And I feel as if they two hours are for me. This is for me. It's not for anybody else, it's to help *me*. And I'm learning things from it and feeling included in it. What I've discovered throughout my life, in a good lot of scenarios, is that although you get help, you got to help yourself. I don't mean people won't help you, but you've got to put in a bit of effort yourself to achieve and to get there. So, I feel with the group, I'm putting a bit of effort in to try and help myself.

It's clear that Sarah takes part in the group to create a space for self-care, making time to do something for her that will enhance her quality of life. Sarah has surprised herself even more by finding herself singing along to the songs when she's out and about:

I think it's quite surprising some of the songs I've never heard before in my life, right, never heard of at all. I find I'm walking along Duke Street like [hums a tune] you know, whatever song has been on my mind at the time. I do that! [...] I find myself singing. It's in my head, and I'm humming it. I'm going through the shops humming *The Eriskay Love Lilt* in the queue! I do take

it into my life, to my personal life. Don't think I stood in queues and sang before!

Sarah admitting that she now sings in queues really indicates to me the change in the ways she regards her voice, not afraid to share it, if only with herself. While her dominant narrative may be that she can't sing, her expression of voice as a personal and intimate act illustrates that this is something she does for herself.

Paul also expresses a change in self-expectation where he had previously felt that his illness would restrict his ability to sing due to not having enough breath:

> Before people would say, you ought to sing. I would say my breathing is all over the place and all that. I'd say I couldnae, but I don't talk like that now, haha! I don't talk like that since I've been in this wee choir, it doesn't come into my *vocabulary* anymore! In fact, I'm dying to sing! I want to sing! I was singing this morning '*Oh a Drop of Nelson's Blood*' doing the dishes! Whereas before I wouldn't have done that. I'm great, I'm loving it. […] I'm grabbing the chance to sing. Personally its lifting me as well. I used to say to people, 'I cannae sing I've got COPD, I'll be all out of breath', but I don't say that now. I'm still learning how to sing right, but I can *ooo* and *ahh*! But it's fantastic, for a person like me, musically, it's wonderful.

Paul recognises that he is in a process of learning to sing, and it is important to appreciate that he is open to this learning experience, rather than writing himself off as a 'non-singer'. His self-narrative has changed by accepting that singing is something he can do, *despite* having a respiratory illness. Indeed, the practice of singing-for-breathing involves working closely with the respiratory capabilities of individuals with respiratory illness so that they can sing safely within their body's limitations – as will be discussed in the proceeding section. With this change in Paul's self-perception has come an excitement and enthusiasm for singing, and a new-found sense of confidence. He is proud of being a group member and excited for the journey that the group is on. It has been a journey in confidence for many members, as people have acknowledged their abilities, and allow themselves to sing out.

In order to facilitate space for reflection on these journeys to realise vocal ability, I devised a body-mapping workshop to help members express their new-found embodied capabilities. The workshop took place nine months after the group had first started, and the procedure for how it was set up and run is outlined in the methods chapter. This was the first of two body-mapping workshops, with the

second session focused on learning breath, which is discussed in section 4.3 of this chapter. Body-mapping is a valuable tool for helping individuals articulate embodied feelings, sensations, and emotions, which can be hard to represent in words. The main question that group members were asked to answer in the workshop was 'how does it feel to sing?'. The workshop instructions prompted them to answer this through the categories of 'physical' and 'emotional', with prompts given around sensations and use of the body, how they might be affected emotionally by music, and why they enjoy their favourite songs. They were also asked 'what does it mean to have a voice?' and to reflect on how singing compared to other self-management strategies they had used to manage their breathlessness. Some of the questions and prompts were kept purposefully vague and open to encourage discussion between group members on the topic of *voice*. The group members worked together in three groups, each made up of three to four people. The resulting body-maps each represent different visualisations of a singing body-geography which explore the body-self relationships between the physicalities of producing singing-sound, and the emotional expressions that singing mobilises.

Group 1's body map (Figure 4.2) describes the body-self as 'head to toe in music', represented with musical notes across the map. This description of being embodied in music can be interpreted through a physical analysis, where music resonates through the whole body. This physical embodiment link's with DeNora's (2015) reading of singing as a 'whole-body activity' where 'the body is the musical instrument' (p.83). Group 1's map describes the rhythmic 'body percussion' where the body is used as an instrument to create rhythmic sounds such as clapping and stepping. They also use embodied language around breath where they are 'exercising lungs'. This expression is one that I have never used but which group members have adopted and used frequently across interviews and in sessions. While the abdominal muscles are actively felt when they support the singing breath, it is arguably difficult to *feel* the lungs as they expand and contract with breath. Therefore, the perception of the lungs moving and exercising in the body-map is an *imagined body-geography* of the singing breath. In this body-map, a connection is made between the emotions of singing and physical sensation. The heart is drawn as fluttering and there is a butterfly in the stomach, representing the excitement and nervousness of singing. The group express that singing 'makes you feel great

because it makes breathing easier and surrounded by people with the same health condition', which they identify as enabling laughter and enjoyment in the session. This community of shared conditions forms the heart of the discussion in Chapter 5, where safety is found in a solidarity of collective health experiences.
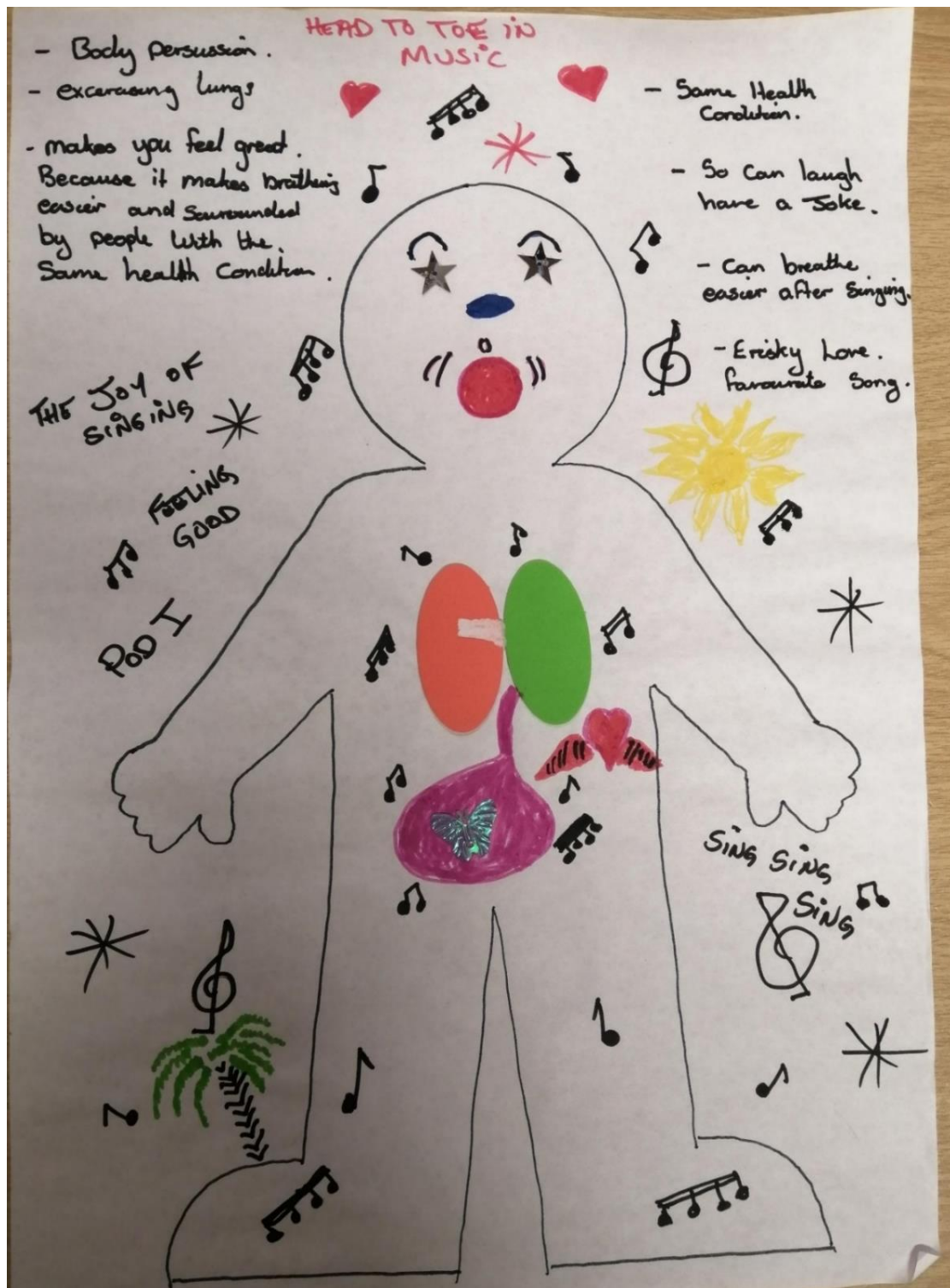
Figure 4.2: Body-map by Group 1: What does singing mean to you? (Author's own photograph).
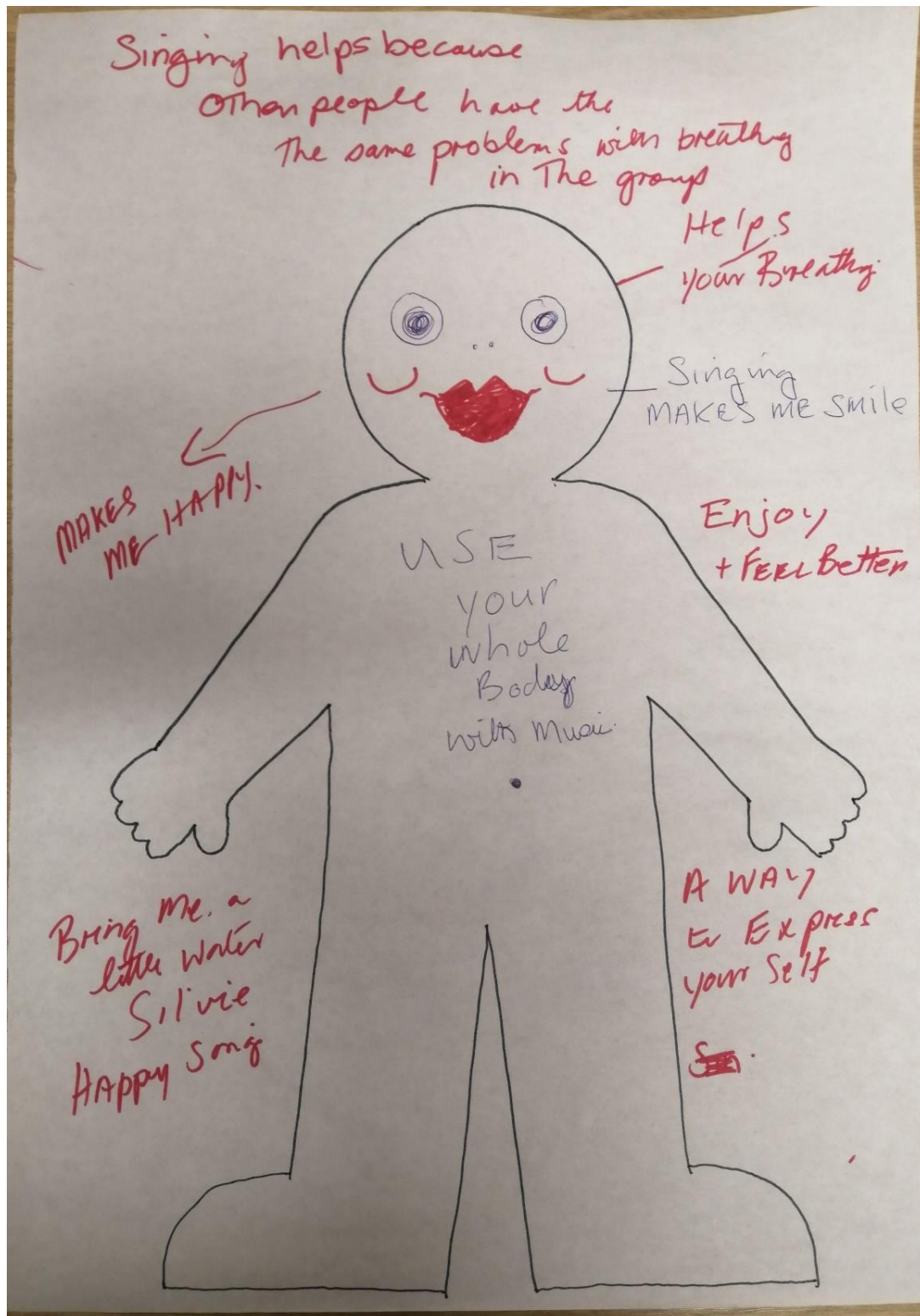
Figure 4.3: Body-map by Group 2: What does singing mean to you? (Author's own photograph).

In Group 2's body-map (Figure 4.3), the group members also express the benefit of shared experiences of illness across the group. Creating community through song has enabled group members to grow in confidence collectively, generating a louder

sound and the ability to sing some harmonies. As in the first map, this group depict singing as a 'whole body' activity, highlighting the active physicality of singing. Part of the enjoyment of singing, expressed in this second body-map, comes from 'feel[ing] better', where singing has helped improve breath management. This map lacks detail, which is a limitation of this method as this group did not engage with the task to the same extent as the other two groups. However, their map does represent common themes across the three groups, illustrating the extent to which embodiment is imagined, felt or perceived in the singing group.

Group 3 (Figure 4.4) used the art materials provided to represent the elements of voice that were hard to put into words. For example, they used coloured foam shapes, glitter, and star sequins to answer the workshop prompt 'How does it feel to sing' and 'what does it mean to have a voice'. Where these are difficult questions to answer, the group expressed these sensations as a colourful explosion using the shapes to represent the sound they make when they sing. This was the only group to use the materials more conceptually to represent more-than-representation singing sensations. The third group's body-map also gives more details to some of the themes that were established by the first two groups. For example, they describe improved posture from singing, which is an element of singing as a whole-body activity where standing straight is essential for facilitating good breath and, therefore, well-supported sound. They also identify an awareness of their abdominal muscles where the sensations in these muscles are consciously noticed in session as part of the teaching of breathing technique. The group also map the sensation of the chest as 'loose' in contrast to tight muscles in the shoulders and chest which is brought on by some respiratory illnesses. While this exercise was intended to map voice, breath inevitably became the focus across the groups as the whole-body activity of singing centres around breath and improving breathing. The second body-mapping workshop gave scope for these embodied geographies of breath and breathlessness to be explored in more detail, and these examples are presented in the following section, alongside a detailed explanation of the techniques used in sessions to teach deep breathing practice.
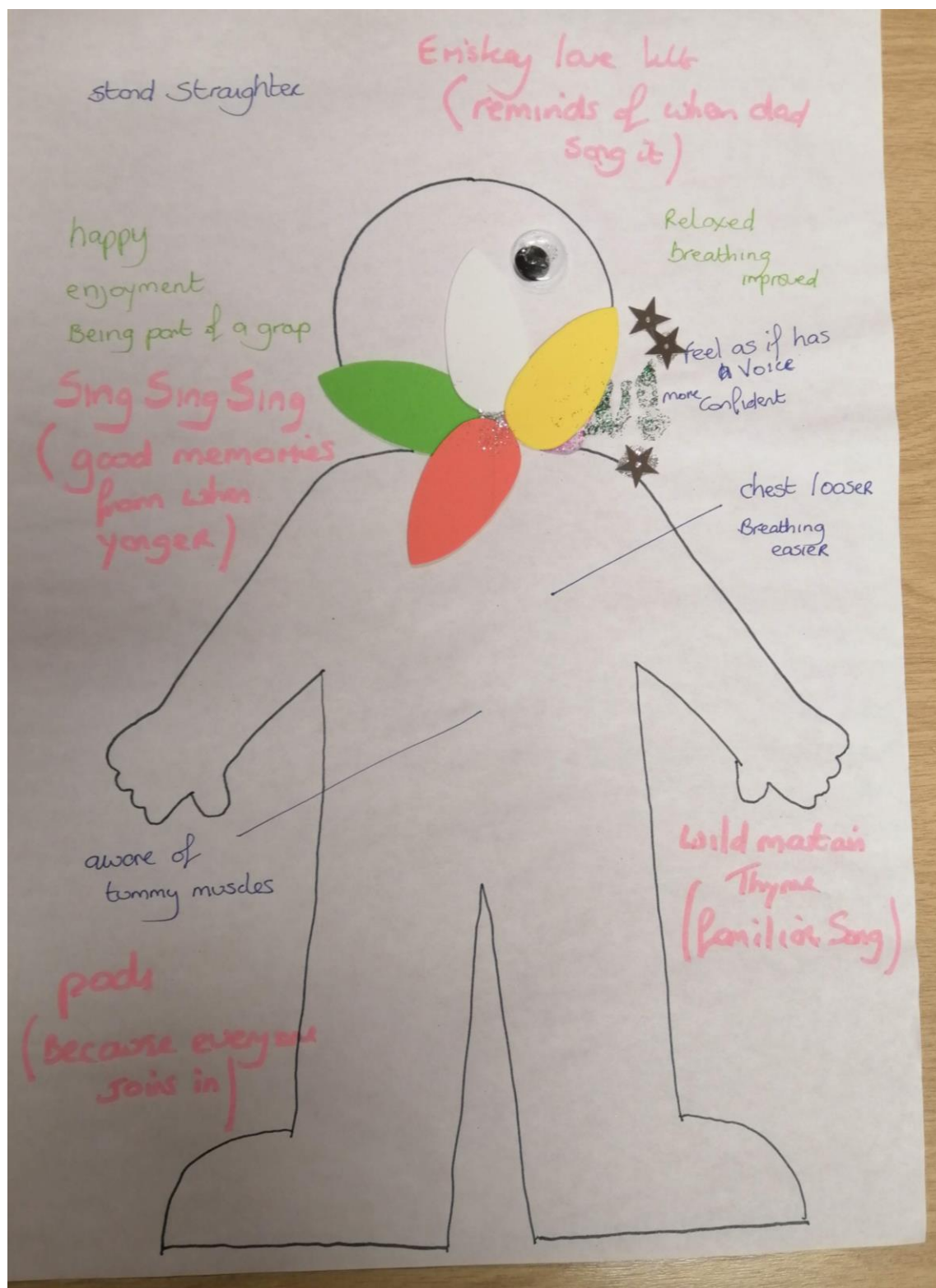
Figure 4.4: Body-map by Group 3: What does singing mean to you? (Author's own photograph).

The exercise illustrated that there were favourite songs shared across the groups, namely Scottish folk song *The Eriskay Love Lilt,* a Polish singing game called *Poddai,* and *Sing Sing Sing,* an adapted version of The Everly Brothers' song *All I Have to do*

is Dream. Wild Mountain Thyme and *Bring Me a Little Water Sylvie* were also identified as group favourites. These were all songs that were requested frequently in sessions. Group 3 gave an insight into why some of these songs were enjoyable, such as how they might evoke memories and invite collective participation in the singing games. There is an emotional connection created to music where songs evoke memories, that are familiar, or that remind the singers of people who have sung the song to them – such as their father described by Group 3. Connecting song and emotion through memory is highlighted in geographical literature (Anderson, 2004) where music can transport the listener from the time-space that they are accessing the music. This evocative quality of music is used as the foundation for singing and Dementia and Alzheimer's disease (Clements-Cortés, 2015; Swall, Hammar and Gransjön Craftman, 2020). New memories and experiences are forged when we continue singing the songs in the group, such as performing *The Eriskay Love Lilt* and *Poddai* at the Realistic Medicine Conference in October 2019. The group chose to perform these songs as they felt it was important to share their favourite songs with this audience. Having favourite songs shared across the group helps to create a sense of belonging in a community, explored further in Chapter 5.

4.3 Relearning breath

Everybody who joins the group has the same thing in common, they are struggling with their breath, and they hope that singing might help. As the facilitator, I gently present and teach a new way of breathing to members of the group. My regular presentation of this is to say, '*when you breathe in, your tummy should move out, and when you breath out, your tummy should move back in because you want to send the air all the way down, rather than filling up your chest and raising your shoulders*'. This breathing technique changes the embodied experience of breath, relocating breath and breathing sensations through employing abdominal and lower back muscles in the breathing process (Figure 4.5). To help members acquaint themselves with the bodily geography of this breathing method, I ask them to locate their abdominal muscles by putting their hands below their belly button and shaking this area – '*give it a shoogle*'. Without fail, this is met with hilarity and comments that their abdominal muscles are long-buried behind their tummy, and so it is

important to help people acknowledge that their abdominal muscles are working hard despite not being visible. Once they have connected to these muscles through touch, I ask them to repeat some sounds, such as pulsing on fricative sounds such as /z/, /v/, /zh/ and voiceless fricatives such as /s/, /f/, /sh/.

Inhale
Diaphragm contracts, pushing downward.
Abdominal muscles relaxed, abdomen
bulges outwards due to action of
diaphragm.
Chest raised by intercostal muscles.
Air is drawn into the lungs.

Exhale
Diaphragm relaxed.
Abdominal muscles contract,
pushing the diaphragm upward.
Chest falls, mainly passively.
Air is driven out of the lungs.

. A summary of respiratory movements and the action of the diaphragm.

Figure 4.5: Illustration of the movements of breath and the corresponding muscles.
Original diagram by Watson (2009, p.109).

This practice is based on the 'Accent Method', a musical therapy technique developed in the 1930s by Svend Smith. My practice and training is based Morris and Hutchison (2017) interpretation of this method as a way of enabling singers to learn breathing techniques. Part of this method that my practice draws on involves taking the inbreath involuntarily by releasing the abdominal muscles at the end of the outbreath. By releasing these muscles, the body automatically takes in air through diaphragmatic breathing, illustrated in Figure 4.5.

I often describe this sensation of breathing deeply as being like a lifejacket inflating as your body reinflates with air. Offering imagery such as this presents an imagined body-geography that encapsulates the sensations of breath filling the lungs and expanding the stomach and lower back outwards. People with respiratory illness often raise their shoulders and lift their ribcage when inhaling and which results in shallow and tense breathing. The 'belly out' method (Morris and Hutchison, 2017) taught in singing classes results in deeper, calmer breaths. The language used to describe this method of breathing is important as, although it is referred to as 'diaphragmatic' breathing, the diaphragm works involuntarily and is therefore impossible to feel or control. Descriptive language or metaphors such as the life jacket inflating help to shape an embodied awareness of the sensations, movement, and locations of breath in the body, allowing members to gain greater control of these breathing spaces. Singing is a successful way of implementing the inbreath coming in from the release after the outbreath because long phrases in songs help push all the air out of the lungs, resulting in an active release of the muscles. Singing also distracts the mind so that the focus is not on the breath, where there may be anxiety or worry, but rather members are concentrating on the words or the melody.

Over time members have experienced a change in the embodiment of breath, in line with the breathing techniques that they have learned. As Kathy tells me:

> I think it's helping me. I just feel better. I can control my breath better. Because before you kind of panicked, but now you know how to deal with that [by] breath coming from my diaphragm. I'm practising the breathing in the house, doing what you're telling me to do. I used to have problems where I'd be breathing alright one minute then I'd have delayed breathing where I'd be going like 'I cannae get this breath out'. That was happening quite a lot. But I don't have that problem now. It's probably because I wasn't breathing the right way, taking shallow breaths. And now you take a deep breath and let it

all out. Whereas before, it's hard to explain, it's as if there's something stopping it. And it was me that was stopping it because I wasn't breathing right.

Kathy's description of her breathing before and after resonates with descriptions from other members. The sensations of breath have changed, with an awareness of where breath moves in the body. Her reflections on how her breathing is different, because of her engagement with the diaphragm, is important to note because it illustrates the impact of the breathing technique on members' breath and body.

The second body-mapping workshop took place two weeks after the first. I asked members to discuss in groups their perceived experience of breath by asking them to chart where they feel it in their bodies, how they feel about it, and to describe their breath and experience of breathlessness. Among the three groups, which were made up of different groupings that the first exercise, there was a recognition that breathing was easier now, although breathlessness could still be problematic. Members agreed that there was a self-awareness of breath because of singing. This task caused them to think more about their breath and to pay attention to their breath in moments when they were not breathless. Doing so is significant because recognising the positive experience of breath, rather than only negative experiences of breathlessness, helps members to feel more positive about their breathing capabilities, as will be explored further in this chapter and across Chapter 7. The body-maps demonstrate creative spatial representations of a body-geography of both respiratory illness and singing breath. This is illustrative of ways in which the body is used, experienced and felt differently when singing, compared to during moments of breathlessness. Using the creative method of body-mapping facilitated discussion in the groups about the differences in breath-bodily capabilities of those who had been long-term members of the group and those who had more recently joined. This discussion indicated a positive outcome of the exercise, where a new member was encouraged by hearing other members' journeys in the group.
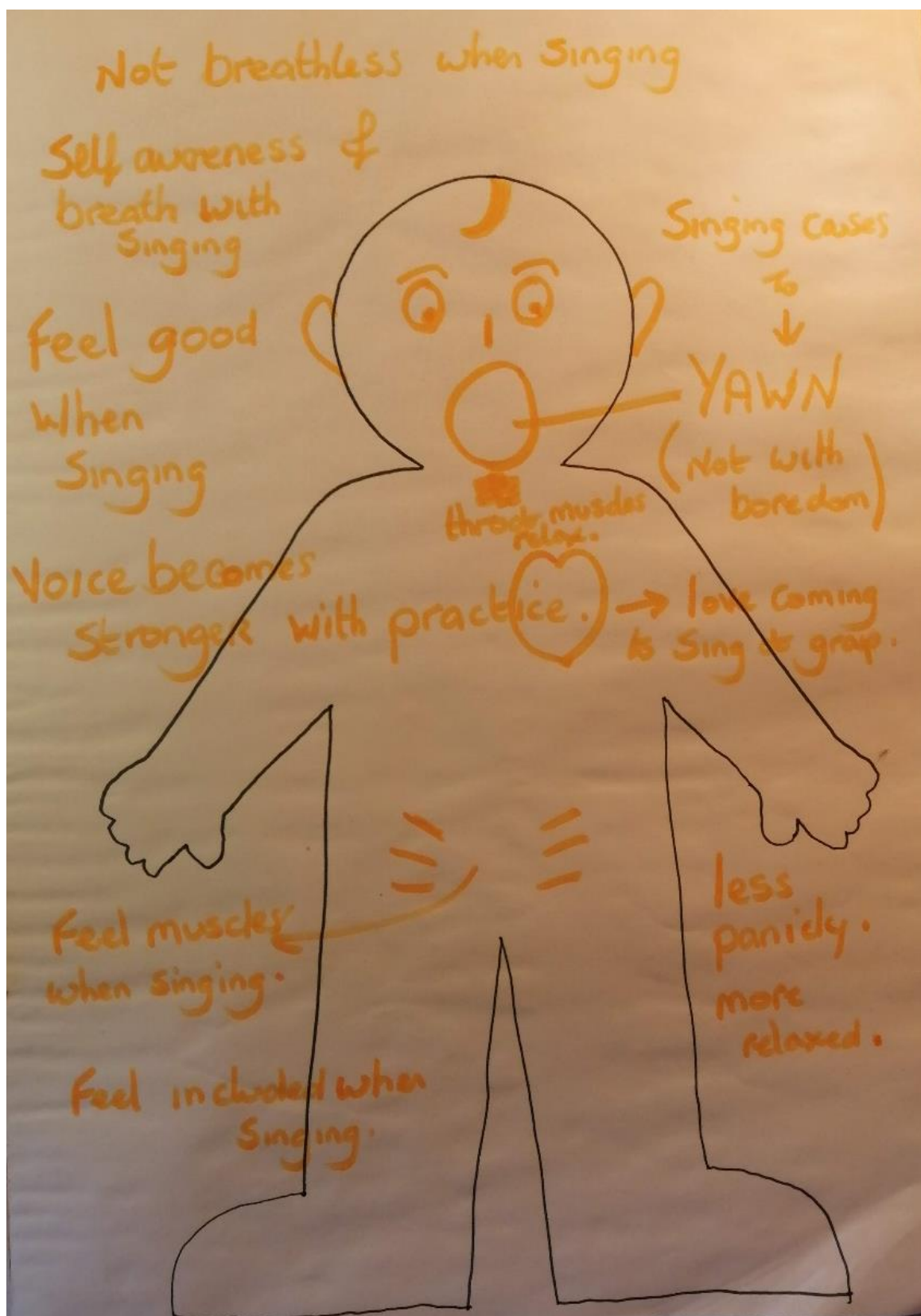
Figure 4.6: Body-map by Group 1: experiences of breath. (Author's own photograph).

Group 1's body-map of breath (Figure 4.6) charts the 'self-awareness of breath with singing' by highlighting the areas of the body which are consciously connected to in the singing-for-breathing techniques, such as the abdominal muscles. As part of using the abdominal muscles to support the singing breath, the throat muscles are able to relax, and a space is created in the mouth and throat – as when yawning. These descriptions begin to map a body-geography of breath by illustrating the micro-space of the body which are connected with the singing breath. Group 1 describe not feeling breathless when singing which is a result of breath being facilitated in the body via the singing-for-breathing breathwork that involves the abdominal connection. In turn, feeling less breathless enables the singers to feel 'less panicky' and 'more relaxed', and they can 'feel good' while singing as their voice becomes stronger.

Group 2 and Group 3 (Figures 4.7 and 4.8) focus on the respiratory health impacts of breath on the body, charting the symptoms of breathlessness such as Group 3's descriptions of 'poor breathing', 'poor mobility', 'need to use inhaler more'. These symptoms are further exacerbated by cold weather (explored in Chapter 7). Group 2 mapped the locations where they experience this breathlessness, such as in their chest, and accompanied by sensations of tightness and wheeziness. Both Group 2 and Group 3 explain that singing helps to relieve some of these symptoms. For example, Group 2 identify that 'singing lengthens breathing' where song phrases are used to extend the outbreath, in contrast to the short and tight breathing when breathless. In addition, Group 2 describe that singing makes them feel 'unaware of breath', where singing helps to manage breathlessness. They also conversely write that there is an 'awareness' of breath that 'stops panic and anxiety' - an aspect of health management that will be explored later in the chapter. The body-maps created by Groups 2 and 3 indicate a change in breathing over time. Indeed, learning to breathe in a different way has been challenging for many members and has therefore been a slow process of gradually connecting with different muscles, such as the abdominal breathing support.
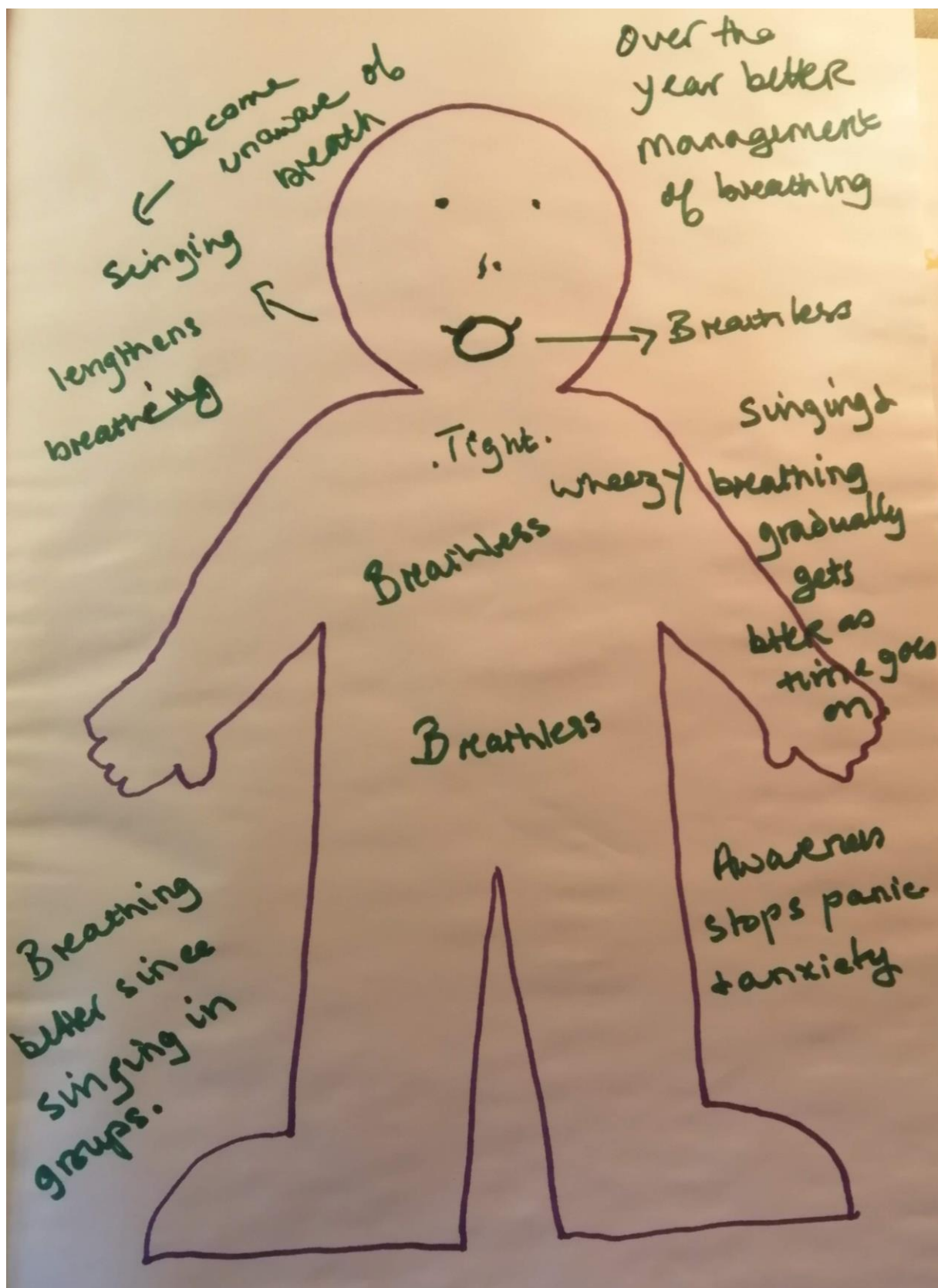
Figure 4.7: Body-map by Group 2: experiences of breath. (Author's own photograph).
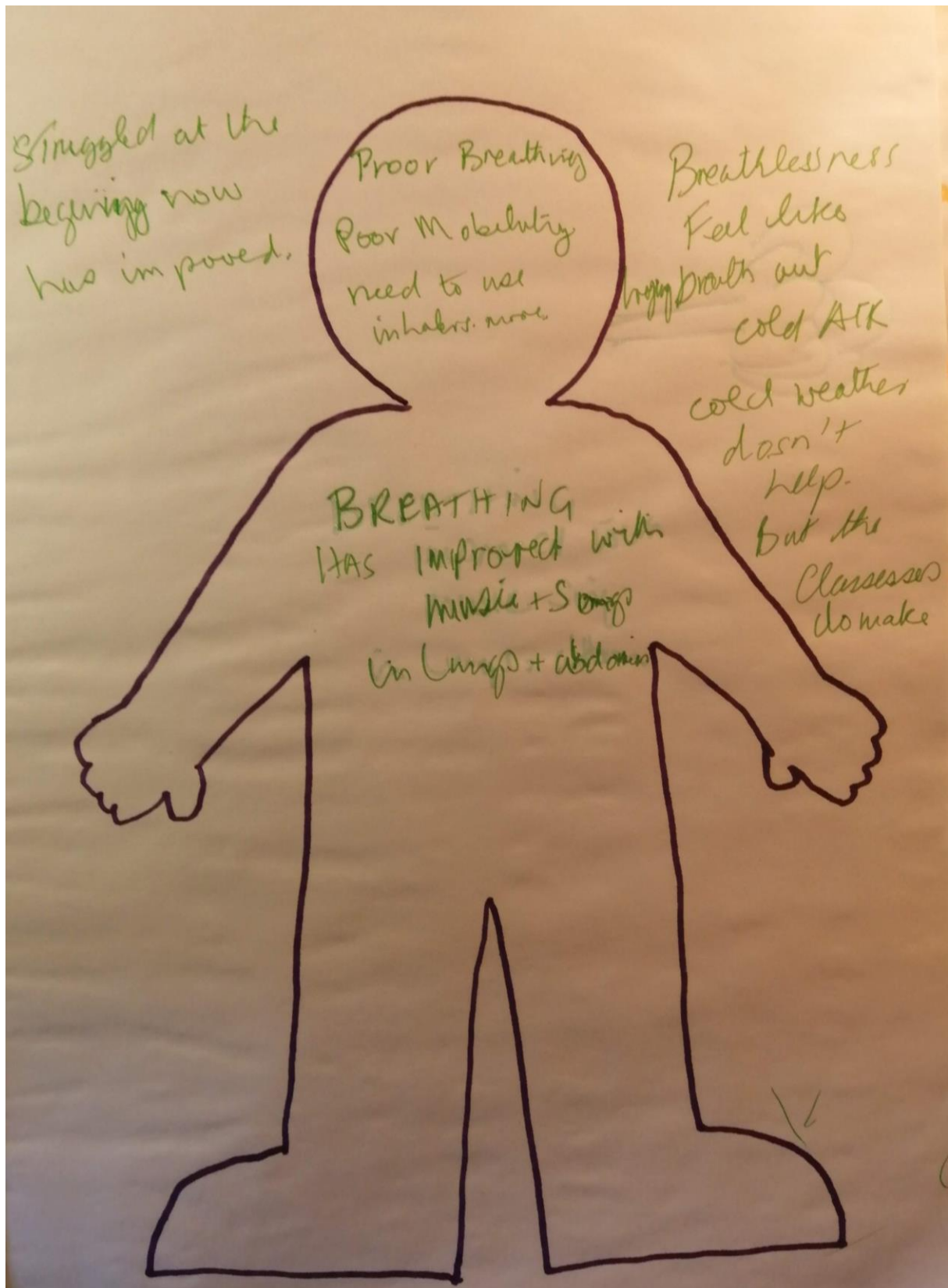
Figure 4.8: Body-map by Group 3: experiences of breath. (Author's own photograph).

As well as being used as a research method across disciplines (de Jager *et al.*, 2016) and in geography (Zaragocin and Caretta, 2020), body-mapping has been established as a method for exploring voice and body connections in singing pedagogy (Allen, 2017). As part of an anatomical textbook on singing training, Allen (2017) explores the concept of body-mapping as a technique to observe the 'micromovement' (p.1) of a singer's body. However, unlike research practice that aims to create a physical representation of embodied sensations, Allen's methodology explores body-mapping as a 'mental representation' (p.3), which we could consider an *imagined* geography of the body. Body-mapping in this pedagogical approach is 'the process of refining, correcting, and embodying individual body maps' (p.3). Within this practice, the singer must tune-into the micro-spaces of the body, such as being mindfully aware of breath as it fills up the lungs and the corresponding intercostal muscles that move to facilitate this expansion in volume. It also invites a heightened awareness of the vibrations of voice as sung-sound is produced. Therefore, this technique for body-mapping involves being mindful of 'structure (bone, muscle, tendon etc.), size, location, function' (p.4) of the singing body anatomy. While this pedagogy follows a particular technique for learning voice and song via bodily awareness, it is a useful model to contextualise the body-geographies presented in the body-maps of group members. The body-maps demonstrate a spatial awareness of breath and voice in the body, highlighting that singing embodies micro-singing spaces across the body, including the respiratory system but also the abdominal muscles, throat and mouth. This awareness is learned through practices of singing and through breathing exercises in the session, in order to reshape the spaces of breath within the body to encompass a deeper breathing technique. Teaching these techniques requires group members to visualise their breath as it moves in and out of their body, and to envision their voice as spatially located within their body. Spatial awareness of breath and voice embodiment is connected not just to the vocal chords that vibrate, but to their abdomen as it rises and falls with breath, to their posture that facilitates this movement, and to their facial expressions as they sing. The act of mapping these spaces with words, drawing and art materials helped to cement an understanding of where singing happens in and across the body, in order to help the process of learning breath management.

The practices of learning the body-geography of singing and breathing can be compared to Crossley's (2015) work on 'body techniques'. Crossley states that 'to learn a body technique is to acquire a new way of knowing, understanding and relating to the world and perhaps also to oneself' as 'pre-reflective' knowledge (2015, p.473). Crossley claims that body techniques are a vital concept to analyse the embodied action of creating or experiencing music when practising 'musicking'. He conceptualises the physical embodied practice of playing an instrument and singing as a set of interlocking body techniques, describing the 'embodied process' (p.479) of physical engagement with the instrument through body modification of strengthened muscles, improved dexterity and mastering detailed nuances of movement (p.479). This 'allows the player to form expressions which are both individual and creative, and yet structured in an intersubjectively familiar and intelligible way' (p.479). This framework is particularly useful for contextualising the practices of learning breathing and singing as an 'embodied process'. The singer's body is their instrument, and so they must master the spaces within their own body through understanding different muscular tensions and positions such as the movement of the abdomen in breathing, the tension in the shoulders from taking shallow breaths, or the sensations of sound vibrating through the body in song. These practices are carefully taught and learned slowly through careful instruction and mindful awareness.

At times, I have found it difficult to teach this breathing method because it involves challenging the very action that someone has done every second of their life and asking them to change it. As Kathy states: *"None of us knew how to breathe properly until we joined the group. It's not something that any doctors or nurses have ever told you"*. While I do my absolute best to incorporate breathing into fun exercises in order to relax members into this breathing method, I can sometimes see a great deal of concern about breath on the faces of some members. In one session a member spoke up about this concern, and I detailed this experience in my fieldnotes:

> *Today was a little different because a few women voiced concerns over the breathing technique.*

"When I breathe, my tummy goes in! I don't understand!", one woman spoke out.

I understand how they're breathing, sending air up to their chest rather than down. I find this comment challenging because I feel like this person probably had this burning as a question the whole time. It surprised me, so I found it hard to find the right words to answer them. I addressed it in the best way I could, conscious not to make people stressed about their breathing.

"What happens if we breathe wrong?!", the new person asked, quite worried.

"Absolutely nothing!" I reply, "Breathing is breathing. This deep breathing helps to manage breathlessness instead of shallow chest breaths. You definitely have enough oxygen, so don't worry!"

It brought about memories of being trained to sing as a child and being told off for doing it wrong, the tell-tail sign being shoulders going up on the in-breath. Being taught from such a young age means that I don't have much of an idea how I breathed before I learned this. This is challenging when trying to teach because I don't have a sense of that eureka moment of learning it that I can pass on. I do know not to pass on the scolding that came with it as a child, and to be as relaxed and understanding as possible. This is something for me to work on to find the right teaching method.

-Field diary 23/1/19

In this experience, I'm caught off guard, not knowing what to do or how to come up with a better answer to help them understand this breathing. When she spoke up, and others joined in too, I felt really disappointed. The group had been running for 6 months at this point, and I worried that I was failing them by not being a good enough teacher. They all came with the expectation that I would be able to help them, and I wasn't managing. I acknowledge in this diary that since I have been implementing this breathing technique since I was a child, I do not have an embodied memory of the sensations of learning the technique or my breathing before this. Therefore, I cannot pass on my learning experience to others. Over time, I have kept working on my language to teach breathing exercises and my general approach. I make sure always to make a big point of saying that the breathing technique is

nothing to worry about, that it takes time and that the most important thing is that everyone is breathing. *"Please just keep breathing"*, I tell them, *"this technique will come!"*. Being worried about breath causes tension to be held in the body that restricts the free movement of breath, so my role is vital in facilitating a relaxed attitude to relearning breath. Equally, I have had to appreciate that relearning the body to breathe differently takes time. While some group members were struggling, other members were now breathing diaphragmatically and were experiencing the change this was making in their lives. Through breathing differently, some members were managing their breathlessness in their day-to-day life, and there was a real sense of achievement and celebration when we discussed this in interviews in December 2018. Chapter 7 will expand on the impacts that breathing techniques have made in people's lives. These interviews were the first time I'd really learned that the breathing I was teaching was working and that members were understanding what I was teaching. This knowledge meant that, while I was thrown off guard by anxiety-filled comments in this session, I had to draw on my self-belief that I was doing something right and that learning breath would come at different rates for different members.

Nine months after the session narrated in the above field dairy extract, in the autumn of 2019, the woman who spoke out in this session told me excitedly before the group began that she realised for the past two months she had not used her blue inhaler, the one that she had used every day to manage her breath. She told me she is so proud of herself, *"It only took me ten months"*, she told me sarcastically, *"but I finally got there with it!"*. She implored me to make sure I wrote it down for my research because she wanted people to know. I told her that I'm really proud of her, because I know it has taken a lot of work. I remember worrying about her when she first joined, I could see the way her breath was trapped up in her chest and all the tension she held in her shoulders. I could hear her breathlessness when we were singing, and I worried as she would sit down, taking water after the singing made her cough. Now I could see the transformation in her. Her stamina increased in the group, she coughed less, and I could hear her sing out confidently. For me, this member really represents the ways in which members *relearn* their bodies and their breath. Hearing the pride in her voice as she told me that she had achieved this, even though it was hard, made me know that all this work has an impact.

4.4 Changing perceptions of the self

Learning breathing techniques, repurposing breath, and uncovering the voice have resulted in members noticing a difference in themselves. This is not just a difference in their physiological state, but rather encompasses individuals' expectations of their self, their uplifted mood, and their self-confidence. This changed perception of self can be compared to Simonÿ *et al*. (2019)'s phenomenological study of pulmonary rehabilitation, a self-management technique used to teach breathing and physical exercises. In this study, patients find a new sense of *trust* in their body. Improved breath management offers *hope* which overcomes the *hopelessness* they felt in their body due to decreased capabilities. Increased hope led to increased confidence in what they could achieve, which changed their self-image, leaving them feeling 'freer as a human being' (p.9). Bonshore (2018) unpacks the relationships between singing and confidence. He writes, 'The word 'confidence' comes from the Latin 'fidere' which means 'to trust'. Self-confidence is trust in oneself' (p.1). In the singing-for-breathing group, the extent to which members talk of increased confidence has been striking. It has come up repeatedly in interview, survey and across conversations in the group. When the group started, members were visibly nervous, and I was nervous too. But then people relaxed into the processes of singing, learning to trust their body, breath and voice. With this change has brought self-confidence, as well as a sense of confidence across the group dynamic.

The experience of confidence that is shared across members can be interpreted as a significant indicator in the change of self-perception. This change is rooted in the group's collective journey but is also narrated by individual members in the telling of their stories. I would notice confidence in the group setting by members allowing their voice to be heard, singing out that little bit more, of leading the sound, or in witnessing members relax into the atmosphere of the group, telling jokes or making cheeky comments. I would see members catching each other's eye and exchanging a smile or a glance. As such, group members' body language would open out as they allowed themselves to move more to the music. The change in confidence was not only enacted in the group setting. Narratives around the changes they have found in themselves, often noticed by family members was a theme that emerged from

interviews, as I will now discuss. This perceived change is contextualised by the extent to which breathing impacts individuals' confidence, the importance of repurposing breath for singing, and the impacts that finding voice has had on members.

Examples of a perceived change in self-ability illustrate how the body-self is impacted by breathing abilities. For example, where breathlessness causes panic, which impacts negatively on physical and emotional capabilities day-to-day. Claire, for example, lives with severe anxiety, which causes panic attacks, headaches and pins and needles. However, she brought to her interview a sense of pride in herself. She'd surprised herself with her singing because she had found that therapeutic interventions such as Cognitive Behavioural Therapy and EMDR (eye movement desensitising and reprocessing therapy) hadn't helped her. She had tried breathing classes and art classes, but both heightened her anxiety. Singing, on the other hand, has allowed her to manage her breathlessness and panic:

> I'm a very anxious person I've got very bad anxiety, and I find that when I'm in a situation, normally it's just like I must be breathing from here [chest], but now I find I'm breathing, I'm finding that I'm doing it as if I'm going to burst into song!

Claire reflects that her anxiety is tied up in her experience of breath and that by relearning how to breathe, she can control her breath. Her comment that she breathes as if she is going to 'burst into song' really encapsulates the extent to which the body-self is intertwined through breath, song, body and emotion. She repurposes her breath from causing a panic attack to a positive, imaginative experience of using her breath for song. The image of bursting into song evokes a sense of confidence, voicing the self out rather than being overcome with panic. Claire has reclaimed her breath through relearning her body as a singing space. I ask her what it is about singing in particular that has helped her take control over her breath better than other interventions. She tells me:

> It does, it makes me feel a bit better within myself, even though I'm a rubbish singer. It's kind of lifted my mood, as I say I look forward to coming, whereas at first, I was like, 'oh I'm not going'.

By '*feeling better within [her] self*', Claire indicates that it's difficult to explain exactly what is different but equates it to having a lifted mood. She explains that

looking forward to coming is a big deal for her because her anxiety prevents her from managing to attend any other activities that she has tried. As our conversation continued, Claire shared her experience of learning breath over time and the embodied sensations of having a sore throat. Like many members of the group, Claire struggled to adapt to the breathing techniques being taught. Experiencing a sore throat is an indicator that her muscles were being used incorrectly, and so she was straining her voice. From learning to take the deep breaths, Claire feels calmed, and this makes a huge difference to her experience of anxiety.

In light of the change she has experienced with her breath, I ask her what she would say to her breath if she could;

> If I could say anything to it? I don't know really... If I could say something to it? That I've not let you beat me. I can get a deeper breath now, I'm not going to let you beat me. Because at one point I didn't think I could do a breath like that, and I thought it's the heart, it's this, it's that, it's whatever, and now I know yeah, yeah you can do it, and it feels good, it doesn't hurt.

Claire's description here illustrates the extent to which her breathlessness had an embodied presence that overshadowed her life. Her breath and anxiety are interwoven, illustrating the emotional impact that breathlessness can have on the body-self. Not only did Claire not expect that she would enjoy singing, but she also didn't expect to stick to another activity recommended to her by a health practitioner. She explains how over time, she felt her breathing change. Breath is now relaxing and calming her. '*I've not let you beat me*', she tells her breath. She says it with self-assurance, and I can hear a sense of pride in her voice. For Claire, anxiety has been dominating her life, and singing has given her a way of taking back control, of gaining agency over her body. I tell her I'm really proud of her and she says that her doctor is proud of her too.

Before our interview comes to a close, I ask Claire if she's ever sung before, even just around the house. I'm taken aback by what she tells me. She's never sung before, but she was planning to surprise her family with her newfound self-confidence. She tells me that she's been planning on singing *Rudolph the Red-Nosed Reindeer* for them:

I think I'm going to give them all a shock at Christmas. Because, even like in the family, I like to be in the background. I'm the one that will be quite happy in the kitchen doing whatever and let everyone else enjoy themselves. I've always been quiet. I think I might just shock them and get up and sing Rudolph or something! I'll just start singing, and I think they will be shocked! I'll be the talk! They'll be saying, 'oh, there is the auntie that's usually quiet' I'll say, 'see what that Sophie has done!' haha!

In wanting to surprise her family by stepping outside of her usual role in the family dynamic, Claire presents a sense of pride in her achievement. She is proud of herself and would love her family to recognise the change she feels. She continues this narrative:

Well, funnily enough, I was looking at buying games so that everyone can kind of well… I'm normally… I wouldn't get involved. I'm the one who likes to sit back and laugh, but I don't like to stand up, I don't like having attention on myself. But I'm hoping I'll be able to join, I'm hoping.

Claire's description of planning to contribute games to her family Christmas is a poignant illustration of her change in character. While she wouldn't normally get involved, she now hopes to be active, showing her family how much she has changed. She's such a quiet person, but she will shock them, whether through a rendition of *Rudolph* or by being more vocal in the family. The narrative of being witnessed by family as having a changed sense of self, in terms of their confidence and improved mood was shared across interviews. Hannah, for example, talks about the difference that other people see in her and puts this down to learning good breathing:

Folk have been saying to me, you're looking really good, and I tell them it's my singing that's doing that. Even my son said, 'Mum, there's a difference in you', and I think that's what it is. Because with getting help, with youse giving us the help with how to breathe right, I think that's part of it. I panic a lot, and I end up suffering with depression, panic attacks and stuff, and I'm finding that that's helping. I don't panic, an odd time I do if I cannae get my breath and stuff like that, but not to the same extent because I just think calm, breathe. It's just what I do. Maybe that's the difference people see in me.

For Hannah, the breathing is now '*just what I do'*, a normal part of her routine, just as breathing is to most people. Hannah was very visibly breathless when she joined the group. I could see the tension held in her chest and shoulders, and I could hear

her shallow breaths. *Normalising* breath is therefore significant for Hannah because she struggles with severe COPD.

Austin's (2008) theoretical underpinning for her practices as a vocal psychotherapist provides some contextual insight into the processes of changing perceptions of self through finding voice. 'Why is singing such a powerful therapeutic tool?', she asks;

> When we sing our voice and our bodies are the instruments. We are intimately connected to the source of the sound and the vibrations. We make the music, we are immersed in the music and we are the music. We breathe deeply to sustain the tones we create and our heartrate slows down and our nervous system is calmed. Our voices resonate inward to help us connect to our bodies and express our emotions and they resonate outward to help us connect to others (p.20).

Austin's description of the visceral and emotional experience of singing resonates with the work undertaken in the singing for breathing group. Through sound coming from the body, singing is an intimate act, voicing our own body, each voice as unique as the body it is coming out of. Singing is therefore a way of expressing the body, where the small-scale spaces of the body create vibrations which resonate in space, carried in the breath, immersing our body in sound. Singing is an emotional act, and voice enables emotional expression with or without necessarily using words. Through singing together, our bodies are connected intimately and emotionally in space through the sound, as Tom reflects:

> Music, it's a universal language, isn't it? And singing with the voice is the initial instrument before any other instruments were conceived. And so, you are taking part in a musical endeavour, however intimate it is. And that in itself is a social thing, but when you add the benefit of the breathing, it's a win-win.

Enabling a person to have a voice allows them to express their body and their individuality in sung sound. As Austin writes, 'The self is revealed through the sound and characteristics of the voice. The process of finding one's voice, one's own sound is a metaphor for finding one's own self' (2008 p.21). Sung-sound is so unique and individual to each person, they are not just making a sound, but they are sounding themself. As stated towards the beginning of this chapter, members have been taken aback by the sound they make. As Austin indicates, singing is a complex emotional and embodied process therefore being immersed in one's own expression of sound

can enable processes of self-discovery. Furthermore, the context of the singing-for-breathing group has enabled breath to be fore fronted in this journey. Where breathlessness was causing distress and an embodied experience of anxiety and panic, singing has enabled breath to be repurposed for the expression of voice. Breath has been given a positive role in their life. Austin (2008) states that breath is key to making a connection between body, voice and emotion; 'Recovering one's true voice requires re-inhabiting the body. The first step in reconnecting to the body-self is learning to breathe deeply' (p.24). Austin also notes that the importance of breath to the body-self relationship can be traced to the Greek word 'psyche', which means both 'soul' and 'to breathe' (p.25). Learning breath and voice has enabled members to re-inhabit their body by learning to trust their breath and discovering the role of breath in creating voice. The underpinnings of vocal psychotherapy provides contextualisation for the importance of relearning this voice, body, breath relationship.

While it is important to recognise the role of self-empowerment through learning breathing techniques, it is also vital to reflect on the ways in which breath can be disrupted by agents outwith the control of individuals. For example, within the singing space itself, the sociality of air should be recognised. The group *conspire* (breathe together) the same air, which may be cold in winter, or dry from the central heating. As such, while there is a focus on individual breath management, there should also be a recognition of the socialised atmosphere in the space. In recognising the collectivity of breath, the gaze moves away from the *self* to the social material environment. Shifting the focus away from the self as the sole responsibility for breath management enables a critical reflection on wider consequences for health management. For example, as discussed in Chapter 2, geographers have explored the inequalities associated with air pollution in cities (Adey 2013, 2015). The atmospheric air can be imbued with pollution which in turn can impact negatively on the bodies of those who breathe it in. Hope Street in Glasgow city centre, for example, has the highest instance of nitrogen dioxide levels in Scotland[22], and there are recognised heath impacts of air pollution on respiratory illnesses where poor air quality can cause exacerbation (Pfeffer, Mudway and Grigg, 2021). In this sense,

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[22] https://www.bbc.co.uk/news/uk-scotland-55661358

even with the agency afforded group members through learning to breathe deeply, there are still factors that need to be addressed at a political level around air quality in the city. As Nieuwenhuis explores in his reading of air inequalities, 'politics becomes something that is inhaled' (2015 p.92). These politics may include the socioeconomic inequalities of those who are exposed to poor air qualities, such as industrial pollution which can lead to COPD, traffic fumes which the body may be exposed to on public transport, and cigarette smoke. These factors should be recognised as contributing factors to breathlessness outwith the breathing agencies of individuals. Therefore, caution should be taken when discussing the role of self-management and the responsibility of the self when managing respiratory illness, as it is also critical to consider the wider context of air and breath.

4.5 Reflections on our journey

My proudest moments with the group were when we were on stage at two conferences, having been invited to sing to demonstrate the group to health orientated audiences. We stood on the stage of the Radisson Blu hotel in front of an audience of around 200 people for the ALLIANCE Scotland Self-Management conference in May 2019, and likewise on stage at the Hilton DoubleTree hotel in October 2019 for the Chief Medical Officer's Realistic Medicine Conference. The group worked so hard on their songs, practising them at home, memorising the words and embodying the movements. I could tell people were full of nerves before going on, so I worked through an energising warm-up with them to offer encouragement We'd only performed once before at a very small event months earlier, so this was our first real showcasing of what we do. I could see the tension held in people's bodies as we looked out over the vast room full of people looking expectantly. I turned to the group with a big grin on my face and gave them a wink. The space of a hotel conference hall couldn't be any further from our cosy church hall. Our weekly sessions are for us, not for any audience. It doesn't matter if the song falls apart or things go wrong, or someone (often me!) forgets the words. We're there with our own sound, our own jokes and quirks. If we could take just a snapshot of that atmosphere and sound and portray that to the audience, then we would have done the perfect performance, even if it had wrong notes or mishaps. My pride for the group in the performance was in their ability to retain their unique humour and sing out with confidence, even with nerves running high. Coming off stage after both

conference performances, there was a buzz about the group, a resounding sense of achievement and pride. When I saw them for our session the day after our Realistic Medicine Conference performance, it was clear that they were still riding on this high. This achievement really epitomises both the personal journey that members have been on in confronting fears and anxieties around their voice, and the journey the group has been on by a creating a sound together that empowers everyone.

This chapter has explored the geographies of the singing body through the spatiality of voice and breath in the body. An awareness of breath is shaped in the teaching of singing for breathing practice, exploring together in the group how breath moves in and through the body, and tuning-in to the muscles, spaces and movements of breath. A geography of the singing body is visioned through these micro-spaces resonating with sound and breath, shaped through language that is evocative of an *imagined bodily geography*. Shaping breath through these embodied descriptors can be considered through Crossley's (2015) conceptualisation of singing is as a set of interlocking body techniques. Musical phrases negotiate the pace and length of breath in the body, contrasting the breathing patterns of breathlessness and helping to teach breath as a technique. Through this embodied framework, learning song and singing exercises shapes a '*skilled practice'* of breathing that is rehearsed and exercised in sessions through a mindful focus on breath and body. Body *knowledges* are learned in the singing group through re-shaping breathing techniques, as represented in the set of body-maps. This understanding of breath as 'skilled practice', which is learned and shaped, disrupts the notion of breath as a pre-reflexive autonomous process which we are guilty of forgetting about (Irigaray, 1999). Singing creates an awareness of breath, and through this awareness, the group members are given the tools to gain control over breath, giving them greater autonomy over their bodies – such as in being able to stave off panic attacks. In relearning how to breathe via singing practices, individuals in the group have experienced a change in their self-confidence, illustrating the interconnectedness of voice, breath, body, and selfhood. Therefore, finding voice and gaining autonomy over breath through song translates outwards into the lives of group members, explored further in relation to self-management strategies and *lifeworlds* in Chapter 7.

Interlude 1

Glasgow's song: The Red and Black Song Club

Interlude 1 Figure 1: A table in the community room set up with political song books that inform the song choices at the Red and Black Song Club
(Author's own photograph).

Introducing the Red and Black Song Club

The Red and Black Song Club (RBSC) is a Libertarian left political singing group established in 2017, and whom sing anti-fascist, working-class struggle, and resistance songs. They gather on alternate Tuesday evenings for 2-hours in a small community space in Glasgow's West End. It's a small group, with between 3-8 people attending each session during fieldwork in spring 2019. To supplement the sound, members bring instruments such as guitars, banjos, and harmonicas. In line with the group's political beliefs, there is no leadership structure, which means that members take turns choosing and leading songs. All decisions, such as how fast the song should go, are made collectively as a group. Larger decisions are a made together, such as deciding which pieces to bring to an event.

Simon explains what inspired the group to be established:

> Simon: I suppose our ideas were not just to have a choir that performed and entertained, but to engage people to educate and to self-educate. Not just that we ourselves would know everything and no one would know anything else, but to self-educate, to research old songs and keep them alive. To keep ideas alive and also maybe bring new material that people had written or contemporary stuff, and to support political causes, workers in struggle, that kind of thing.

Songs in the RBSC focus on Glasgow's socio-political history (Gibson, 2015) and represent political movements more globally. Teaching socio-political histories through singing illustrates the role that song has in telling stories and for creating space for voices of the past to come into the present (Inwood and Alderman, 2018; Pain *et al.,* 2019):

> Dominic: They are a voice for the people who didn't have a voice to withstand histories. Like lots of songs from the perspective of the views of a band of women […] and that voice doesn't tend to be remembered when people romanticise the past.

> Abi: Everyone knows there's lots of books out there, just reams and reams of political theory and history, but actually, what you end up hearing about and talking about is taught through songs. And, it's a good way of getting your message across because it's not just dry and factual; it's emotional as well. That is the case with politics, how much people try to keep it 100% rational, but it's not.

This interlude explores the use of voice for facilitating political narratives and how song inspires collective action in Glasgow. Doing so contributes to cultural and social geographies that engage in political movements through sound (Waitt, Ryan and Farbotko, 2014; Revill, 2016), music (Revill, 2000; Brown, 2016), representational song (Magrane *et al.*, 2016; Inwood and Alderman, 2018; Featherstone, 2019; Pain *et al.*, 2019) and singing practices (Campaign Choirs Writing Collective, 2018).

Tuning into the soundscape

🔊 [Red and Black Song Club - The Ballad of John Maclean by Matt McGinn](#) [23]

[Chorus after each verse]

Dominie, Dominie
There was nane like John Maclean,
The fighting Dominie

1.Tell me where ye're gaun, lad, and who ye're gaun to meet--
I'm headed for the station that's in Buchanan Street,
I'll join 200,000 that's there to meet the train
That's bringing back to Glasgow our own dear John Maclean

2. Tell me whaur he's been, lad, and why has he been there?
They've had him in the prison for preaching in the Square,
For Johnny held a finger at all the ills he saw,
He was right side o' the people, but he was wrong side o' the law:

3. Johnny was a teacher in one o' Glasgow's schools
The golden law was silence but Johnny broke the rules,
For a world of social justice young Johnny couldnae wait,
He took his chalk and easel to the men at the shipyard gate.

4.The leaders o' the nation made money hand o'er fist
By grinding down the people by the fiddle and the twist,
Aided and abetted by the preacher and the Press --
John called for revolution and he called for nothing less:

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[23] If the hyperlink does not work, a direct link to the file can be copy and pasted into the reader's web browser: https://gla-my.sharepoint.com/:u:/g/personal/s_boyd_1_research_gla_ac_uk/EW13IuryQYdLqWTYw-F47NEBszFfOB0xiYVZwBGf_Zy39g?e=ArdJne

5. The bosses and the judges united as one man
For Johnny was a menace to their '14-'18 plan,
They wanted men for slaughter in the fields of Armentiers,
John called upon the people to smash the profiteers:

6. They brought him to the courtroom in Edinburgh toun,
But still he didnae cower, he firmly held his ground,
And stoutly he defended his every word and deed,
Five years it was his sentence in the jail at Peterheid:

7. Seven months he lingered in prison misery
Till the people rose in fury, in Glasgow and Dundee,
Lloyd George and all his cronies were shaken to the core,
The prison gates were opened, and John was free once more:

The song tells the story of John Maclean, a teacher (Dominie) and Red Clydeside activist (Bell, 2018). What impacts can songs from past struggles and action bring to a politically motivated community? Voicing songs gives power to the people memorialised in the storytelling narrative. Singing is more than an act of remembrance; songs inspire and empower singers and listeners to take action. Singing about Maclean evokes a visceral emotional reaction where the song's sentiment is communicated across the group by making eye contact and looking up from song words at particularly emotional moments. Hands clench into fists at the climax of the chorus, feet tap under the table. After the song has finished, a conversation strikes up about Maclean's place in Glasgow's contemporary landscape. They passionately discuss an unsuccessful campaign for the council to rename Shawlands Square, where MacLean carried out the public speeches that led to his arrest and ultimate death. The emotional reaction to the song brought on through the stirring rhythms mobilised these discussions across the group, encouraging members to take up the issue again with the council (Waitt et al., 2014). This shapes an understanding of why voicing political narratives of the past has a continued impact on the political geographies of Glasgow today.

- Adapted from participant observation

Singing intentions

The songs sung by the RBSC act to represent political struggles, give voice to marginalised groups and raise a voice in protest. In order to be representative of political resistance, a large portion of the session is spent discussing and analysing specific lyrics. The act of shaping song by carefully crafting (Payne, 2017) lyrics through collective discussion indicates how lyrics can become transcendent by creating a collective narrative intended to represent different groups through history (Plancke, 2015).

> Alex: We do discuss the meanings behind each song, the intention for it. We don't want to appropriate something that isn't necessarily ours, but we also want to look and see what message still holds true. Does changing one of the contexts give the same message or what message does it give us? I guess one of the ways that manifests quite often is when you'll get a lot of songs we change the lyrics to very slightly, so one that leaps to mind *is Power in the Union*, where the original lyrics for the chorus at the end of verses the line 'come on do your share like a man', and so we always change it to 'lend a hand'. In the original historical context, it was written for men, because they were the ones working down the mines so that was generally who would have heard it. But I think we do sort of pay heed to that, so when we see any sort of language that can be exclusive, we say 'right we should we change that'. There's never really much argument along the lines of do we have the authority to change those. But I guess after a while, particularly the older songs, take on a sort of collective ownership anyway. We all know that it was Hill that wrote that song, but we've adapted to our own struggles, and then including women and non-binary people in with that, surely that's in keeping with the message with that, of unity and solidarity.

Singing in the RBSC mobilises *solidarity* through collective creative practice (Brüggemann and Kasekamp, 2014) and the narrative represented in political song (Magrane *et al.*, 2016; Pain *et al.*, 2019). Campaign Choirs Writing Collective explore how 'Solidarities are embodied and passionate, involving physical and material support. They mobilise emotions and values, for instance shame, anger and justice' (2018, p.177). In RBSC, *hope* is an integral part of the emotional narrative of the songs that mobilises solidarity:

> Dominic: The idea of singing at your most darkest point, and that gives you hope. […] If you're distraught by the way the world seems to be going, singing the songs gives you a perspective. There's another weird thing, that both

these songs and folk ballads really cheers me up to sing songs about people who had it a lot worse than I do, and it makes you remember. [...] The songs which remind you how bad it was, how to struggle against that, particularly in Red and Black Song Club, emphasise the struggle against it. I'm talking about *Bread and Roses* and the female textile workers in early 20th century America who had a life expectancy of about the 30 mark because of their conditions. In that sense, they were still able to have a sense of hope in that condition, and that makes you feel that you should do too, that you have a duty to.

In discussing the place of solidarity and singing, the Campaign Choir Writing Collective (2018) clarify that it is never the singers' place to speak *for* another person, ensuring that the singing groups are 'struggling *with,* rather than working *for* the different solidarities that we construct as part of the global justice movement' (p.210). Practices of solidarity in the RBSC follow this model, evidenced in the ways in which singing mobilises action in Glasgow's political sites and in the emotional intentions for song in the rehearsal space.

The place of Red and Black Song Club in Glasgow as a city of song

Glasgow has a history of songs that accompany strikes, protests and labour movements. For example, song was used in the Clothlappers textile workers strike in 1855[24]. Popular folk singers such as Matt MaGinn and Billy Connolly (both ex-shipbuilders) used song as part of the Upper Clyde Shipbuilders work-in campaign of the early 1970s (Betteridge, 2011). Songs such as *Ding Dong Dollar* rallied Glasgow's Campaign for Nuclear Disarmament in 1962[25]. Song was also central in the occupation of Govanhill Baths in 2001 by boosting moral in the community (Gordon-Nesbitt, 2015). The RBSC continues in Glasgow's political song tradition by singing and discussing these songs and movements in sessions. The group also sing at contemporary protests and in political spaces such as Glasgow's Autonomous Space[26] and at an annual May Day event (Figure 2). For the 2019 university strike, the group

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[24] A Clothlappers song has been recently recorded for the People's Voice Project
https://thepeoplesvoice.glasgow.ac.uk/song-the-glasgow-clothlappers/
[25] https://www.scotslanguage.com/articles/node/id/444 and https://www.bbc.co.uk/programmes/p021b09f
[26] https://glasgowautonomous.weebly.com/

led a workshop on *Solidarity for Ever* and sang on the University of Glasgow's picket line.

Interlude 1 Figure 2: Flyer for May Day event featuring the Red and Black Song Club. [Image sourced at https://mayday.link/2019/04/04/performers-wanted-parade-and-picnic/ Date accessed 4/4/21]

The political song practices of the RBSC are also cultivated through the active work within the Tuesday evening sessions. Here, music inspires collective activism and engages with broader political discourses of the city (Pain *et al.*, 2019, Waitt *et al.*, 2014). For example, the group sang *Why Do We Build This Wall* to recognise the isolation of the city's refugees in light of SERCO lock changes and as retaliation to

Trump's border wall policy. This facilitated a discussion which educated members about the work of Living Rent (Scotland's tenants' union):

> Abi: We're not directly going out and sort of fighting for Living Rent, but we're bringing like-minded people together and doing the kind of work that goes alongside it. It recharges your batteries. It's kind of two sides of the same coin.

Besides musiciking being a social practice that unites members, it is clear that 'community' is shaped through members' shared political consciousness and political will in this case. The group facilitates opportunities for members to share information about collective action they could participate in.

These geographies of singing communicate how political histories are mobilised for and in contemporary struggles via the remembered songs of a particular place. As interviewees remarked, singing gives momentum to political spaces, it is rousing and creates an inspiring atmosphere, an 'emotional geography of political protest' (Brown and Pickerill, 2009). Therefore, the practices of singing in the RBSC often transcend the practice room to create spaces of individual and collective action by members throughout Glasgow.

In the singing space, breath is purposed into political voice, shaped by the rousing rhythms of the music. The declarative exhalations ring out with impassioned intention, where song unites this group through the strength of feeling that is voiced. Songs are crafted and practiced so as to engender a community in and through song. This shared political motivation is voiced stridently, connecting singing bodies in that space and empowering collective political mobilisation.

Chapter 5

Singing for breathing: Community health landscapes

Figure 5. 1 The singing-for-breathing group pose for their photo (Photograph by Pauline Waugh for the Cheyne Gang, used with permission).

5.1 Doon in the Wee Room: Introducing the group as a space of community

The singing-for-breathing group takes place in a small church hall, in the basement of a church just off Duke Street, in Glasgow's East End. Most members of the group live locally, and many have spent their whole lives living in the East End. The identity of members of the group as Glaswegians, and mainly as members of the Dennistoun community, was celebrated in sessions through song choices that reflected local heritage, such as *The Calton Weaver*, *The Jeely Piece Song*, and *Doon in the Wee Room*. *Doon in the Wee Room,* a song originally written about a pub in Springburn, was used as the basis of a songwriting exercise. Here, members were invited to contribute new lyrics that reflected their group experiences. The lines written by members were shaped together into verses. The group crafted this during a series of workshops by reordering verses, lines and changing words until everyone in the group was happy with the final result, laid out below. The process of writing the song is explored further in the methodology chapter. The reader is invited to listen and watch the group sing the song at https://youtu.be/LOAeMIK6Sms.

Doon in the Wee Room
A Glasgow pub song rewritten
by **The Dennistoun Cheyne Gang**

Chorus:
Doon in the wee room underneath the stair,
Everybody's happy, everybody's there
And we're all makin' merry in our aine chair,
Doon in the wee room underneath the stair.

When you're feeling chesty, coughing day and night,
Take a stroll along to our group, we'll make you feel alright.
We are all very friendly and we get along real well,
We all sing together and it sounds really swell.

If you're feeling lonely, feeling sad and blue,
Don't let your cares upset you, I'll tell you what to do.
Just take a trip doon tae Duke Street, have a coffee there,
Doon in the wee room underneath the stair.

[Chorus]

Respiratory reflex floating through the air,
'Am singing with the Cheyne Gang underneath the stair.
When I go home after, the tune still in my ear,
My mood it is uplifted my spirit's filled with cheer.

Come to the wee room we are a jolly crowd,
We're working on our breathing, our progress makes us proud.
Join in with the singing and in the laughter too,
The welcome's even warmer than the nice cup of brew!

[Chorus]

Our voices come together in melody and song,
Our breathing synchronises, our muscles become strong.
We come and raise our heartrate and do our exercise,
We let out all our tension as we do our
Sssiiiiiiiiiiiiiiiiiiiiiiiiiighhhs

Doon in the wee room underneath the stair,
Everybody's happy, everybody's there
And we're all makin' merry in our aine chair,
Doon in the wee room underneath the stair.

This final product is something the group is incredibly proud of, with members regarding songwriting as a new skill and a marker of their time in the group. We sang the song on stage at the Scottish Government's Realistic Medicine Conference in October 2019. The song presents group members' descriptions of community in the group. The song's sentiment is warm and inviting towards new members where the group is represented as having a unique sense of humour and being a place of belonging. The song incorporates the group's place-based situation in Glasgow's East End through its use of dialect and reference to Duke Street, where the group meets. When we sing together, these words are met with smiles and laughter as members sing, clap, step and dance together. As the song describes, our voices come together when we sing, providing a space for members to have a voice, as discussed in Chapter 4. Through this sense of creativity and expression, identity, togetherness, belonging, and safety are communicated within the group.

This chapter will explore how community is shaped and experienced in the singing-for-breathing group through drawing on the interdisciplinary framework of community music therapy (CoMT) (Stige *et al.*, 2017). As discussed in the literature review, CoMT is a practice where music is used to 'bridge the gap between individuals and communities [...] creating a space for common *musicking* and sharing of artistic and human values' (Ruud, 2004 p.12, italics in original). Wood, Duffy and Smith (2007) draw parallels between CoMT and geographical perspectives of music practices, where 'musicking is an emotional process that builds identities, creates spaces of community and belonging, and has the potential to challenge paradigms and empower agency' (p.885). I respond to Wood, Duffy and Smith's (2007) call for geographers to consider CoMT, while also informing the collective singing practices through psychotherapeutic underpinnings. The use of a psychoanalytical framing is contextualised by drawing on the psychoanalytical turn and use of psychoanalysis in Geography (Bondi, 2003, 2014; Callard, 2003; Kingsbury & Pile, 2014; Philo & Parr, 2003; Rose, 2012). Psychoanalytic perspectives allow for exploration of the group space as a *therapeutic landscape* (Andrews, 2004) where members are held and supported by the group dynamic. The psychoanalytic theories drawn on in this chapter are complimented by an interview with the Community Links Practitioner, Deborah, who is undertaking psychotherapy training and attends the group as part of her community situated work. Using models from CoMT and group psychoanalysis

provides a strong underpinning for the understandings of community and collectivity in the group. Shaped by the lyrics of the group's song, the chapter draws interviews with group members to explore how community is created and facilitated by collective singing. The impacts of the community singing group as a health practice are reflected in a broader agenda for *Realistic Medicine* (Calderwood, 2017), where community practices in health shape a person-centred healthcare approach.

5.2 'We're East Enders': Geographies of community in the East End group

Figure 5.2: Group members dressing up for Halloween 2018 express the jovial atmosphere of the group (Photo by Janice Merrick, used with permission).

The Dennistoun group resonates with Glaswegian humour found in-jokes, stories and dialect interjected into songs and conversations. '*Swing your kilt!*' and '*Go on yersel!*' are almost always exclaimed as we sing the session's final song every week. This shapes an identity that is in keeping with a dialect of Glaswegian 'patter' than

resonates around the group (see Munro, 1996). Turns of phrase, jokes, and broad Glaswegian accents and Scots dialect characterise the communication between group members. 'Inside jokes' are repeated week after week, and members hold their place in the group for upkeeping this characteristic humour. Wenger *et al.* (2002) suggest that these shared ways of doing things together, such as shared stories and jokes, are critical in creating communities of practice. Similarly, the group share memories of performances that they have been part of, and the improved confidence and sound that resonates in the room demonstrates the group's journey. The humorous commentary of group members sees laughter resonate around the space, and this is reflected by group members as being positive to the group experience, as Tom describes:

> When you're singing you breathe properly, and the exercises that we do, some of them I find them quite amusing, but it's good fun, it's a good laugh. Our attitude with it seems to be, in the group as you know, we do it and we have a laugh, which is good. And that enhances the social aspect, that's good, very helpful from a health point of view, social point of view.

When writing the *Doon in the Wee Room* song, it was hard for the group to settle on a term that would describe their humorous character and voice their identity. They wanted to express the sentiment that the group members are often very silly, with improvised dance moves and fun songs being popular across the group. One original lyric written by a member described the group as a 'mad crowd'. However, this term was deemed inappropriate for a mental health inclusive group. Group members suggested many other lyrics such as 'wacky', 'dysfunctional', 'bonkers', 'brilliant', and Scots terms such as 'bampots', 'gallas', 'glaikit' and 'right braw'. These terms indicate how members view themselves as a light-hearted and playful group and associate with a Glaswegian Scots identity. The group compromised, using 'jolly' in the song lyrics because of its inoffensive associations with joviality and playfulness. The debate over the best term to use brought up a discussion in the workshop of exactly what made the group distinctive when compared, for example, to the other Cheyne Gang singing-for-breathing groups in Edinburgh. The following transcription taken from the audio recording of the session portrays the discussion about the place-generated identities of the group, triggered by the debate around describing the group as a 'jolly crowd':

Carole: [to Sophie] Have you been to any of the Edinburgh groups and sat in on their sessions? Do they operate differently from us as a group? How many are in their group?

Anne: They're obviously not as good as here, ha ha!

Kirsty: No, no! ha ha!

Anne: But they're okay!

Sophie: Yeah, every group is different. Some have very small numbers, some had big numbers and now have small numbers, it just depends.

Carole: Well, I just kind of wondered because I know when one of the girls [member of the Cheyne Gang] came though they said: 'we don't have the same fun [in their Edinburgh groups]'.

Kirsty: Yeah, because we're a *jolly* crowd!

Irene: That's why I wondered if there was something... maybe it's because we're East Enders!

Kirsty: Ah ha! East Enders!

Anne: Yeah, it's because we're East Enders, isn't it!

Angie: They're actually dour through there [in Edinburgh].

Carole: I was quite surprised that she'd said that .. you know, she said: 'well our group is no like this'. Because we have a laugh, and we get into it. Even that day in the Radisson [performing at the ALLIANCE conference], when we'd warmed-up upstairs first, but when it started [singing on stage] we all just got into it, there was no hesitation.

Anne: When we were doing the warm-up, and we were doing some of the actions on some of them, that guy who was presenting before us was in the warm-up room. He was just falling apart! He was holding his stomach! And I thought, blinking heck! He thought we were hilarious!

Carole: We just have fun, and that's the main thing. That's what it's about!

Judy: If you take it seriously then folk will drop off.

Carole: Of course, that's it, I know.

Judy: When you come from the East End, you can't help but be daft!

Carole: You get folk who don't come back, like that guy who thought it was an actual choir.

Kirsty: He didn't give it a chance.

- Transcription from song-crafting workshop

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This extract explores different themes around the group's place-based identity, consisting primarily of 'East Enders' who have grown up and spent their lives living in the area, and considers ways in which this might create an exclusionary space. The group members query the description of being different from other groups by the Edinburgh Cheyne Gang member who was visiting that session. The members are taken aback by her narrative of our group having 'more fun'. They query - don't the other Cheyne Gang groups have fun too? The explanation put forward reasons that they are a group of 'East Enders' who 'can't help but be daft'. This discussion allowed members to reflect on their performance at the ALLIANCE conference about which the Cheyne Gang member had made her comments. Members were self-reflexive as they considered their experience of warming-up to a playful song (*The Elephant in the Attic)* and how those witnessing the singing and actions laughed so hard they had to 'hold their stomach'. This moment of reflection in this extract illustrates that members had not considered the laughter, upbeat atmosphere, and jovial dynamic to be particularly unusual for a singing group. Their self-identification with Glaswegian humour, which they place as particularly unique to the East End, situates the group's atmosphere within this place-based geography. The same songs, jokes, and characteristics that mark the identity as this singing community do not necessarily transfer into other group spaces. When I have shared my work with the group in different settings, I have been met with mixed responses. Some people appreciate the songs' fun and enthusiastic nature, while others have found these to be uncomfortable and pointless. Presenting *The Elephant in the Attic* song to an Edinburgh Cheyne Gang group was not well received. While the Glasgow group joined in with enthusiasm at the song's silly gestures and actions, many in the Edinburgh group declined to participate. Instead, some members sat down until the song was over.

The invitation is there in the group's song to join in and become a part of the group and its singing and laughter. Tom expresses how members of the group will absorb any new participants and will be extremely welcoming:

> I think when people hear about the thing, they'll think it's interesting, but there's a fear that stops them going. What will it be like? You know, in any situation where you're putting yourself in amongst a crowd that already exists - it's difficult for a lot of people to put themselves in that position. A lot of

them probably get too put off because of that, which is a shame, so I think the best thing to say to them is that it's a really friendly group, we have a good laugh and you'll be welcome. I think that's the best way to describe it - a friendly cheery group, a bit crazy at times. You will be welcome, you'll no be made to feel that you're spare, you'll be instantly absorbed into the group.

However, Tom expresses, while members of the group are very friendly, open and encouraging toward new members, the experience of joining can also be overwhelming. While many group members enjoy the group as a space shaped by joviality, as noted in the transcript of the group's discussion, the East End characteristics discussed by the group are not shared by all of this population. Equally, the group dynamic that gives space to interruptions of comments and jokes can disrupt the learning of songs. One member left the group after one year, citing that they were unhappy with the session being dominated by individuals' interruptions and jokes. In this sense, the space that is comfortable to some because of the light-hearted atmosphere is unwelcoming to others. Furthermore, there is a notable gender imbalance across the group. It has been noted in the methods chapter that only 4 men were attending the group for a continuous length of time, compared to around 12 women. It is not uncommon for community singing groups to have more women than men (Bartel and Cooper, 2015). However, the emotional vulnerability involved in sharing voice in a playful space possibly creates a gendered divide around a willingness to be open to these emotional experiences. Paul points out, for example, the first experience of the group is the silly warm-up exercises, which can be off-putting:

It's just some people come in, and we're making all the noises, and they go, have I landed in the right planet? It's just the first thing. A lot of people won't get over the first thing. Everyone who came, I wanted to come back.

Furthermore, two of the men play guitar, and sometimes shy away from some of the singing. Links worker Deborah reflected on how the group may mirror gendered divides in Glasgow's music scene in the long extract of a reflective conversation below:

Deborah: Yes, men do struggle with groups. I mean some of it is socialisation in terms of women being told they're more sociable. I was keen that I got another chap along because I think that's another thing in terms of group dynamics is that you have to think about whether your group is homogenous

[...] It is interesting that we have more women, and is that because singing itself is seen as more of a female activity? I don't know.

Sophie: I mean it is common across community choirs to have very few men. So, is it something about singing itself that maybe makes you a little bit vulnerable? Because you are voicing yourself, expressing yourself and is that a little bit more intimidating if you're a man? I don't know... this is something I've thought about a bit, but I don't have the answers to.

Deborah: Yeah, it's still a very West of Scotland male thing not to communicate, not to be vulnerable, it's seen as a sign of weakness, rather than a kind of asset that we all have vulnerability and we should all express it, but it's definitely more comfortable for women to do, that I would say. And perhaps even musically you can see the two guys with the guitars, and you think there's something about hiding behind a physical instrument. My experience of growing up with music is that all the men were the instrument players and the women did the singing, and I think there's a kind of sexist element to that. It was only the kind of folk community that saw a difference with that where it was a bit more of a spread, and you had more men singing and women playing instruments. So, depending on your kind of musical influences and background, you may see some of that. And I think Glasgow has a bit of a Blues Rocky kind of connection, and that is definitely a misogynistic space I would argue. It's definitely more male, you know you'll maybe get the odd example of a female guitarist, and they'll be described as such, they're not a guitarist, they're a *female* guitarist. Whereas a vocalist is, you know, it's not as gendered, it's more likely to be a woman, but it is interesting.

This conversation with Deborah provides a spatial gendered context exploring why men may exclude themselves from this singing group due to the cultures of music in Glasgow. Deborah describes Glasgow as a misogynistic music scene shaped by cultures of emotional withdrawal, which she views as common in the West of Scotland. In the singing-for-breathing group, the instrumental musician role acts as a tool for accessibility, allowing the men to be a part of the group. Furthermore, when another man joined, the two guitarists spent their coffee break teaching him to play the guitar and actively involving him in their playing, thus creating a more inclusive space for him to participate.

Belonging has been noted as an innately geographical concept (Mee and Wright, 2009) where individuals feel an affinity to their place-based citizenship. For

example, Tomaney (2015) discusses the local attachment and belonging to a local area experienced both individually and collectively. Belonging is also a core conception of community, as defined by Delanty (2003). In the singing-for-breathing group, a sense of belonging to the East End is enacted through the practices and communication in the group, particularly noted in the use of humour and dialect. However, this situated community structure can equally exclude those who do not feel comfortable within this atmosphere, as noted by the group members in the session transcript above. Therefore, it is critical to acknowledge that while there are positive experiences of community found in belonging to the group, not all who join sessions share in this. As Kreutz and Brünger's (2012) extensive survey of choirs concludes, while choirs hold many reported benefits for health and wellbeing, they can also be spaces of exclusion. The negative experiences of choral singing have been noted in Kreutz and Brünger's study as being shaped by social interactions with other choir members, as well as the leadership practice of the conductor. It is essential to understand community group spaces, such as the choir, through a critical community framework as both spaces of care and belonging, and exclusion (and see Conradson, 2003b). In doing so, the reasons why individuals are excluded can be addressed. In the case of the singing-for-breathing group, this has involved managing individuals' expectations before they join for the first session. Here, Deborah the links worker talks prospective members through elements of the session as part of a social prescription model, which will be explored later in the chapter. Equally, allowing men to join in with instruments has provided an inclusive facilitation technique for some members. For those who choose to participate in the group, the atmosphere facilitated by jokes and humour contributes positively to their experience, further impacting the social connections formed in this space. The following section explores further the playful identity of the group by considering the how the space itself in the church hall facilitates this communication. Interview narratives share experiences of laughter in this space, and the resulting impacts this has on social connections both in the group and in the wider community.

5.3 'The wee room underneath the stairs': Exploring the physical-materialities of singing space

Figure 5.3: Singing a favourite song in the group – *'I walked to the end of the road'* - complete with actions. Sitting or standing in a circle, members can see and communicate with each other (Author's own photograph).

The group song's chorus describes the 'wee room' where the group is situated, down half a flight of stairs from the main church. The space is important as it supports the facilitation of a positive atmosphere where creativity and silliness are explored. For example, the warm-up and songs within the session are used as opportunities for members to improvise different movements, dance moves and actions. Part of the warm-up involves members 'playing' around with their voice, making different sounds and exploring their range and where there are no wrong notes. Participating in this playfulness of voice and body is only possible if the group's space is perceived as safe and free from judgement from other members. No one is ever forced to participate in these creative actions, but few opt-out. In links worker Deborah's interview, the space of the room itself is discussed as being necessary for facilitating a feeling of safety that enables these group dynamics to be fostered:

Sophie: The other thing to do with space is the room we have …

Deborah: It's perfect, it is isn't it!

Sophie: it's not a huge vast space that's like 'oh my god', but it's also not claustrophobic or stuffy, and it feels full even when there's not masses of people there. Like this week there were so many people, but there were really only 16 or 17. But it felt so full in a positive way.

Deborah: We *inhabited* the space – something about how we inhabited the space and how we connect with the space. I think even something as simple, I thought about the wee glass window that looks up. So we're down out the way, so we're not eye level with the street in that we're not exposed, but we're not unexposed either, and there's something about that that's really interesting.

Sophie: Like you're not shut away but not exposing the precious space that's held quite nicely in the building, and where it is in situation to where people are living, and it's just this warm little room.

Deborah: It's amazing, and obviously the church use it, so there's nice things around, so it's got the plants and the piano, and it feels like a space that should be used for music as well. There's something about that.

In Deborah's understanding of group dynamics, informed by her psychoanalytic training, she explains that the physical space in which the group meets facilitates inclusive group processes. For example, the chairs being arranged in a circle allows the group members to communicate across the space, where subconscious gestures such as smiles and glances are exchanged. The circle also allows sound in the middle of the space to be equally consistent between all members' voices. Members are singing to each other, rather than all voices projecting to the front, as in a performance. Facing each other also allows members to present elements of their personalities through interjections and dance moves. The laughter generated in sessions, which is enhanced through members being able to connect across the space, creates a level of communication that goes beyond the vocal soundings in song and singing. Deborah, through her psychoanalytic background, recognises this as being important to the experience of the group:

Deborah: It's that different level of communication - primordial level communication - that we sometimes underestimate as being important, but it's so important.

Sophie: Is that stuff like laughing? Because a lot of people talk about just how much fun the group is, that they can just have a laugh.

Deborah: Yes, and the smiles and the wee kind of knowing looks and you know, people are still having an opportunity to share their personality but again in a non-verbal way or in a kind of well a little bit of singing -the kind of wee solos that might occasionally happen.

In interviews, members often remarked at how they laugh together. This laughter is never intended to be malicious, but rather indicates the communication the group shares in being light-hearted. As Tom and Claire remark:

Tom: Because we sit in a circle and we can see each other, and we can have a laugh at each other. You see everybody singing.

Claire: Everybody is just friendly. It's just relaxed - a relaxed atmosphere, all so chilled out, and we laugh at each other - in a good way. Because you have those people who say, 'I can't sit facing you because you'll make me laugh!'. Things like that. It's so friendly.

Hannah recounts an episode of uncontrollable laughter that she explains was brought on by making eye contact during a song. This was a disruptive moment in the session, where the song was paused to allow Hannah to recover. However, while disruptive, moments like this are accepted as being part of the enjoyment of sessions.

Hannah: I couldn't stop laughing, and every time I looked around at everybody, they were all like [looking at her], and that made me worse, you know? I mean, I put my book right up to my face, and I was still shaking with laughter at the same time. But oh no!

Sophie: If you've got the giggles, you've got the giggles!

Hannah: It takes a lot for me to laugh laugh, and I'm being honest Sophie, that's the first time I've laughed like that in, I don't know how long. I swear to God I don't know how long since I've laughed like that.

This opportunity for laughter is made possible due to the relaxed atmosphere in the group. Paul explains that he responds to the atmosphere of sessions with jokes and interjections:

I sense there's an atmosphere starting and I'll say something funny, I'll say something in keeping with what's going on with a wee edge that someone may laugh. If one person laughs it's a contagious effect. So it's a fantastic group. And you could have went 'offskies, talking to me about gin you little rascal you!'. But I'll tone it down!

Here, Paul acknowledges that these moments are distracting and that I might ask him to be less disruptive. However, as Sarah comments in the following quote, rather than being a strict choir rehearsal, there is space for interjections and disruptions. Sarah explains why the atmosphere of informal sessions, shaped by jokes and laughter, is important to her enjoyment of the group through its social context:

Sarah: Well, I find the atmosphere is quite a happy enough atmosphere, relaxed atmosphere, friendly, it's not a tensed up atmosphere or anything. Nobody seems to feel excluded from anything. No, the atmosphere is quite good considering that we were all strangers. I mean, I knew nobody. So, considering that... And you can tell jokes to one another. You can say, och just a wee joke, or whatever about anything, and people take it the right way, and you have a wee laugh, a wee bit of banter. I think that's good considering you didn't know them, absolute strangers.

Sophie: What do you think singing does to create this atmosphere or this sort of dynamic maybe or...?

Sarah: Because people are concentrating on the singing and giving it their all. And not bothering about what's outside. I think it makes them a bit closer, you know? It makes for a more relaxed atmosphere because this is just what you're doing, and therefore you're more relaxed. And the wee bit of banter makes people a wee bit more relaxed. I think if it was a strait-laced thing, you know if it was a *choir-* 'we will now have boom boom boom [in a strict voice:] song number two'. Right okay... But because it's quite a good atmosphere, nobody feels that way.

For Sarah, singing in a relaxed atmosphere helps build connections with other group members, whom she may not have related to outwith the group space. She explains how she feels able to make jokes because the atmosphere is relaxed, and people are open to 'banter'. The relaxed atmosphere allows Sarah to separate her thoughts from life outside of the group space, reflecting DeNora's (2015, p.1) analysis of asylum spaces where the space allows individuals to 'feel as if one is in the flow of things'. This further corresponds to conceptualisation that singing creates a state of *flow,* where singers are mindfully focused on singing, rather than other distractions (Csikszenthmihalyi, 1990; McCarther, 2018).   Sarah contrasts the relaxed atmosphere to the idea that a strict choir rehearsal would not give scope to these

experiences and connections. However, it is essential to note that this lack of structure and individuals' interruptions can create the exclusionary space that puts some people off attending. The themes of atmosphere are expanded upon in Chapter 6 by considering how music, rhythm and movement shape an affective atmosphere (Anderson, 2009).

By incorporating playful songs, improvised moves, games, and vocal experimentations, the group can be framed through play theories (Kane, 2004; Gordon, 2014; Lockwood and O'Connor, 2017). Play theories offer conceptualisations of the group members' experience within a social and cultural health structure. For example, Hannah comments that while the singing group is informal in a way that contrasts the formal 'highbrow' choirs which I sing in, the group is no less serious:

> [The choirs you sing in are] a wee bit more highbrow. In that sense, they're completely different altogether. As you said, ours is for fun, but with it being for fun, it's serious. I know we have a laugh and all that, but it is serious, Sophie. Because it's definitely helping, you know what I mean? It is helping.

As Hannah points out, while sessions are light-hearted, they carry an important place in people's health management (explored further in Chapter 7). Indeed, playful spaces have been noted as important in contributing to adults' health and well-being across interdisciplinary scholarship (Qian and Yarnal, 2011; Yarnal and Qian, 2011; Magnuson and Barnett, 2013; Waldman-levi, Erez and Katz, 2015). The role of play has been specifically explored in the context of singing-for-health by Manfroi *et al.* (2018) via a framework of *caring health landscapes*. The authors explore the role of playfulness as part of an agenda for a *humanised* healthcare practice where 'pleasure, fun, freedom, spontaneity and solemnity, enthusiasm, joy, satisfaction and wellbeing' (p.54) are embodied and evoked in a framework for playfulness and health. Manfroi *et al.* (2018) frame playfulness in relation to health and the singing group through the lenses of care, emotional expression, and co-existence. Songs act as 'paths to fun, mutual exchange, recollections of the past and expressions of feeling' (p.60). Furthermore, singing acts as 'expressions of life' (p.61) which open up paths to communication where 'playful activity developed through music can contribute to the expression of emotions and corporeal manifestations' (p.61). This emotional expression is highlighted as unique and different for each person, with no requirement for joy or standardised response. Co-existence through the encounters,

exchanges and integration of individuals in the group, are strengthened by singing's playfulness. In turn, these networks lead to decreased social isolation and increased autonomy.

The role of play, spontaneity, and laughter held by members as key elements of sessions, have a broader role in creating a health framework within a *humanised* care model. The group provides a comradery of support from each member contributing to the sound and the emotional experience, as Rob describes:

> You're in a group, and we're all trying to do the best we can, and there's a kind of comradeship. It's a combined effect everyone's chipping in a bit.

At various points through her interview, Sarah explains why these elements of collectivity and fun are significant within her own life, particularly concerning social connectedness:

> Sarah: I would say it's actually very beneficial to people that there is a group like that. And you do benefit out of it in quite a few ways, i.e. although it's for your breathing, and well to strengthen your breathing, you do get a feeling of friendship, and you laugh, so that's good for people. Any way you can get a wee laugh that's good. You don't get many laughs nowadays the way things are going.
>
> [...]
>
> Sarah: I have been part of groups years ago, not recently. I was for a good long time. Anyhow, to me, that's quite good. Because at my age - and this sounds quite morbid! - at my age, I've not got very many people left that I can relate to. They're all away, so to speak, you know? So that makes it, to be included there, that it makes it quite enjoyable, you know, it makes it quite - one of the crowd, so to speak. Because there's not many crowds that I can say I'm one of the crowd of because most of my crowds are all away now, you know?
>
> Sophie: It feels like there's a sense of kinship or camaraderie in the group?
>
> Sarah: I think it's quite a bit to do with.. not so much kinship I wouldn't say, but camaraderie I would say. When you get to hear other people's news or whatever, or maybe at teatime or whatever. You can lose yourself just for a wee while instead of the mundane things of everyday life, you know - you can lose yourself.
>
> [...]
>
> Sarah: Well, I think it's important to have that. I think as you get older - and I know it sounds like I'm 110 or something - but as you get older, you tend to

be restricted in maybe the kind of enjoyment you have, or you know depending on your family life or whatever circumstances - and that's quite enjoyable when you're away from all that! There's nobody nipping your ear, you know?

The group's role in creating a sense of comradery contributes positively to the social lives of members. This then shapes the space of the group within a *humanised* health model where group dynamics, emotional support, and collectivity facilitated through the light-hearted atmosphere create a space for health that focuses on more than breathing practice (Manfroi *et al.*, 2018). This model of health is further expanded in Chapter 7 via a humanistic framework of *lifeworlds* (Seamon, 1979). These connections made in the group are further shaped and reinforced in the situated community. Here, members describe connecting while in the East End. Community expands outwith the space of the group and into the local neighbourhood. These social connections are described in interviews as having a positive impact in the day-to-day lives of group members:

> Jackie: I quite like the wee club because you know these people [they] all live round about. [...] I didn't know them before, but I know them now. I get them on the bus, so even things like that.
>
> Sophie: Yeah, like your network has grown?
>
> Jackie: Yeah, you're meeting more people. You might have a passed them every day in life. But now you've met them, and you're speaking to them, you know? Another point for the club isn't it.

> Hannah: I'm enjoying it. And it's nice as well, because you're meeting other people. You seen their faces in Duke Street, but now you can put a name to some of them as well, and you get kind of friendly with some of them as well, do you know what I mean?
>
> [...]
>
> Hannah: And as I said the company, that's part of what I'm getting from it as well, to get to know other people. I see Claire quite a lot now, I see her quite a lot on the bus. [...] I pass folk and I say, 'oh how are you doing?'. Things like that. That's what I find what we're getting from it.

The sense of community forged in the space of the group, therefore has greater impacts on the lives of members through creating social networks in the local community. The growth of social networks is one manifestation of a humanised model of healthcare, where individuals are supported in their journey through

illness. The following section will build on the material space of the group, shaped by the light-hearted atmospheres, spontaneity, and playfulness. A framework informed by psychoanalytic theory shapes an understanding of safety in the group through collective support. Understanding relationships across the group being formed in and through sound is explored to contextualise interpretations of comradery that have been explored here.

5.4 Psychoanalytical underpinnings: Generating a safe community space

To feel able to express playful creativity in the space, individuals must feel safe and comfortable. Drawing on Goffman's optimistic conceptualisation of the term 'asylum', DeNora (2015) explores the concept of safe spaces that allow health and wellbeing via a model of community music therapy. Here the asylum space provides:

> respite from distress and a place and time in which it is possible to flourish. By 'flourish' I mean the ability to feel as if one is in the flow of things, to be able to feel creative and to engage in creative play, to enjoy a sense of validation or connection to others, to feel pleasure, perhaps to note the absence, or temporary abatement from pain (p.1).

In this sense, the singing-for-breathing group is a space of asylum where members are able to flourish through being together in collective creative play as well as through being temporarily free from breathlessness, as Paul and Angie describe:

> Paul: But this wee group is great, and it's there for us, and it's there for just now for us with the breathing problems. But have you noticed that when we're all there, we've no got breathing problems? We're all singing, and that's the wonderful thing, Sophie.

> Angie: When I'm singing I'm no as breathless, I'm no huffing and puffing, I'm no out of breath or having to sit down because I'm breathless. Whereas before, I probably would have had to do that, before I started coming to the classes.

The 'asylum' of the group space enables a sense of community where members feel safe to express themselves together through the emotional sharing of music and the expressions of subconscious communication. The capacity for the space to facilitate relational dynamics in the group can be explored further by drawing on a

psychoanalytical framework. This has been outlined in interviews by Deborah underpinned by her training in psychotherapy, and further draws on psychoanalysis in Geography (see for example Pile, 2010, 2013; Bondi, 2014, 2019). Doing so allows for the internal, emotional generation of community to understand how individuals' personal vulnerabilities and securities are facilitated for. The communication that comes from singing has allowed a sense of safety, even for those who feel particularly anxious around sharing their selves and their voice. Deborah, through working as a Community Links Practitioner, has witnessed group members in other group settings, and so can directly compare the singing group to other group experiences:

> And indeed, some of the folk that I've referred along, I've taken them to other groups and seen them in other groups, and so I can compare how they are in this group compared to in other groups, and that is really interesting because I think it is, again, safer for them and safer for these actually, because I think (without disclosing) one individual I have taken to other groups has really struggled with over disclosure, perhaps getting quite emotional. Other people react negatively to that or not know how to react, and that then becomes a difficult thing for that person because they've not felt held. I'm talking about that kind of safety element and that containment that a group will create. That's the womb element of the matrix. You know, the kind of egg shape or the container. There's different analogies that you might use, but there's something about it creating a physical environment, a physical holding. And for this individual, I can certainly see where they're more held in the singing group than they are in other groups. And they can still be themself, still bring that voice in a much safer way.

To contextualise Deborah's psychoanalytical language here, it is useful to draw on geographer and psychotherapist Liz Bondi's exploration of the psychoanalytical spatial concept of 'holding spaces' in the spaces of her own therapeutic practice (Bondi, 2019). Here Bondi describes her 'womb-like' therapy space which transforms into a setting that is personal to her and her practice: 'in moments, the room becomes a space that is mine, not exclusively but sufficiently for me to feel at home in it, to inhabit it, to feel that I will be held by it. For the next few hours, this room will act as container for me as well as the clients I work with' (2019, p.101). Bondi explains how the 'facilitating environment' (p.101) set out here through the spatial imagery of the womb-like 'holding space' stems from the psychoanalytical underpinnings of Winnicott (1965). Here the space acts to facilitate relational

dynamics between therapist and client, as Bondi describes through the representation of her room and its furnishings. The psychoanalytic spatial conceptualisation of therapeutic space can be applied to the singing-for-breathing group by exploring the possibilities for relational dynamics that help individuals feel safe and supported in the space, as Deborah describes in the above extract. The singing group has to be a space where individuals can feel safe to express themselves, but without compromising other group members' emotional boundaries. It is particularly critical for members to express themselves safely as the singing group is not a space for therapy, and as the singing leader, I am not equipped to facilitate interactions that transgress these boundaries.

The singing space as a safe environment can be understood through the relational dynamics communicated as a group. Here collectivity and comradery can be considered to be a vital part of the group experience which acts to support members in their illness, as Deborah explains:

> There's an instillation of hope that comes from being in a group. That universality, an opportunity to kind of - to see that we are connected to each other, and that it's okay to be connected to each other, and that it's not necessarily scary and negative. And that in itself is challenging for people because it won't necessarily be their experience. But in terms of self-management, particularly that universality - to know that you're not alone.

Singing may have elements of 'universal experience' where in that space the voice of each member counts equally to the combined sound generated by all the voices. This collective sound arguably creates a '*sonic whole*' (DeNora, 2015), made from the individual voices, joining bodies together in the space of the group through the shared collective emotion of song. While Deborah uses a language of universality, it is critical to note that not all members of the group share the same experiences or live with the same illness. However, social connectedness is a theme that has resonated through interview narratives. Claire, Sarah and Hannah's narratives reflect themes of collective trust and togetherness. This experience is found in being with likeminded people, connected by experiences of breathlessness and bodily abilities, in a space free from judgement:

> Claire: Well, that makes you realise you're not alone because I think a lot of the times with people is that you feel as if you're on your own and nobody else is like that, and it makes you realise that there's other people feeling the

same way and I suppose if you weren't feeling too good, they would understand, they wouldn't be judging you, things like that. And it's nothing too serious, I mean nobody speaking about their problems or anything about that. It's just everybody is there just enjoying themselves, and I think that makes it better.

Sarah: To be a part of the group is quite enjoyable. You're included, you're one of the group, you're not on your own. And I know this is a bit of a cliché, but we're all in the same boat, we're all more or less in the same trouble to do with our breathing or whatever, so that makes a difference really. It's not as if you're the only one there who's suffering from this, we're all on the same boat concerning this, and if you don't feel you can do this, well it's perfectly alright, perfectly okay. To take a fit of coughing that's perfectly alright, don't worry about it, that's fine.

Hannah: All the ones that come, I think to myself, have they got the same problem as me? Because at the beginning, I was imagining that they'd all have different problems, not just one problem, and then I found out that everybody is more or less the same. And we're all helping one another, because we're all under the same thing. But being in a group and all, I really think that's a big help as well. Because nobody is worse off than another one. [...] So no, being under the same circumstances as everybody else there, and the help you are giving us and everything, it's like a bit of freedom. Does it make sense? Because it's as if you've got another freedom of life.

While individuals attending the group may be experiencing personal difficulties and fears around their illness, singing facilitates communication between members of the group where they have a voice but do not necessarily have to talk about the health reasons for being there. As Deborah describes:

But for the singing, this is what I've been fascinated with, is that I've never been in a singing group before myself. Just to see the wee kind of looks, the unconscious communication that goes on. I think it's safer for people. Whilst it doesn't feel safe initially- folk, when I've kind of pitched, have been like 'oh my god, I have to sing?!' - but actually once they're there and engaged with it, it's much safer than your average group experience because you're not having to disclose stuff, you're not having to share personal information, you can find your voice in a very different way.

Deborah's description of finding voice resonates with members' narratives, where they feel comfortable being around other people in a community of care because

they do not have to disclose difficulties. Members can express themselves and give voice to emotion through the modes of connection with others. They have a voice that is heard in the group, without having to disclose personal issues around their health and personal lives. As Nicola describes:

> Everybody is really supportive of each other. Although we're all there with some kind of lung condition, it's not really what's talked about, is it? Not really. It's only this week that I chatted to Kirsty about tablets and things that she had, and I thought that's strange after a year that's one of the last things we've talked about, you know, what kind of medications we're on. Because we've never needed to talk about it.

While everyone has a respiratory health condition as a common denominator, everyone has come to that room with the purpose of singing. Music, therefore, creates an 'alternative community' (Silber, 2005) where singing is the uniting force between members. This, in turn, reflects Manfroi *et al.,'s* (2018) conceptualisation of humanised public health, where 'to produce health is to produce encounters that connect people, not by pathologies or diagnoses, but by experimentation of art, work and leisure' (p.65). Rather than discussing their problems, members can express themselves, be vulnerable and emotional through the medium of singing.

In Paul's highly emotive interview, he discusses the role of the group in providing emotional support at a time when he had recently lost his wife. For Paul, the act of singing helped him feel solidarity with other members where he was no longer feeling alone in his experience of illness:

> So when I was feeding back, I was saying it was my nerves and everything was enhanced after losing my wife. I can reflect back now to how all over the place I was. And I was all over the place until we sat down and started singing. And that's what it is Sophie. For that wee couple of hours, we've all got the same thing, but it's all gone, everything's all gone. Because we're there for that few hours, and we're all together, and we're in that wee group of people, and we all respect and like each other, and that's it.

Paul tells me that this group is the most important part of his week because it provides a space to connect with others, he even tells me: '*You're all became like a wee family to me, Sophie*'. Paul uses a language of friendship and family, even when he admits not yet knowing everybody's name. However, singing acted as a medium for expression through which Paul could connect with other group members

and feel supported by the group, despite group members not necessarily being aware of his recent loss:

> And with losing my partner, I never thought I could sit in a hall with a group of strangers and sing, especially since I'd only buried my wife a few weeks before, but youse were all there for me. I was breaking down and everything, so I think the world of every one of youse. And I class every one of youse as my friend.

It can be argued that this categorisation of relationships across the group is too easily mobilised – in usual social interactions it could take years until someone is regarded as a friend. However, research has illustrated that singing has an 'ice-breaker effect' (Pearce *et al*., 2015) that connects individuals and accelerates social bonding in the group, creating cohesive social units. Pearce *et al*. argue that this is partly due to the level of non-verbal communication expressed when singing, and due to physiological responses to singing, such as the production of oxytocin - a social bonding neuropeptide. The togetherness of the group provides security and confidence of being with people who might understand what the illness is like. The individual fear is transformed into collective support and solidarity of experience. Given how frightening it must be to be given a chronic diagnosis, it is significant and that there is confidence found in the unity of the group and a community found in the affinity between members in their experience of illness.

In exploring the place of collectivity further, we might turn to Brynjulf Stige's (2003) theory of communal musicking to understand how group singing is both an individual and collective experience (and see Ansdell, 2010). In Stige's (2003) theorising of CoMT, he describes each member bringing part of their selves to the group (diagrammed in Figure 5.4). This is found in their own musical capacities and also their life histories. In the model that Stige puts forward, collective musicking is considered as both a 'centred' and 'de-centred' activity:

> Communal musicking creates shared focus of expression and experience, but each member participates in his or her specific way, based upon protomusical capacities that have been cultivated through different life histories and different encounters with musics. The meaning of the situation, as perceived affordances, will differ from participant to participant. The 8 participants depicted here [Figure 5.4] are therefore represented as a conglomerate of protomusicality-musics-musicking constelalations (Stige, 2003 p.174).
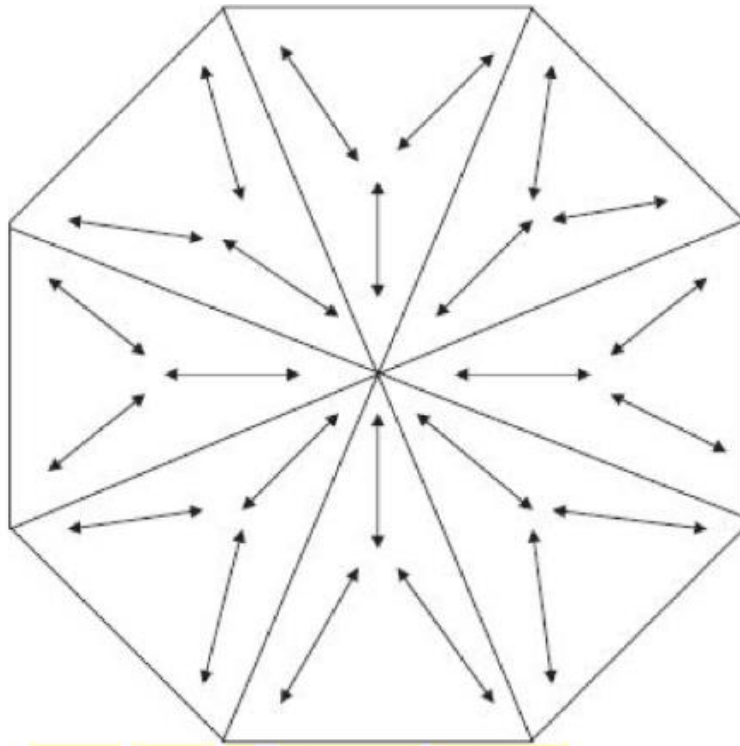
Figure 5.4: Stige's model of 'communal Musicking' (Stige 2003, p.174).

In the singing-for-breathing group, the public and private aspects of communal musicking resonate with members' reported experience of ill-health and breath. Here, members hold individual and private relationships with their breath and diagnosis of a respiratory illness. At the same time, their breath is made public and shared with the group through their voice, or in moments where they are visibly breathless or coughing. Their body is the instrument for sound, and together a homogenous sound is created in the group. As discussed, the individuality of sound can hold self-consciousness and worry, or confidence and pride. Members are at different stages of their journey in the group as new members join or re-join frequently, and they are at different stages of illness and physical ability. The group's confidence increases from the collective sound, which improves as the group's ability grows. Equally, members of the singing for breathing group do contribute their own personality in this communication between the collective whole. For example, Sarah often closes her eyes and dances to the music, and she explains how this crosses the threshold of her private and public self-expression:

> I find sometimes when I'm in the group I let myself go. Usually I'm quite a private person, I'm not really one for making a splash or anything. […] and although I know I'm hopeless - I know that - it doesn't stop me from just giving it my all really.

Two men in the group play their guitars and contribute these harmonies to the group sound, and one man interjects little remarks and jokes between lines. Some members raise their voice loudly, others tentatively add their voice to the collective. And so, members express their personalities within the collective whole. The sound itself has transformed as members have relearned their voice, breath and body, and so have grown in confidence to produce sung volume and confident harmonies.

5.5 Facilitating sung community through a framework of leadership and care

The group processes and dynamics are influenced by my actions and emotions as the facilitator, and so this section explores my own role in the relational dynamics of the group. Here I am both an actor that shapes communication and practice within the group and am myself influenced by the dynamics. Through my reflective research practice, I have confronted these tensions between my own insecurities and requirements to grow as a leader. In the methods chapter and Chapter 4, I described the anxieties that I had to overcome to perform this role as I learned to become comfortable in this role. In facilitating the group, I am exposing my personality, opening myself up to being vulnerable to saying or doing the wrong thing, like any other group member. In doing so, I aim to facilitate an atmosphere that invites the other group members to overcome inhibitions and participate in the spontaneity of playful songs, voice work, actions movement, dance and games. As Deborah commented in our interview:

> I think everybody just loves your energy, and you're your own vulnerable self as well, you're so authentic, and I think that that's really important that you bring that.

As the facilitator, I have moved from a strict ordering of songs and exercises as if I were performing the role of the song leader. Now I am in a position whereby I have learnt to take my lead from the atmosphere present in the space at any one meeting. I choose songs for the group which are easy to learn and fun to sing, and I allow space in the sessions for members to request a song that we have learned already, creating 'old favourites' that members particularly love.

The relationship between song leader and choir members has been explored by choir conductor and researcher Silber (2005). Through her practice-led accounts of the wellbeing potential of prison choirs, Silber reflects on the relational aspects of the singing group process. This 'vertical' relationship between conductor and choir members is understood as a hierarchical structure where a conscious effort is made to maintain boundaries between herself and choir members. Silber explains that 'A *sine qua non* of any collective musical artistic endeavour is that its participants accept the authority of the appointed conductor and adhere to her rules' (p.258). This is true of the singing-for-breathing group where I have to hold the respect of group members so that sessions run with some structure, and members can learn new songs. When I had to find cover for a session I was away for, I returned to comments from group members exclaiming that the session had been chaotic, as if the '*teacher was away and the prefect was left in charge*' (fieldwork diary 4/4/19). In the group, I exercise authority and rules through my teaching techniques where members must listen to my lead in a call-and-response method of song teaching. Here I communicate songlines through a non-verbal language of hand gestures that invite members to join in with their turn and to listen when it is my turn. This is comparable to Silber, who uses her conducting hand signals to assert authority.

While I do hold respect from group members as they listen and follow my instructions, I also struggle to assert myself in interpersonal group moments, such as when there are disruptive members. In one instance, a new member was disruptive as they had arrived drunk:

> A new member came for the Christmas sharing, but unfortunately he had gone to the pub beforehand. It meant there was a lot of shouting, and rude comments, and I felt quite uncomfortable. However, I did not want to acknowledge or draw attention to it, so I just did my very best to talk over his shouting-out and interjections. I could feel my cheeks flushing red as I struggled to continue the session. I hope I managed this well enough.
>
> – Fieldwork diary 12/12/18

I found myself getting flustered and panicked as I didn't know how to manage the situation, and I left the session feeling annoyed with myself for not dealing with it better. There were also moments where I found it hard to keep control in the sessions, such as restarting the second half of the session following the tea break.

While I'd sit ready waiting for members to return to their seats, I'd often be ignored as conversations continued. It could often take another group member to shout out that people should be ready to start again. On reflecting on this element of my facilitation, I understand that asserting myself is an integral part of my role; however, it is an area where I can lack confidence.

Silber's (2005) horizontal relationship with choir members, while assertive, also incorporates elements of care. As she describes, 'the binding nature of singing together in a choir setting also includes the conductor' (p.258). Her role is incorporated into the comradery of the group through building trust and rapport with choir members, which she achieves by establishing common ground through music. She focuses on repertoire selection as 'an act of joining, of reaching out into the other's world' (p.258). These practices of 'rehearsing and performing these songs provided a safe medium for me, the authority figure, to join the singers on a single plane, without compromising my position as an authority figure' (p.258). Song choice in the singing-for-breathing group allows me to connect with the place-based identity of members in the local area by seeking out and presenting Glaswegian songs. This practice also allows communication with group members who correct my Edinburgh pronunciation of Scots words. Furthermore, I can express my own identity through the songs I choose. I bring some songs from my own practices as a singer (such as *The Eriskay Love Lilt*), and in these instances, I have been able to play recordings of the Glasgow University Chapel Choir singing the same songs. Here, I am opening up part of my personality through my other singing practices in a way that is appropriate in the group space.

Moments of reaching out through song have also been found in informal transitional spaces of the group. In one particular moment of emotional sharing of song, I joined with the two guitarists to briefly sing together:

> At the end of the session, as the room was being cleared up, the two men came together to have a jam and Paul, knowing it is a song I love, beckoned me over to sing Van Morrison's *Moon Dance*. I mumbled along, not knowing all the words. The key wasn't pitched comfortably, so I jumped between octaves as it went too high and too low in my voice. Afterwards, we burst into a mixture of apologies and expressions of sentiment for the song. Music acted in that moment as an emotional trigger. We three individuals in that transient

space of a room cleared away, singing and playing just for ourselves, just for the sake of it, a song we enjoy.

- Fieldwork diary 7/8/19

In this moment, I did not feel like the song leader of the group but instead adopted a separate identity – someone who loves Van Morrison's music, and who enjoys singing. I was lost in this imperfect music-making moment full of emotional expression and togetherness. In this raw rendition of the song, I felt vulnerable and exposed as my voice jumped around the uncomfortable range. This was contrasting to the strong and confident tone of my voice when leading the group. While I let my boundary as song leader be transgressed in this moment of vulnerability, I had to reassert it again in a separate incidence where the guitarists asked me to perform in their band at an event not connected to the singing-for-breathing group. Outside the physical boundaries of the group space, it was no longer appropriate to share song and music, and the 'vertical' relationship was reasserted. Therefore, maintaining a caring relationship in the group is also addressed through asserting boundaries. The tensions and challenges of crossing these planes of positionality as a singer, researcher, and song leader are explored in further depth in the methodology chapter.

In my facilitation, I am a song leader, rather than a *conductor*. It is a singing group, rather than a *choir*. The difference in terms here is important as the choir led by the conductor is formal and disciplined, as in Silber's (2005) practice with the prison choir. The conductor follows a specific musical gesture for visualising the beat, tempo, and dynamics to rehearse, perfect and perform a homogenous sound from the multi-vocal ensemble. On the other hand, the singing group presents an informal space for song where there is room for mistakes, spontaneity, playfulness, and disruptiveness. In this space, I use songs as vehicles to cultivate communication and to engage with the playful spontaneity of the group dynamic. For example, I incorporate non-verbal communication into singing games and engage members with the song lyrics:

> I asked the group to make eye contact with someone across the circle and then to throw and catch an imaginary ball with them. This caused a lot of laughs as well as a few moments of awkwardness or hesitation as people tried to locate a partner. The singing game got active and ended in someone taking

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a coughing fit and needing to sit down with some water. This brought the song to a definite end. However, we all laughed about how active we'd been, and the woman next to me, who is always making cheeky jokes exclaimed, 'Oh Janice!! I need to book an appointment with you, Sophie's trying to kill me!!'.

- Fieldwork diary 16/1/29

Adopting a relaxed leadership role also permits members to feel enabled to engage with my facilitation playfully:

Two women misread my signal and tried to make their group stop by giving them a cutting off signal across their neck. This had everyone laughing!

– Fieldwork diary 9/1/19

As indicated in these diary extracts, when singing, we never strive for 'perfection', but rather, mistakes are incorporated freely into the session. As a facilitator, I sometimes highlight when *I* have made a mistake when demonstrating a song or while leading the group. The placing of mistakes as part of the process of singing is also highlighted by Austen's (2008) vocal psychotherapeutic practice, where she states:

During clinical vocal improvisation, where the emphasis is on process not product and mistakes are just part of vocal play, spontaneity is released (Spolin, 1963). Why is this so important? Many adults live in their heads, disconnected from their bodies and their natural instincts and are unable to react spontaneously. […] Play evokes spontaneity and spontaneity can be associated with the danger of saying or doing the wrong thing. The tragedy is when we lose access to our spontaneity, we lose access to our authentic selves. Spontaneity is health (Austin 2008, p.55-56).

The singing-for-breathing group is a safe space that facilitates spontaneity and play, while also emphasising process rather than perfection. Singing in the group is not a formal performance. So, the process of learning songs, discovering voice, playing and experimenting with movement, testing out coordination with body rhythm work, and trying songs that fall flat, are all critical elements to the formation of a space that is safe and where members feel supported to explore their voice and to relearn their body (see Chapter 4). The final section of this chapter concludes by exploring how these elements of community and group dynamics explored in the chapter

contribute to an understanding of therapeutic landscapes and the Scottish agenda for health practice as *Realistic Medicine* (Fenning, Smith and Calderwood, 2019).

5.6 Community beyond the 'Wee Room': Shaping humanised health care practices

Following the representations of community expressed in the group's song, this chapter has tried to critically explore the different elements of community, as established by Delanty (2003), which are created by meeting together to sing. Relevant elements created when singing together as a community include connection to place, individual and collective senses of wellbeing, and the interconnectedness of members through communicating through song. The community produced and sustained through the practices of singing and musicking generates an important health space in the lives of members. The group song, *Doon in the Wee Room,* is full of inviting phrases about being included, about the warm welcome that awaits new members, and about the sense of belonging that comes with being in the group and laughing along with jokes and singing along to songs we enjoy to create our own sound. There is a recognition that what we share together in the group is uniquely ours, and yet the door is open for people to share in this story. While the space is protected enough to hold members safely in their vulnerability of voice and emotional expression, there is always room for the movement of people to join the group and to leave. New members are always entirely welcome, and existing members are not pressured always to return. This gives the group a flowing identity that shifts and changes in different stages of the group, as members contribute themselves to the soundings and the dynamics of the group. It is essential to recognise the group processes that happen in the group and how these are at once evocative of community and, at the same time, exclusionary to some people. In order to support new members joining, it is important to manage their expectations of the group, to explain to them beforehand what they should expect in terms of the atmosphere, the inclusive group dynamics and the type of songs and movements that are part of the group's practice.

The singing-for-breathing group exists within a broader context of health orientated community singing practices. Singing groups are significant in people's health

journeys and are widely used as spaces of care for many health conditions, such as dementia and Parkinson's (Clements-Cortes, 2013; Bonde and Theorell, 2018; Forbes, 2021), as well as mental health conditions (Dingle *et al.*, 2013; Perkins, Yorke and Fancourt, 2018; Warran, Fancourt and Perkins, 2019). As considered in this chapter, these singing spaces are not just tools to manage health conditions – these community spaces also offer access points for shared feelings of safety and peer support from people in similar positions. Singing in non-clinical spaces for health enables group members to explore other means of forming an identity that doesn't orientate around living with symptoms of an illness. This is in line with Manfroi *et al*. (2018), who argue for a *humanised* health system that focuses on integrating caring encounters which move the focus from pathology and diagnosis to emotional and playful person-centred approaches (and see Todres, Galvin, & Holloway, 2009). Understanding the place of these spaces in people's health journeys is vital for shaping future practices of health care. In the singing group, the individual is seen not as a person with an illness, but rather health is treated holistically, caring for the person as a whole by shaping spaces for wellbeing, as well as functioning to manage physical health symptoms. Understanding the value of these health spaces via community music therapy presents a strong argument for community singing as something that could be used more widely as a health intervention and as a potential social prescription pathway for managing health (Chatterjee *et al.*, 2018).

In the singing-for-breathing group, the church hall becomes part of a health intervention as a non-clinical health space in the community. Community health interventions play a role in a larger framework for holistic health in Scotland. The (then) Chief Medical Officer for Scotland outlined a model for *Realistic Medicine* (Calderwood, 2017), which recognises that health practitioners must develop a person-centred approach that empowers individuals to manage their health conditions (and see Christie, 2016; Schofield, 2016; Fenning *et al.*, 2019). The aim of this agenda is that 'by 2025, everyone who provides healthcare in Scotland will demonstrate their professionalism through the approaches, behaviours and attitudes of *Realistic Medicine*' (Calderwood, 2017 p.3). Singing-for-breathing was showcased as an example of this person-centred approach at the Realistic Medicine Conference where the singing-for-breathing group performed in October 2019. By winning the

conference's poster competition, my poster on the work of the singing-for-breathing group illustrated the ways in which the singing can be seen as an example of *Realistic Medicine* in practice. In order to facilitate this practice, it is crucial to critically recognise the role that social prescription or signposting has in the involvement of new members, and the support of existing members, and the role that these health systems have in people's health journeys (Bungay and Clift, 2010; Chatterjee *et al.*, 2018). Deborah's job as Community Links Practitioner is to support people to manage their health conditions by signposting them to non-clinical groups and support structures that can help them live well with their conditions. This model of person-centred care centres around the church hall as a non-clinical health space where embodied music-making is the primary health activity. Chapter 6 will explore how these processes transform the 'Wee Room' into a sounding space, in line with an agenda for non-representational health geographies. Chapter 7 will explore the role of the group's social prescription model via an understanding of self-management. Final reflections of the role of the group within a social prescription and *Realistic Medicine* framework are offered in the thesis conclusion.

Interlude 2

Glasgow's song: Psalm-singing in the Reformed Presbyterian Church
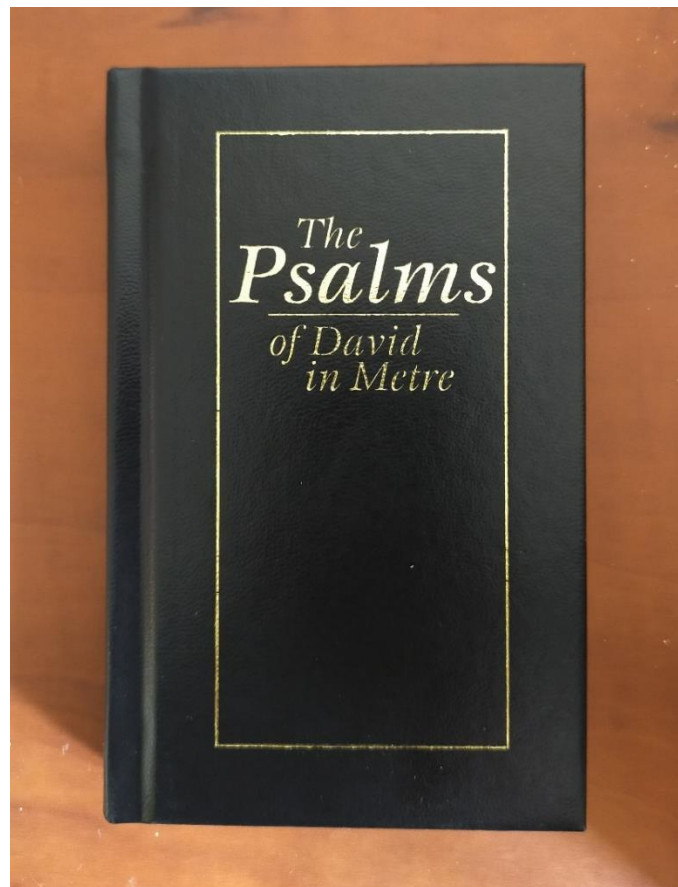
Interlude 2 Figure 1: A metrical psalm book, as used in worship at the Glasgow Reformed Presbyterian Church (Author's own photograph).

Introducing psalm-singing in the Reformed Presbyterian Church

Upon arriving at the church, congregation members are greeted and handed a psalm book, Bible, and a service sheet of notices. In the pews, there is an atmosphere of anticipation, waiting for the service to begin. Hushed conversations in Gaelic and English fall silent as a door at the front opens and a procession of men - the Minister, church elders and the precentor - walk onto a slightly raised platform. The Minister ascends to the pulpit and reads the church notices from the service sheet. He then proclaims: 'We are gathered this night to worship God, and we'll do that by first singing to His praise psalm 84'. The Minister then reads the psalm text before continuing; 'it is a wonderful privilege to come before the Lord, and to do so as His people. And we'll do that singing verses 1-4 of the Lord's psalm'.

- Participant observation extract: The opening psalm of the evening service

Congregational singing was once commonplace across Scotland, where Calvin's legacy of communal psalm-singing[27] was cemented into worship practices. In line with Reformation theology, the Reformed Presbyterian (RP) Church sings psalms as worship every Sunday. There are two services that follow a distinct rhythm of prayer, praise (psalm-singing) and a forty-five-minute sermon. Services are an hour-and-a-half-long, and psalms are sung five times through the service. Psalm-singing is essential to this congregation, and as such, they work to rehearse the psalms in fortnightly classes:

> Alison (congregation member): The Glasgow RP church has invested a lot more time into psalm-singing and making it the best possible psalm-singing worship that it could be. Because in previous churches I have [been part of] it's been very slow, and it's not been enjoyable as much to sing psalms, it's more to get through the psalms. It just depends a lot on the Minister though, like some Ministers, they focus on their sermons and things like that, whereas the Minister that we have is very passionate about his psalm-singing.

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[27] Psalms are found in the Old Testament and are often set to music across different church denominations. There are 150 psalms which are made up of verses.

Before 2012 when the RP Church was established at its current location in Partick, in Glasgow's West End, the church building had been constructed as Partick United Free Gaelic Church. From 1929 until 2011 it served the local Gaelic community agglomerated in Partick[28], and this population is still reflected in the church's demographics:

> Alison: Most people are from Scotland. We've got Scotland, England, Wales, Northern Ireland. We've got one lady who comes up from London. But basically, there is a big contingent from the Isle of Lewis - so like that's where a lot of them - so the people speaking Gaelic to each other are mainly the few old ladies who really like speaking Gaelic and if they know you speak Gaelic they'll speak to you in Gaelic whether you like it or not.

Psalm-singing forms a core part of the Hebridean Presbyterian worship culture (MacDonald, 2002; Pacione, 2005) and this style of singing has impacted singing practices across Scotland, including in the RP Church. Composer Craig Armstrong who uses Gaelic psalm-singing in his work, explains its place in Scottish culture:

> Psalm singing is probably the most indigenous music from Scotland, and [I thought about] how it should be preserved. You don't have to be religious to feel it. To me, it's part of the geography, like waves that slowly shift and phase. (Armstrong, quoted in Rogers, 2020).

The ways worship cultures and theology-led practices shape and influence the soundscape of psalm-singing (Wood, 2012) in this Glasgow RP congregation will be explored as a contribution to a cultural geography of worship and religion (MacDonald, 2002; Dwyer, 2016; Sutherland, 2017).

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[28] See Ian R. Mitchell's blog on Partick's Gaelic cultural heritage:
https://www.glasgowwestend.co.uk/out/partickstory.php

Tuning into the soundscape

🔊 [Glasgow Reformed Presbyterian Church - Psalm 119, vs 33-40](#) [29]
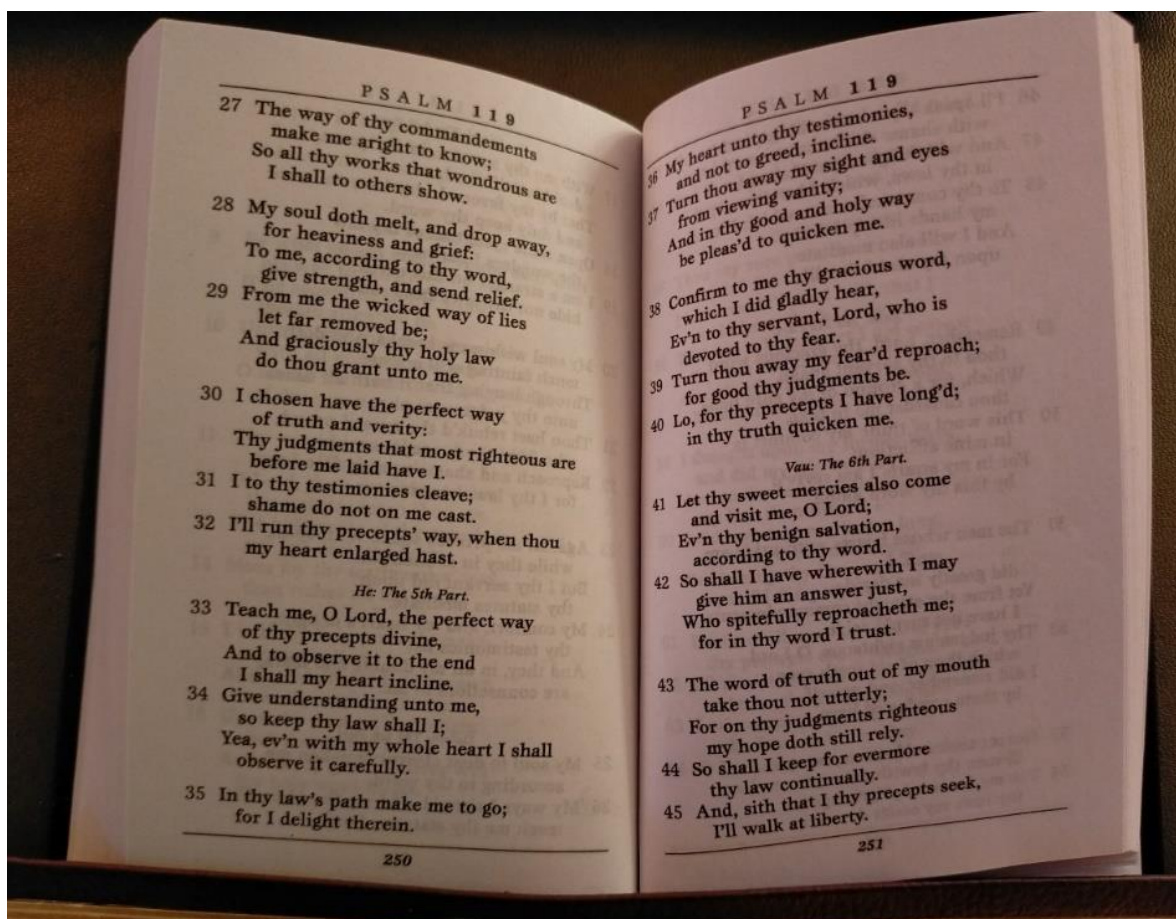
Interlude 2 Figure 2: Psalm 119, in The Psalms of David in Metre (Author's own photograph).

The congregation rise in unison, seemingly intuitively knowing at which page to open their psalm books. The precentor faces the congregation and loudly 'puts out' the first line. The congregation join in their voices after he sings the first few words. A wave of sound resonates through the pews, amplified at the back of the church by the low balcony hanging above. Harmonies ring out, sporadically placed around the congregation. The melody and harmonies are sung by memory, with most singing from a book containing only the psalm

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[29] A direct link to the sound file is found at: https://gla-my.sharepoint.com/:u:/g/personal/s_boyd_1_research_gla_ac_uk/EdjFpY1lLMpAgczX195pY-MBBTQfUa01zhxSrehPfk0wUA?e=bEHCy6

texts and no music notation. Harmonies weave in and out of the sound texture, and ornaments occasionally embellish the tune. Singers act as both a collective, creating a unanimous sound together, and individually, singing alone in their seemingly spontaneous harmony notes. The sound is awash with lilting Scottish accents, a reminder congregation's Hebridean connections where psalm-singing resonates through church traditions. Like in a good choir, the sung phrases are shaped by the text's punctuation at which points the congregation breathe as one.

- Adapted from participant observation notes

Singing intentions

Singing is intended as an act of worship, as prescribed by God. The Reformation roots of this worship practice are founded on certain Biblical verses which dictate the singing of psalms must be used in praise (e.g. Ephesians 5:19. 'speaking to one another in psalms and hymns and spiritual songs, singing and making melody with your heart to the Lord')[30]. Importantly, no other texts are permitted to be sung:

> Alison: Although some hymns are based on psalms or based on parts of the Bible, we believe that the psalms have been given to us to sing. So why on earth would you sing anything else?! - kind of thing. You've been given this, you've been told to sing them, so why would you try to replace something that *literally* has been written for us to sing with something that's like man-made?

Singing psalms offers an emotional and embodied expression in worship that voice the sacred words (Murray, 2014). This collective act of song helps to cement a sense of spiritual togetherness in the congregation; a transcendence also described as *collective effervescence* (Heider and Warner, 2010; Schnable, 2012; Gabriel *et al.*, 2020):

> Alison: It's a very nice thing knowing that you are singing, worshipping God altogether, all at the same time. It's a different experience if you are hearing someone pray and you're praying with them. It's all silent, you know? But whereas everybody singing the same words that God has given us and it's a... It's hard to put into words.

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[30] An in-depth explanation into the theological underpinning for the unaccompanied singing of psalms can be found online as a series of sermons delivered by Rev Kenneth Stewart, the minister of the Glasgow Reformed Presbyterian Church: https://www.sermonaudio.com/solo/glasgowrpcs/sermons/121182135194758/

While there is an obligation to worship through song, singing is often embraced with enthusiasm, witnessed in the committed loud singing:

> Alison: We are *required* to have it, but that makes it sound like, urgh *we have to sing*. But, actually, yes, we do have to sing, but it's great that we've got the words, and some of the psalms are just so applicable to certain situations. And they just… singing a psalm at the end of the sermon that's just been really powerful is just amazing because you've got - like some of the psalms just sort of very concisely put the message across of the sermon and it's – yeah, the psalms are great!

Scottish Presbyterianism is sometimes used as a metaphor for prudishness and repression within Scottish culture (MacDonald, 2002). However, MacDonald (2002) invites cultural geographers to explore worship practices in the Presbyterian church that go beyond this perception of Calvinism in Scotland. In the RP Church, psalm texts are expressed through loud full-voiced singing, enriched with the communicated messages of the sermon. The intention of psalm-singing as a sacred act communicated with resounding voices challenges the notion of Presbyterianism as being repressive. These materials suggest understanding the place of music in worship can contribute to nuanced cultural geographies of religion.

The place of psalm-singing in Glasgow as a city of song

The theological underpinnings that inform sung worship, such as the ban on musical instruments, marks the Glasgow RP church as unique among most Glasgow congregations, while forging a connection with Presbyterian worship practices across Scotland:

> Alison: That's one of the reasons why actually there's loads and loads of different churches, and a lot of their different branches of different churches are all different interpretations of that. Like there are some churches that have piano and organ, but it's sort of in the Bible that it says you shouldn't have accompaniment. […] There's something very, very *powerful* about not having anything with it. Like, I am a music teacher, I play lots of different instruments, but I think that the acapella (unaccompanied) singing is phenomenal. Like when it's done well - there's always some churches who have a whole pile of dodgy singers and it can't sound good together - but when it's done well, it is done *so* well. Like it sounds *amazing*! […] At our wedding

we had psalm-singing, no accompaniment and it's just.. it's… you can't compare it.

In lieu of an accompaniment, the congregation is guided by a precentor (always a man) who starts each phrase. The precentor crafts together psalm texts and tunes, shaping together the expression of words to the melody's sentiment. Mournful verses are given slow and minor tunes, while triumphant and celebratory verses and sung to fast, rhythmic melodies in major keys.   The style of precenting is broadly similar across Presbyterian churches, but there are differences across Scotland shaped by differentiated cultures of language:

> Alison: The two precentors at our church can precent in Gaelic as well, and they know about the history of what they would refer to as 'putting out the line'. If you've ever listened to Gaelic singing, you'll get that that is a totally different ball game to what we are singing, just like it's so hard. There's not many people who can precent in Gaelic anymore because it's a serious skill, it's pretty impressive. But, since we're in English and we're just singing like in a 'chor*al'* style, it's much more straight forward for us.

Psalm-singing in Glasgow connects with the cultural practices of worship across Scotland, particularly the Gaelic cultures of the Outer Hebrides (MacDonald, 2002). In Glasgow, singing is in time, whereas in the Gaelic tradition, individual voices make up a distinctive free-sounding wave of sound. However, in both settings, congregation members contribute harmonies and embellishments to the tune. The singing creates a *soundworld* which is imbued with 'Scottish' idioms such as 'Scotch snap' embellishments and the harmony notes (Wood, 2012):

> Alison: We add in the harmonies that are in the Scottish psalter book. There are definitely people who had their own ones because they have grown up in a … like this one boy who grew up in Northern Ireland […] his harmony might be slightly different because he's using an Irish psalter rather than a Scottish psalter. […] We sort it so that we are singing it by the book in Glasgow, just because that's what the Minister was looking for. But, for other churches, they might sing it slightly differently. […] I would never say 'don't sing that [different harmony]', because he is worshipping God in *his* way.

Harmony notes offered into the sound can draw on individual's respective histories and experiences of psalm-singing across different spatialities, denominations and worship cultures. This creates a sound that is at once rehearsed and polished as in a choir, and free and unplanned sounding.

As a collective practice of singing in Glasgow, psalm-singing in the RP Church demonstrates ways in which faith can be expressed as a congregation. This is singing not just *in* a service, but *as* an act of worship in and of itself. Psalm-singing in this congregation offers a connection to the historical and social cultures of Partick as a Gaelic hub within Glasgow and reflects on how these worship cultures are reshaped to be accessible to a changing demographic. The regional-institutional geographies of religion (Pacione, 2009) and language heritage constitute the singing style and influence styles of worship. Religious belonging and identity are shaped by this distinct practice of psalm-singing, unaccompanied (Brace, Bailey and Harvey, 2006). Attention to such empirics might be considered an appropriate response to MacDonald's call to 'consider the motivation, function and character of worship as elemental to a more nuanced geography of religion' (MacDonald, 2006 p.68).

In this congregation, sound ebbs and flows across the space as the psalm lines are sung out. This sound shapes a soundscape which is evocative of the seascape of the Western Isles as the sound washes across the space. Immersed in this tidal sound that rings out fervently, the singers breathe as one, gathering breath before joining the collective sound once again.

Chapter 6

Singing-for-Breathing: Soundscapes of breath

6.1 Introducing the soundscape of the Glasgow Cheyne Gang

The Cheyne Gang
Lyrics written by group member Davie to be sung to the tune of Sam Cook's Chain Gang

That's the sound of us all singin' in The Cheyne Gang
That's the sound of us all singin' in The Cheyne Gang.

When breathin' is a problem
I'll tell you what to do,
Just come on down to the Cheyne Gang choir,
We'll be there for you.

That's the sound of us all singin' in The Cheyne Gang
That's the sound of us all singin' in The Cheyne Gang.

You'll soon be breathin' easy,
Getting' better while you're havin' fun
With other people just like you,
Breathin' easy, every one.

That's the sound of us all singin' in the Cheyne Gang
That's the sound of us all singin' in the Cheyne Gang.

🔊 [Sonic example 1: The sound of us all singing in the Cheyne Gang](#) [31]

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[31]If the hyperlink fails to load, the reader can copy and paste the direct link into their web browser.
https://gla-my.sharepoint.com/:u:/g/personal/s_boyd_1_research_gla_ac_uk/Efs65RXlcpdGjrQlL0HAy78BoGPzmt8NcQg70ADNr9yJSA?e=8k0T7C

Figure 6.1: The group sing *The Cheyne Gang* song (Author's own photograph).

In the song lyrics cited above, verses describing the beneficial social and physical impacts of being part of the Cheyne Gang are interspersed with a chorus asking singers and listeners to pay attention to the *sound* being made while these processes are at work. This chapter is attuned to that sound - *'of us all singing in the Cheyne Gang'* - to explore intersubjective geographies created by song and the processes of breathing that contribute to the affective and emotional atmospheres of the singing-for-breathing group; namely its soundscape. The social, interpersonal and health impacts – captured in *The Cheyne Gang* lyrics – are arrived at through a generative soundscape. As such, it is vital for a cultural geography of health and wellbeing to understand the non-representational landscapes of sound which facilitate the community of care. This also serves to connect us to geographical scholarship exploring the role of non-representational theory, *affect* and emotion in health care research settings (Andrews, Evans and McAlister, 2013; Andrews, 2014; Andrews, Chen and Myers, 2014; Hanlon, 2014; Andrews and Duff, 2019). In a singing-for-breathing context, what I refer to as the 'sonic geographies of health', must necessarily account for the role of breath and breathlessness in creating the affective atmospheres. Here the material properties of breath and air combine with the affective properties of atmosphere, issuing from the rhythms and sounds of song and the ambient or acoustic sounds of the space.

The sung-sound of *The Cheyne Gang* presents an example where the lyrics carry significance, and the timbre, rhythms, and dynamics generate an affective response. This chapter evaluates the role of rhythmic and sung sounds in the production of soundscapes. Doing so draws on geographical scholarship exploring how soundscapes shape encounters between people and the space they are inhabiting (Wood and Smith, 2004; Wood, Duffy and Smith, 2007; Duffy and Waitt, 2011; Berrens, 2016; Duffy, Waitt and Harada, 2016; Waitt, Harada and Duffy, 2017), and the practices of shaping space through *soundmaking* are considered (Paiva and Cachinho, 2019). The analysis in this chapter will examine the material properties of sound as vibrations and rhythms (Gallagher, 2016), exploring how sound-making connects singing bodies in the space. Here the lived body is vital to understanding the emotional and affective drives produced and encountered when singing (Pile, 2010). These forms of sonic analysis drawn upon emphasise the affective and emotional properties of sound:

> Sound is at once medium – the sensuous stuff through which the world is experienced; method – processes of resonance and the practices of embodied and reflexive engagement, hearing and listening which engage the world; and modality – the structure or sensory registers through which the world is engaged, connecting entities and animating experience in its meaningfulness (Revill, 2016 p.245).

This chapter immerses the reader in the soundscape that resonates around the church hall whereby my observations and arguments draw on the phonographic data of sound recordings taken weekly during the first year of singing-for-breathing group sessions. Combining sound recordings with textual interpretation and illustrative images is an analytical approach that compliments Gallagher and Prior's (2014) argument that 'methods associated with phonography – listening, recording, playback, editing, distribution, broadcast, performance, installation and so on – deserve more attention, development and critical discussion' (p.269). The chapter explores how all sounds – singing, speaking, chatting, coughing, breathing, feet stepping, and all other '*in-between*' rhythms and sounds generate an affective atmosphere. My analysis also explores sung-sound as *organised* rhythms and melodies, rather than the dis-organised *in-between* sounds. My analysis is a response to Lorimer's (2005) call for sensual, embodied and unexpected encounters in research. It advances previous appeals for sonic ecologies of breath (Simpson, 2013)

where the collective atmosphere (Anderson, 2009; Trigg, 2020), or space of song, is also generated through the physical proportions and atmosphere of air in *that* room (Ingold, 2011a). Here, the air is transformed into sound by the singing body and the affective energy of organised breathing.

6.2 Encountering sung-sound

In exploring how music is 'made, heard, encountered and experienced' (Wood, Duffy and Smith, 2007 p.869) in the singing-for-breathing group, the soundscape of song can be engaged with through theories derived from emotional geographies and affective atmospheres. Sung-sound can be considered as an affective force – 'an oscillating difference, an intensity that moves bodies, a vibration physically pushing and pulling their material fabric' (Gallagher, 2016 p.43), and simultaneously, as a representational form carrying words full of emotion, cultural memory and significance. The singing-for-breathing group sings a mixture of sentimental songs that the group have come to love (*The Eriskay Love Lilt*), songs that are connected to the group itself (*The Cheyne Gang*, and *Doon in the Wee Room*), and songs that are part of the Glaswegian heritage of the group (*The Jeely Piece Song*).

As Doughty, Duffy and Harada (2016) state, 'one important outcome of sound is that it taps into our emotional and intuitive selves, and this has opened up a means to examine how emotions and affects influence social interactions' (p.1). Therefore, *embodied listening* is a crucial interpretive framework in the singing-for-breathing group. Reflecting on my autoethnographic diaries written throughout the first year of the group, as well as the sound recordings made during this phase of research, is a valuable way to re-encounter this particular soundscape. These materials convey the group's shared presence in practice and their progress made towards becoming a confident singing group. My autoethnographic diaries offer accounts of spatial encounters with sound as a lived milieu, and draw on the experience of being a listening and sounding body, as well as my own role as group facilitator leading the production of sound. One field diary extract conveys the affective charge of singing in harmony for the first time and my observation of group members' reaction to this:

It was encouraging when we broke into harmonies for the first time, and I watched as everyone heard and reacted to the sound that they were creating. Through a simple song, with uncomplicated harmonies, we created a captivating, affective soundworld in the room, immersing everyone in the sound they were producing.

- Fieldwork diary 18/7/18

This affective dimension of sound-making is further explored by (Duffy, Waitt and Gibson, 2007), who consider the affective properties of sound as existing beyond lyric-led qualities of music. They observe this affective dimension as a 'non-conscious experience of intensity that is always outside of language because it is conceptualised as prior to and outside of consciousness' (p.2). These affective qualities of sung-sound existing beyond language are explored further by Lewkowich (2020), who asserts that singing is the ultimate manifestation of non-representational theory, noting how it exists as a relational force expressing an emotional and embodied language-beyond-words. Within this case for singing as a non-representational form, the expressive force of sung sound can be described, where 'the singing voice has moments where it tears language apart, or tears itself apart from language' (Duncan, 2004 p.294).

In the singing-for-breathing group, we sing songs that are well known to the group members, such as traditional Scottish songs. I also introduce songs from different countries and cultures, often sung in languages which are not known by the group members. At times, the lyrics are central for expressing and communicating the intended emotions of the song, while other times, the lyrics are just nonsense words (such as a favourite song – *the mango round*- that lists types of fruit), or the lyrics are not comprehendible due to being in a language that group members do not understand. The contrast in singing familiar songs, and those which are completely new to the group creates an interesting comparison between the rhythms, melodies, and harmonies of these songs, which are often expressed as somatic movements, rather than through the lyrics. This comparison was made by Sarah in her interview when I invited her to discuss how it feels to sing songs in the group:

I think actually the sensation of singing to me, it depends what songs you are singing. Some of the songs that I vaguely know, already being Scottish myself, that's always quite rousing, you know? I feel quite Scottish when you sing one

or two of the songs. To me, it's got Scottish rhythm to it, and a Scottish way about it, and that stirs an emotion, right? […] And then other ones I feel - which I have no idea about - that have kind of… African ones, that to me are just enjoyable, it's just ha ha! I don't know them, I don't understand them really, but I just sing them. So, I would say that there are different emotions really depending what song you're singing. And that one about throwing out the piece on the 20 Storey flat. Well, that I heard years and years ago, right? And that's quite laughable really, you know? So there you go, it's all different.

Sarah's discussion of the different elements of songs that evoke an emotional reaction helps to contextualise how different songs are encountered in the group according to the relationships members have with the song, the lyrics, and the rhythms. For example, she discusses the familiarity of Scottish songs which have a '*Scottish rhythm to it, and a Scottish way about it*' which '*stirs an emotion*' and evokes a sense of nationalism. This description of a 'Scottishness' evoked by the qualities of the songs themselves, rather than simply represented in Scottish lyrics, can be conceptualised through Wood's (2012) reading of non-representational 'idioms' expressed in Scottish music. In Wood's analysis, music communicates nationhood as a 'medium though which ideas of nation can be created or negotiated' (p.198). As Sarah also experiences, music is a medium 'through which notions of identity and place can be *created* and *lived*' (p.199, original emphasis). These familiar Scottish songs, which the group know, are sung, for the most part, enthusiastically. However, as Sarah also describes, the rhythmic feel of these songs is '*more sedate*', particularly when compared to the upbeat Calypso dance rhythms of some songs we sing, which often inspire dance and movement. These rhythmic differences give a different emotional experience when singing, which Sarah finds enjoyable.

Examples across my field diary help to further expose differences between more-than-representational qualities of sung sound and representational register of song lyrics. One such example comes from singing a favourite song in the group, *The Eriskay Love Lilt*. This is a Scottish song that uses a Gaelic and English text. The following field dairy extract comes from a session spent in preparation for an upcoming performance, and unusually the singers were being pushed to memorise the lyrics of the song in an effort to reflect on the impact of their performance. Here, there is a marked difference between the singing of the two languages. Rather

unexpectedly (as none of the choir members are Gaelic speakers), it was the Gaelic chorus which was sung out with clarity and enthusiasm, while the English verses were delivered most hesitantly as the singers worried about forgetting the words:

> *I revise the songs we will sing for the conference, this time not allowing them to look at the words. We sing it over and over, each time growing in confidence and trusting more. The sound changes each time with this confidence growth, like adjusting the volume on it. I tell them to express the song with their bodies through small gestures and expressions so that the audience will understand the sentiment, if not the words. The difference between verse and chorus is striking because the sound in the chorus, which they know they know, despite it being in Gaelic, is full of power and confidence. I will work at instilling this confidence in the verses too, by helping them to grow in the self-belief that they can do it.*

- Fieldwork diary 24/4/19

In this context, embodied gestures become the primary means to convey the sentiments contained in words. Learning the words by memory presents a cognitive challenge, which is met at first with uncertainty. Through repetition, confidence grows across the collective, but the song's language does not immediately result in a greater expression of emotion. The song's rhythms – a gentle lilt of the Gaelic lullaby - and the repetition of the song allow for these gestures to be embodied in confident singing voices. Ultimately, it is in the Gaelic text incomprehensible to group members where greatest powers of expression are found. The singers express more in the song's words that they have no linguistic understanding of, using their body to express this sentiment. A clear distinction emerges in these moments, between the sung-sound and how the song is communicated. In the singing-for-breathing examples, members of the group respond to the sung-sound and the ability to be a *soundmaker* (Paiva and Cachinho, 2019) actively shaping the space. Here sound resonates through and between group members, instilling confidence to sing louder and with the embodied sentiment of the song.

While it is not always necessary to express an emotional sentiment through language, it is important to note that the representational qualities of words may also carry a role in shaping the atmosphere of the session and the emotional experience of singing (Holman Jones, 2002; Ahmadi, 2011; Williams, 2017). While the group often

carries an atmosphere which is upbeat, reflected and expressed in the choice of songs we sing, there was one particular occasion, recounted in the field diary extract below, where there was an appreciable difference in the session's atmosphere, and a considerable part of this was due to the lyrics of the songs. In this diary entry taken from a session in the run-up to 'Burns Night', I reflect on the atmosphere and why singing Scottish songs at this point in the year created a sombre atmosphere. In this instance, the poignant lyrics played an important role in the emotional experience of singing:

> *With Burns Night coming up I'd selected some Burns songs that I enjoy. I realised when looking for songs that they are often sentimental and reflective. This works beautifully in Chapel Choir but proved challenging for the group. I think it was more difficult for me today because I had banked on there being a guitar to play along and provide the harmonies. Singing together with no harmony felt a little flat and low energy. I tried to pick it up by using body rhythms - clapping, clicking, stepping, swaying. People looked a bit sleepy and on the edge of bored.*

> *I realised I'd maybe messed up with the song choice when I thought about the words of Ae Fond Kiss. I wanted them to be sad but hopeful - better to have loved and lost. But in reality the song was about a painful departure and loss of love - maybe even from death. In the end you can't escape the sad sentiment of the song, especially in the naked unison voice of the group, and in my lone voice giving the demonstration. I love singing folk songs, but the static nature of the group and its atmosphere made this quite unescapable. 'Oh I'm going to cry!' one woman exclaimed, 'you'll be sending us home greeting up the road!'. I tried to get through this song as fast as possible, not wanting to drag the group down into a sad state. I know sad songs are an important outlet for grief and sadness, but I don't want to foster that space in the group - and I was particularly aware of this happening towards the end of the session where people might take this sadness home with them.*

> *However, there were moments where our exposed unison voices sounded so beautiful singing the Scots songs, such as Ye Banks and Braes, Wild Mountain Thyme, and The Eriskay Love Lilt. There was something quite humbling and emotional in the stark unison sound, which carried just the melody without any harmonies.*

> – Fieldwork diary 23/1/19

This reflection offers an opportunity to note the representational quality of lyrics for shaping the emotional experience of song. In this instance, the sad lyrics evoked a response where people felt like crying, and I became worried that I was not facilitating the session effectively if group members were left feeling a bit down or upset. Using the tempo of the music and clapping rhythmically to the pulse was used in an effort to reshape the response to the song, however the overall mood of the session carried a 'low' energy, and therefore even these rhythmic qualities of music did not have an effect. However, as reflected in this entry, there were moments where the singular melody carried in the collective voices of the group created an emotional reaction which reflected the keening lament of a song. Singing Scots songs also created moments of conversation in the group where members reflected on their favourite songs and singing these songs evoked memories of singing at school. As well as the melancholy lyrics, the singing without guitar accompaniment or harmony meant there was none of the harmony or rhythmic structure these instruments usually contribute. My previous experience of singing Scots song comes from Glasgow University Chapel Choir, where rich harmonies and trained voices create a beautiful near-to-effortless experience of singing, and the soundscape created reflects musical emotions carried along by the poetry of the lyrics. Therefore, it came as a surprise to me that these songs 'fell flat' and facilitating the session took all my effort to create an enjoyable experience of the songs. These different elements all serve to create an affective atmosphere which was difficult to conjure as a positive experience, leaving me to reflect on the role of lyrics and singing without harmony in the emotional experience of song.

As this section has demonstrated, the embodied appreciation of sound ensures both the non-representational aspects of sensation are acknowledged while also moving away from the critique that NRT disregards important elements such as emotions, and text-led social experiences (see for example Colls, 2012). The following section builds on this non-representational analysis, further exploring the role that rhythm plays in engendering a collective embodied experience of sung sound.

6.3 Rhythms of the soundscape

Figure 6.2: Using actions in synchrony with the pulse (Author's own photograph).

This section introduces rhythm as one of the driving forces to express the sentiment of the song and the use of embodied rhythmic gesture to experience the song via clapping, swaying or stamping. Rhythm is a useful milieu to work with when examining how responsive bodies are immersed and interconnected in a soundscape. Geographical scholarship has drawn on rhythm through a non-representative understanding of bodies in space, with a focus on Lefevre's (2004) rhythmanalysis approach (Edensor and Holloway, 2008; Edensor, 2010a; Boyd and Duffy, 2012; Edensor and Larsen, 2018) and through sensuous accounts of moving and dancing bodies (McCormack, 2002; Zebracki, 2016). In much the same fashion as for dance, the movements, rhythms, embodiments, and emotions shared across the singing group illustrate how practising bodies react and enact music and rhythms *in-the-moment* to *tune-in* to the self and relate to others (Nash, 2000; McCormack, 2002; Mccormack, 2008; Atkinson and Duffy, 2019). Informal dance as a playful response to song, and structured choreographed rhythmic movement are integral to the practices of the singing-for-breathing group. Members of the group move in time to the pulse and the rhythms of sound without instruction, relaxing into the '*groove*' of the music (Duffy, Waitt and Gibson, 2007). At other moments, this is prompted

by more direct forms of facilitation, when I invite members to follow my lead. Movement also plays a role in members' physical health where the singing group can be used as a space of gentle exercise, increasing heart rates and deepening the breathing pattern, thus building up stamina. In this regard, the singing group is comparable to the pulmonary rehabilitation sessions that patients living with COPD are prescribed (Philip, Lewis and Hopkinson, 2019).

A rhythmic analysis of the group can be informed by different aspects of rhythmic bodies and soundscapes to reflect on the affective atmospheres generated by sung sound, and embodied reactions to its production. In singing practice, different rhythms emerge from, variously: the repetition of the session structure each week; the music responded to through movements and bodily percussive sounds such as clapping; the body respiring and heart-rate pulsing; and, the flows of laughter and conversation which move around the participants' circle. In this sense, there are both structured rhythms, found through the music's pulse and beat, and unstructured rhythms emerging from the 'in-between' moments between songs. Consider one moment when a member of the group asked me how to *learn* rhythm:

> *At the end of the session, someone asks me, 'How can I learn rhythm?'. We had done some 'body-percussion' which involved coordinating claps and steps in time with the music. I find this rhythmic sequencing incredibly difficult, so I practiced really hard to fully embody the movements of the sequence before teaching it to the group. This meant letting my body react to the movements in time with the pulse, rather than consciously thinking hard about coordinating my foot stamps, claps and clicks. In reply to the question of how to learn rhythm, I told her I didn't know, other than just practising. But it has given me some food for thought in what rhythm is and how we can access it. We have rhythms happening in our body all the time- our heartbeat and breath. I wonder how much of the rhythms in music we can immediately embody, and how much we must learn.*

> - Fieldwork diary 16/1/19

Being presented with the question of how one learns rhythm came as something of a surprise. Personally, I find the choreographed sequences of body-percussion difficult to coordinate, hence I practiced often in order for these embodied gestures to flow without too much cognitive effort. However, clapping to the beat feels natural, and I often find myself swaying or stepping in time to the music without

being self-aware. This evaluation suggests that perhaps there is an innate ability to experience rhythm both as a visceral affective flow (Duffy, Waitt and Harada, 2016) and as a cognitive rhythmic gesture. In the singing-for-breathing group, rhythm plays a vital role in communicating the music and creating a collective engagement with the sound, often through body-percussive sounds, such as clapping, stepping tapping. As facilitator, I purposefully insert elements of well-rehearsed 'body-percussion' into the learning process to invite an embodied engagement with song. One diary entry from early in the life of the group is illustrative:

> *I've been working hard to get people into the 'groove' of the music. I start people clicking, clapping, stepping, or swaying to the beat and encourage them to feel the music more and more. We repeat the song over and over, and in this repetition and familiarisation people become visibly more relaxed as they stop worrying about the words and tune and focus on how they are embodying the song with these rhythmic devices.*
>
> – Fieldwork diary 18/7/18

Using body percussion presents a medium to embody a song with newly-won confidence, and to engage with the music through a different 'sounding' than voice alone. Soon after the group's formation, members were nervous about using and hearing their singing voice. Familiarisation through repetition helped confidence grow and new relationships to form with the music. The songs learned in early sessions were repeated and revisited over the course of the group's life. Sound-making changed from being an uneasy and uncomfortable sounding of voice, to something imbued with additional layers of self-understanding.

Duffy *et al*. (2011) argue that a collective experience of rhythm is vital when facilitating communication among a group. This rhythmic conceptualisation facilitates an intimate relationship between any one member and others in the group, where 'rhythm, and our responses to it, gives us the temporal framework to be in the moment and explore the interface between inner and outer selves, the individual and the group, as well as the social self and the emotions aroused' (p.19). This understanding existed in the singing-for-breathing group, allowing for a growing recognition of the role of the physiological rhythms of the body, such as breathing rate and bodily movements. Physiologically, our bodies have the capacity to respond to environmental stimuli, creating potential for a rhythmically embodied experience

of space. Duffy *et al.* (2011) explore the implications of this visceral rhythmic attunement in a festival setting where 'underlying a performative analysis of festival spaces is, then, an understanding of the capacity of the body to sense rhythm, and, in turn, the capacity of bodies to affect others through gestures, bodily movements and voice' (p.19). Comparable observations of spatialised bodies and their communicative relationships emerged among the singing-for-breathing group. As Chapter 5 notes, a sense of community in the group is born out of its social dynamic and strengthening sense of identity. Duffy *et al.*'s (2011) exploration of collective belonging at festivals though understanding the role of music, sound and rhythm is therefore useful for interpreting the visceral relationships of bodies in the singing-for-breathing group space and the collective community forged through rhythm. This work begins to suggest what a geography of belonging would look like, based on a rhythmic communication which opens up pathways for emotional, affective and embodied connections. Here pulse and rhythm interconnect bodies and acting in and between to co-create a shared creative space. As Duffy *et al.* (2011) observe, 'When our bodies are in rhythm with life, it enables possibilities of points of connection to be forged with others that may have never been thought possible. When in rhythm with life, our bodies, and so ourselves, feel that they 'fit in''(p.23).

My own reading of the affective quality of a rhythmic soundscape in the singing-for-breathing group is found in moments where the songs are embodied in claps, stamps, movements, which then graduate into applause and cheering, as well as coughing and laughter, when the song ends . The extract following (Figure 6.3) illustrates such a moment, drawing inspiration from Boyd & Duffy's (2012) experimental model which creates textual representations of soundscapes. The extract is accompanied by a sound recording to illustrate more-than-representational (Lorimer, 2005) moments of affective atmosphere otherwise difficult to express via a words conventional linguistic form of transcription.

Sonic example 2: The embodied rhythmic flow of sound in A Drop of Nelson's Blood [32]

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[32] A direct link to the sound file is found at: https://gla-my.sharepoint.com/:u:/g/personal/s_boyd_1_research_gla_ac_uk/EYgBoj9Yr_hGgSB7eVXf_AcBEGcgLm-UK7gF-9mPHs78sw?e=ZMf5Q1

Ahahah haha ha   **And we'll all hang on behind**

Ahhh haha ha ha ha   **And we'll row the old chariot along,**

He he he ha   **We'll row the old chariot along**

We'll row the old chariot along

And we'll all hang on behind
      Clap   *clap*   *clap* *clap*   *clap* *clap*
Okay what now? This is the last time, I'm getting tired

[Chatter and laughter]

A wee single malt!   A wee single malt!

A wee single malt!

A wee single malt!   A wee single malt!

Oh a wee single malt wouldn't do us any harm!
      Clap   *clap*   *clap* *clap*   *clap* *clap*

Oh a wee single malt wouldn't do us any harm
      Clap   *clap*   *clap* *clap*   *clap* *clap*

Oh a wee single malt wouldn't do us any harm
      Clap   *clap*   *clap* *clap*   *clap* *clap*

And we'll all hang on behind
Clap   *clap*   *clap* *clap*   *clap* *clap*

And we'll row the old chariot along,

We'll row the old chariot along

We'll row the old chariot along

And   we'll   all   hang   on   behind

Clap   *clap*   *clap* *clap*   *clap*   *clap*
Hey!
     Hurrah!
                    hey!!   *clap*   *clap*
            clap   ^cough^*   *clap*   *clap*
clap   *clap*   *clap* ha ha ha   *clap*   **^cough^**   *clap
[Chatter] ha ha ha!

Lovely good, I hope you're feeling well exercised!

[Silence] Ehhhh okay

[Silence] okay   Polish one?
Okay! The Polish one! More exercise! Okay.

Figure 6.3: A textual representation of the soundscape when singing a participatory song.

Here, the embodied gesture of rhythm in time with the beat becomes a collective response bringing the pulse of the song into an emotionally charged and embodied moment of rapturous reaction. This more-than-textual representation found in the song's audio extract also allows for the sounds that represent the playful nature through which group members interject comments or ideas. The spatial soundings happening around and across the group's song-circle demonstrate the ways in which practices of communication are facilitated dynamically. This particular song invites input for the verses, which echo around the group as people hear and then react. In this practice, a rhythmic flow of sound is at work. Laughter between members of the group is prompted by the comedy contained in the song. This illustrates the light-hearted atmosphere facilitated *in-the-moment* of this song when sung. When the applause, laughter and cheering ends, the group are no longer in this moment. Eventual silence marks the end of their interaction. As the facilitator I am caught off guard, unprepared for which song should follow. There is awkward silence while I gather my thoughts, before another member of the group shouts out a suggestion for us to continue with.

This example can also be interpretated as a *soundmaking* practice (Paiva & Cachinho, 2019, p.112). As the authors describe, the listening-soundmaking human body is *semi-conductive*. In this sense, bodies *attune* themselves to the soundscape that they are in and in doing so self-regulate the sounds they make – such as coughing, sneezing or sniffling – sounds which are referred to as non-lexical soundmaking, and which are shaped by social cues, habits and norms. The semi-conductive body is a useful conceptualisation for analysing the rhythmic soundscape of the singing-for-breathing group. In this space, bodies react and respond to the pulse of music, the rhythmic flow of conversation and laughter, the sound of ones' own voice and the feeling of neighbouring voices resonating through one's own body. In the singing-for-breathing group non-lexical soundmaking is a socially acceptable part of the space, an acknowledgement that coughing, wheezing and breathlessness are commonly triggered by active movement in dance, fast tempos of songs, and often follow on from emotionally charged moments of laughter.

The pulse and tempo of the music can illustrate the ways in which singing bodies are spatially interconnected through embodied rhythmic patterns. However, most often

members of the group craft their own preferred rhythmic reactions to the music by clapping or stepping in rhythmic response (Duffy and Waitt, 2011). This can differ each time a song is sung, and sometimes carries its way around the circle. There are instances when these rhythms become moments charged with an affective force that spontaneously carries these rhythms into a new form. Duffy, Waitt and Gibson (2007) note it is useful to be being 'attentive to how sounds collide into each other in unpredictable ways' (p.2). In the following field-diary extract, the atmosphere generated through the tempo of the song, the comedic lyrics and an emotional association with the song enabled an unexpected and unplanned transition into a different Glasgow street song:

> *Singing the Glasgow songs really brought up the atmosphere in the room. When singing The Jeely Piece Song, the sound was in full-voice, filled with laughter at the ridiculous text. The repeated chorus was strong with the joy of singing, and the guitars really added to this sound in harmony and rhythm. Everyone joined in clapping and tapping their feet. Then out of nowhere they simultaneously morphed into 'Oh Ye Cannae Shove Yer Granny Aff A Bus', which had everyone in fits of laughter.*

> – Field diary 26/6/19

Here, atmosphere was shaped by the reaction to the comical lyrics, responded to with laughter and 'full voice'. The repetition of the chorus between each verse highlights this expression of the song through confident expression. The soundscape of the song is contributed to by the rhythms created by the strumming guitars and this rhythmic underpinning of melody is further embodied through the clapping and stepping of feet. This collective atmosphere generated through the embodied rhythm and rousing delivery induces the spontaneous eruption of a different place-based street song, 'O*h Ye Cannae Shove Yer Granny Aff A Bus'.* In this instance, connections made between the song's rhythm and the interconnectedness of the lyrics evoke memories and relationships to songs that form a soundscape evocative of city life and a former culture (Wood, 2012). The lyrics of the songs are important in this regard, where during the course of learning and singing the song, members of the group discuss how they came to know it, whom they remember singing it, and the content of the song.

Moments of spontaneity, such as morphing into another song mid-way through, carried by the rhythm and atmosphere created in the moment of sung sound, create caveats in understanding how the rhythmic flow is co-created through the collective communication in the group. While sessions are organised and structured much the same every week, and there is a strong sense of routine in the ebb and flow of the session, sessions are filled with moments of spontaneity which craft the atmosphere and generate a collective response. This may come from a shift in the flow of a song, or in the activity at hand. And this is most often guided by the interjections of group members. For example, in one session the physical warm-up ran through its routine until it erupted into *'The Hokey Cokey'*. In this example, the warm-up, comprising of shaking arms and legs to a counted pulse, triggered a moment of response which rippled across the circle. One person's interjection carried across the circle as laughter, snippets of song, and the embodied movements of the song.

🔊 [Sonic example 3: The Hokey Cokey as an example of spontaneous rhythmic communication](#) [33]

6.4 Ecologies of breath: Breathing atmospheres of song

Rhythm is experienced on a corporeal level, where music and breath are interconnected through the act of singing. Singing, breath and heartbeats become synchronised across the group (Müller, Delius and Lindenberger, 2018), and so bodies are intimately rhythmically connected on a collective visceral level. When the singing stops, the collective breath vocalised in song transforms again into individual breathing patterns. Here individuals may start coughing or sit down to get their breath back after a vigorous song, as explored in a previous example. Breath can turn to laughter, which may also trigger coughing, and so the soundscape is transformed by these embodied visceral reactions. An example of this shift is evidence in the facilitation of the ending song, one intended to slow down heart

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[33] A direct link to the sound file is found at: https://gla-my.sharepoint.com/:u:/g/personal/s_boyd_1_research_gla_ac_uk/EYxzcPwkfQ9MlpDmY9w_5hYB7cD0zsAy9s6XKxLrEA-1YQ?e=SdpMfk

rates and breathing patterns in preparation for journeying home. The session always ends a song from Zimbabwe – *'Famba Naye'* , which holds the intention of wishing a safe journey home:

Famba Naye

Famba Naye nhai Baba

Famba Naye

Famba Naye nhai Baba.

🔊 [Sonic example 4: Famba Naye. Illustrating the use of pulse to slow breathing at the end of the session](#) [34]

The repeated phrases of the song circle round again and again. To set the tone for each iteration, the first line is led as a call by myself (though other voices often join in with me). Some repetitions are loud and filled with energy, aided by stepping and clapping. As it repeats, I call with a calmer intention, singing softly and changing my movement to a gentle sway, and finally to a standstill. The intention in my call is repeated by the group who copy my dynamics and gesture. The rhythmic flow of the session is therefore brought to a close through the phrasing of the sound. At the end of the audio example, the soundscape shifts to talking, laughing and coughing. Snippets of melody are hummed by members as they clear the chairs away in the space, and one man remarks that he sings this song as he goes about doing his hoovering. This section will further explore how body and rhythms co-create affective atmospheres via what I am calling 'breath ecology'.

The interconnectedness of body, air, music, rhythms understood through an embodied ecology of performance, as established by Simpson (2013), is a useful approach for understanding the affective atmospheres of co-created sound. Simpson explores the relational materialities and atmospheres that connect sound, the performer's body, human and non-human actors in the space (such as passers-by,

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[34] A direct link to the sound file is found at: https://gla-my.sharepoint.com/:u:/g/personal/s_boyd_1_research_gla_ac_uk/EawF8RAU9xxCqjvdXluUR-gBUOWQ_AztG4qSMTlFoInhnA?e=ysdLmi

birds, and the meteorological elements of sun and wind). Here, the rhythm of the street performance timetable and the movement of bodies moving past, combined with the heat of the sun created a performance ecology constituting the emotional and embodied experience of performing music in public. Simpson's ecological analysis can critically shape an exploration of the affective atmospheres in the singing-for-breathing group. In winter, when the heating in the small church hall is not powerful enough to warm the room, the cold air aggravates the lungs, causing coughing, and the cold temperature creates an embodied response with tension grasping the shoulders of the bodies in space, and jackets wrapped tightly around. The embodied relationship with air is also shaped via the rhythms of the musical respiration. Songs with fast tempos involve taking quick breaths, sometimes resulting in coughing after the song has finished. Here an ecology of the body in space can be witnessed, where the chair acts as a tool for respite and a glass of water acts to bring the body back to a calm breathing pattern. While members of the group becoming breathless may sound concerning, the relationship between breathlessness and the safe space of this particular group is important to highlight. In this space, there is an opportunity to experience breathlessness in a supported space, rather than the fearful experience of becoming breathless while alone or in public space. This enables a route to *relearning* the relationship between breath and body, as discussed in Chapter 4.

Paul's *Inspiring Songbook* entry further captures the ecologies of breath that incorporate the affective and emotional connections between music, breath, singing and the group members:

> *Singing is the 'gymnastics', 'aerobics', 'Zumba' of breathing. It exercises our lungs, and envigorates [sic] your blood. It is emotional, powerful and can melt you like butter. It is the most wonderful exercise for breathing and can astound you by what it can do, singing enables you to take control of your breathing, it also brings joy to yourself and others.*
>
> - Paul's *Inspiring Songbook* entry
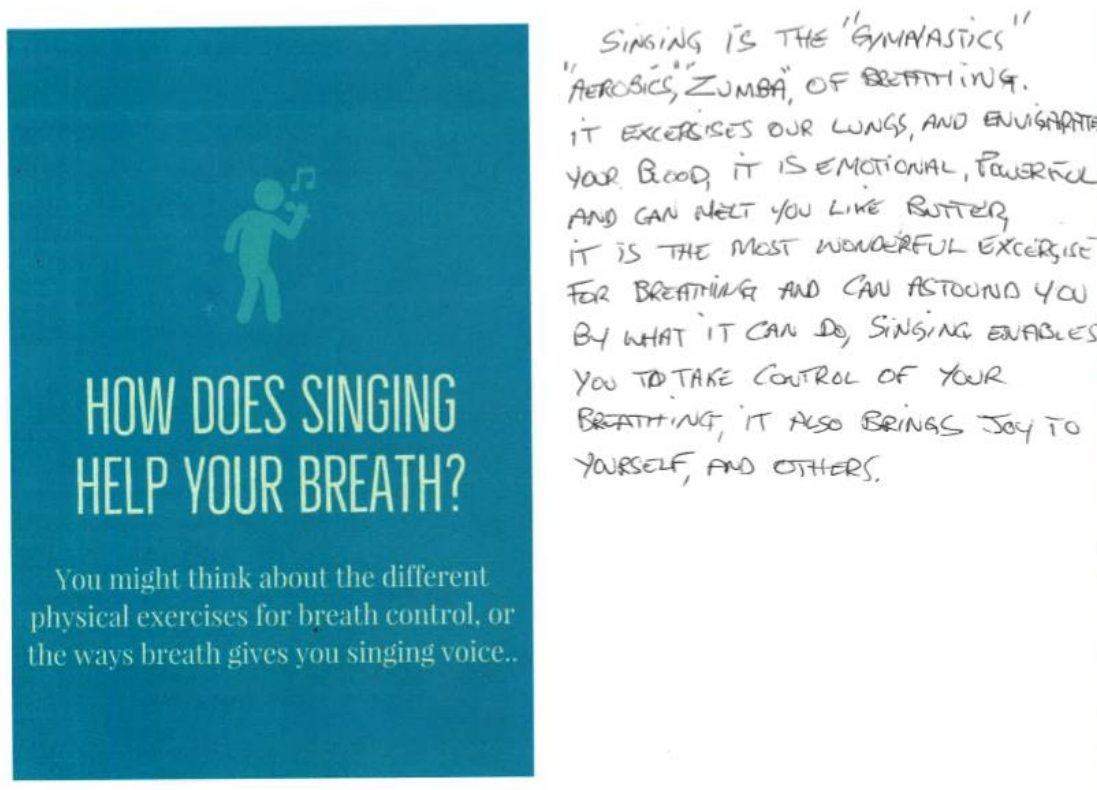
Figure 6.3: Paul's *Inspiring Songbook* entry: How does singing help your breath?

Paul correlates the act of singing as an 'exercise' for the lungs, a phrase used by many group members, and which the following section will explore in further detail. Here blood is envisioned as being 'invigorated' through the act of singing, a phrase referencing the respiratory function of breathing alongside the emotional act of singing. Singing, Paul describes, can 'melt you like butter', and in sessions, he often describes the 'hairs on the back of his neck standing up' giving an illustration of the affective force of the act. Paul's descriptions also illustrate an ecology of breath, further highlighted in a line from the song lyrics in *Doon in the Wee Room* which was presented in Chapter 5. When co-writing the lyrics for this song, Paul's contribution was *'Respiratory reflex floating through the air'*. In this imagery the ecologies of the singing breath present the outbreath as respiratory function resonating through space, carrying the soundwaves of voice. The embodied reading of breath as a material carrier of soundwaves resonates with Judy's description of feeling her breath like a set of bagpipes:

When I sing my breath feels…

The only way I can describe my breath breathing during singing is like I am a set of bagpipes. I fill up the bag with air and sing by releasing breath through the mouth. Taking breaths to fill the bag up regularly to keep the bag full to allow sound to be made and, like the pipes, I never know how it might sound. It depends on how I breathe.

– Judy's *Inspiring Songbook* entry

Here, Judy is the instrument, and as such she can be described as being *ensounded* (Ingold 2011a), as the breath is carried through her body and out as an unknown sound. As in Paul's description above, she directly correlates her breath and the sound she hears, providing a thoughtful measure of the singing, breathing body. In this sense, breathing is described as opening up the body to the atmosphere around it, which enables an ecological reading of the singing breath. Breath creates an intimate embodied experience of space, where breath is drawn in from the space around to take the form of the lungs, before it passes out, as Macnaughton and Carel (2016) discuss, 'the air around us, with its pollutants, odours, humidity and heat, becomes internalised briefly, making us beings who are not only *in* the world, but also *of* it' (p.295). This concept is explored by Ingold (2007, 2011a) who argues that we are not simply in the atmosphere, *regarding* its light, sound and touch but rather, we are *of* the atmosphere, we are *enwinded*. And so, the singing, breathing body visioned by Paul and Judy's examples encapsulates Ingold's (2011a) argument for a dynamic relationship between body, air, sound and breath as bodies *ensounded*:

> Sound, like breath, is experienced as a movement of coming and going, inspiration and expiration. If that is so, then we should say of the body, as it sings, hums, whistles or speaks, that it is ensounded . It is like setting sail, launching the body into sound like a boat on the waves or, perhaps more appropriately, like a kite in the sky (p139).

In this process of breathing out sound, singing produces a body which uniquely facilitates a transformation of the material atmosphere into an affective atmosphere through *ensounding* the breath with voice.

6.5 Representing *ecologies of breath*

Singing materialises breath as soundwaves which resonate in the church hall with the rhythms and melodies of music. Singing therefore acts as a scaffold for *remembering* breath (Irigaray, 1999), both via the use of breathing techniques and through the acknowledgement of breath being the vehicle for sung sound. Through this acknowledegment breath can be repurposed from something which is anxiety evoking though breathlessness, into something which is positive (a 'relearning', as in Chapter 4). This remembering of breath addresses Macnaughton & Carel's (2016) description of breathlessness as an *invisible* symptom of respiratory illness. One way in which sound-as-breath is established is through naming it during warm-up exercises, connecting the physical sensations of breath with their sung-sound. I wanted to explicitly explore this relationship between sound and breath further through a creative workshop. As described in the methods chapter, I invited members to create paintings of their breath by blowing bubbles into a mixture of paint and soap and printing this onto paper. The results show each breath as unique, just as every one's experience of breath is unique. Some members just managed a small blow into the mixture while others created more colourful designs, illustrating the different stages of illness that members are at. I asked members to consider whether making something beautiful with their breath using paint is comparable to what we do when we sing. With this consideration in mind, I asked members to write on the back of their picture what the painting of their breath made them think about or feel. Figures 6.5-6.12 present the paintings created in the workshop and the corresponding reflection on breath made visible written on the back of the painting.

Figure 6.5: Single pink breath bubble.

Breath reflection: Enjoy the company, helps us use all our body, helps circulate and open up your lungs need breath to be able to sing.

Figure 6.6: Single green breath bubble.

Breath reflection:
Happy, exercises lungs. Can't sing without breath

Figure 6.7: Pink and blue breath bubbles.

Breath reflection:
My Picture.
Each colour / circle is a different sound.
The more circles the more breath to make the sounds

1)Essential
2) Not a lot of breath not a lot of sound
3) Allows you to hold notes for longer
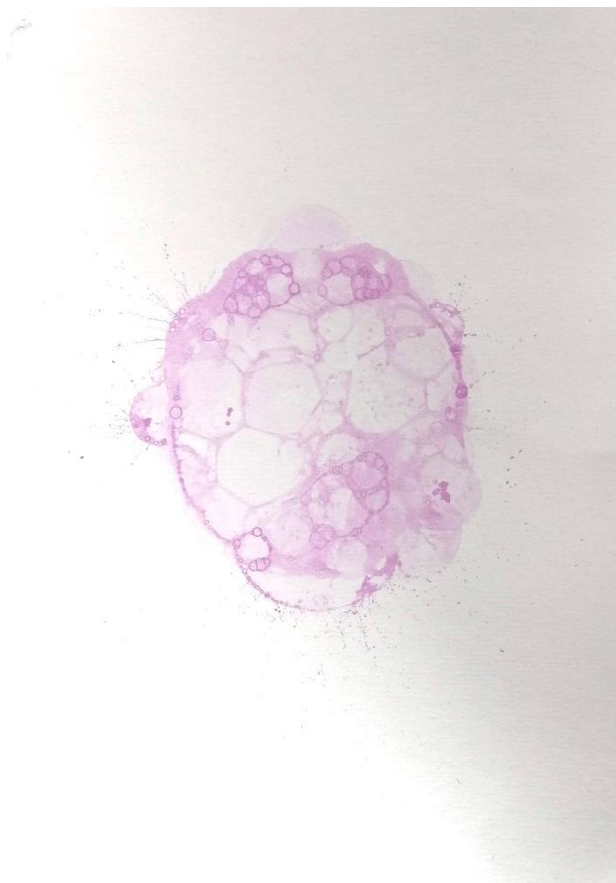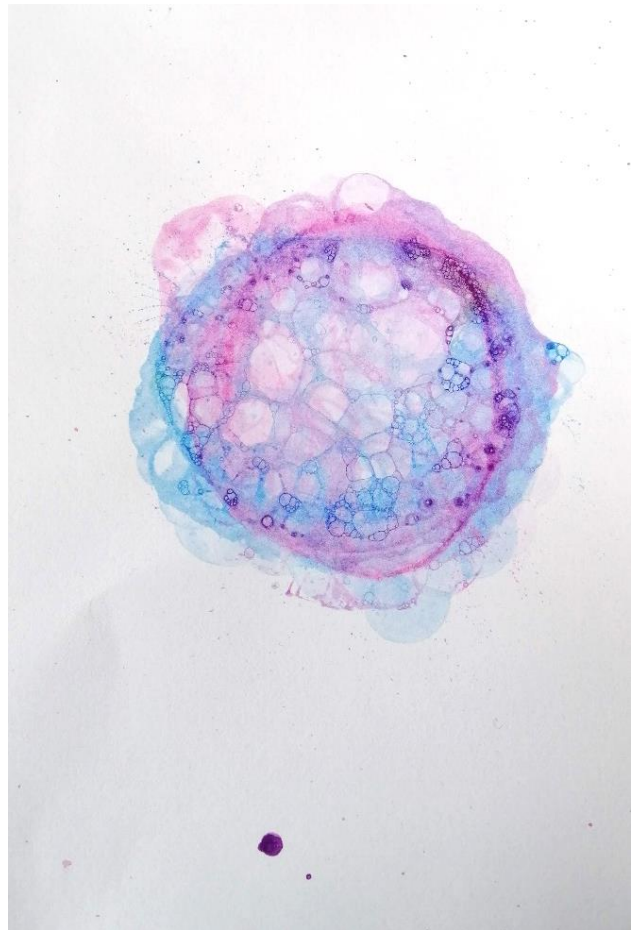
Figure 6.8: Single pink breath bubble.

Breath reflection:
Colour shapes and circles shapes your breath. Breathing is essential for everything including singing – more breath better sound

Figure 6.9: Pink, green, blue, and yellow breath bubbles.

Breath reflection:
Each colour represents a different sound.
1) essential for our singing and exercise etc.
2) allows you to expand your lungs for singing
3) breath creates sound for singing

Figure 6.10: Yellow and pink breath bubbles.

Breath reflection:
Happiness, eases it, can't sing without it

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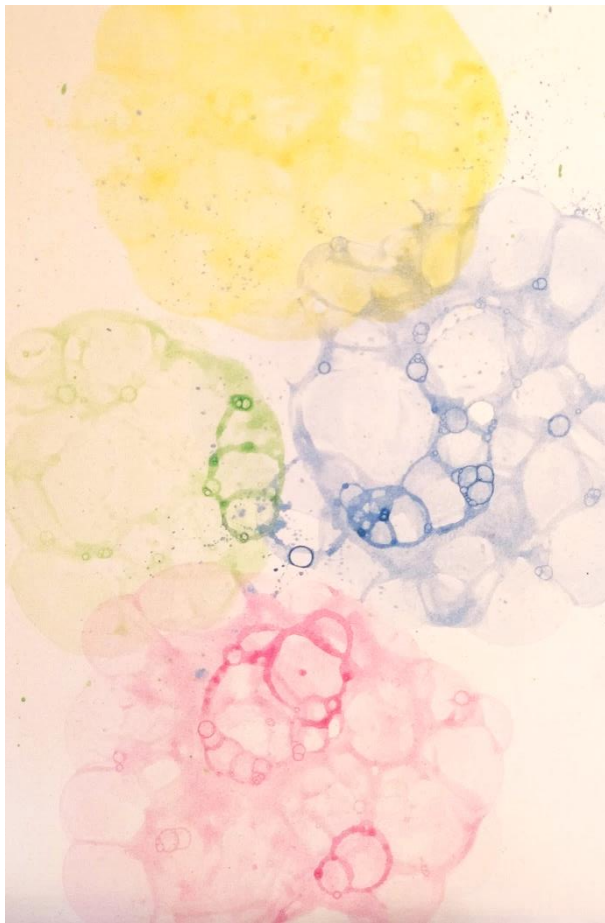
Figure 6.11: Yellow, blue, green, and pink breath bubbles.

Breath reflection:
When we sing we perform vocal gymnastics.

Using breath in singing exercises the lungs, opens vocal chords and makes you feel good!!!

Singing helps me gain some control of my breathing, and I feel better after singing and sense of wellbeing – risen.

Figure 6.12: Blue, yellow, and green breath bubbles.

Breath reflection:
hmmm.. health limits

This exercise offered members of the group an opportunity to be reflective about their breath while encountering it visually on the page. In doing so, many members reflected that singing is something they enjoy and that brings them happiness, and so correlated the efforts they are making to '*exercise their lungs*' to the emotional experience of singing. One member, however, when encountering their breath in this medium, reflected that it reminds them of their health limits. This is a reminder that people's experience of breath and their health conditions differs across the group, and also that not all members enjoyed the workshop tasks. The exercise of producing breath paintings created a space to discuss the role of singing for rehabilitating the breathing body through song in order to exercise, expand, and open the lungs up to take in and expel more air. In doing so, there was a collective acknowledgement that singing uses breath in a way that contributes to the experience of respiratory function. That is, that singing and illness are connected via the use of song in ways that help to manage breath. There is a common use of language which also emerges here: '*exercising*', '*expanding*' and '*open[ing] up*' the lungs. These are words that I never use in facilitation to refer to the physicality or physiology of breathing, but which were used by group members themselves as a way of describing the embodied processes of deep breathing practice used for singing. These descriptors of breath resonate with the intimate connection of breath, body, air and sound conceptualised by Ingold's (2011a) description of being *enwinded*. Thus breath entwines air and song through the ecological framework presented above.

6.6 Concluding thoughts on soundscapes of breath

It is important to interpret, analyse and explore the affective soundscapes of the group, both via non-representational methods such as rhythmanalysis and breath painting, and through description that accounts for personal experience. Doing so draws on, and contributes to, recent and current literature in cultural geography where methods for exploring and presenting the soundscape are considered. Doughty, Duffy, & Harada, (2019) for example, explore the attention cultural geographers are giving to more-than-representational geographies of social and spatial practices in sound, drawing on Lorimer (2005). A more-than-representational approach (Lorimer, 2005) to music and sound offers an insight into the sonic

landscapes of the singing-for-breathing group. In this group, a unique time-space is created by bodies singing together. The church hall is reconfigured into *our* space, through *our* unique group sound, the repetitive rhythms and flows of the sessions, and the members that contribute to the interconnected soundings of the group. Sound reshapes the space of the group through the affective atmospheres generated in song, making the church hall a space of *becoming* (Wood, Duffy and Smith, 2007). Sounding in the space together reconfigures people's relationship to the space (Gallagher, 2015), their bodies as sounding agents in the space (Kanngieser, 2012), and their connectedness to each other. As discussed, singing is an intimate embodied activity where the whole body vibrates with one's own sound and the sound of those around (DeNora, 2015). In these vibrational qualities of sound are found the affective drives that shape the reaction, emotion and atmosphere of the space through the relational interaction with sound. Sound therefore intimately interconnects the bodies in the group where *ensounded* (Ingold, 2011a; Berrens, 2016) bodies are both *in* and *of* sound. Through sound, breath becomes a more-than-biological function where the soundwaves create an affective force that moves beyond the lyrical representations of songs.

Exploring the sonic ecologies of breath opens up space for the landscapes of health to be explored through the non-representational qualities of this health space. Music, rhythm and breath work together to rehabilitate the bodies of group members through exercises, in song, movement, dance and cognition. The space of the singing-for-breathing group is a non-clinical health space where interactions with the body help to reshape understandings of breath and breathing relationships, as demonstrated in group member's feedback to the breath paintings. Singing recreates breath as a creative and emotional force which acts physically to, in the words of group members, 'exercise the lungs'. Furthermore, communities of practice and communication (Delanty, 2003) are made and shaped through the practices of singing and related non-verbal communication facilitated through song, as explored in Chapter 5. This is in line with Wood, Duffy and Smith's (2007) analysis of the role of music in communication beyond language:

> The sounds and rhythms of music constitute a nonverbal signifying system; they express precisely what we cannot express in language (Langer, 1942), so

that music and our responses to it is an expression of emotions and drives that have the potential to recreate our social and spatial selves (2007 p.883).

The sonic properties of sung sound act to create belonging among group members and shape the identity of the group (Duffy, Waitt and Gibson, 2007). The health and wellbeing space that is facilitated through sound resonates with Kaley, Alexandra, Hatton, & Milligan's (2019) reading of inclusive therapeutic soundscapes and how specific soundscapes act to create and facilitate health and wellbeing experiences.

I often find myself subconsciously humming or singing songs that were sung at previous sessions, sometimes the songs even permeate my dreams. These 'earworms', which seem to come out of nowhere, are experiences shared among group members who comment in sessions that particular songs have been 'in their head' that week, or - much to their embarrassment - that they have discovered themselves unconsciously singing the songs aloud in the supermarket queue. The soundscapes created in the time-space of the session are therefore not limited within these boundaries. Songs leak out, permeating the day-to-day lives of group members. Indeed, Wood, Duffy and Smith (2007) call for geographers to explore the ways in which the practices of musicking can exceed the boundaries of the spaces they are produced and encountered to express the emotional 'unspeakable geographies of music' (2007, p.885). Chapter 7 will explore how the singing-for-breathing sessions permeate the *lifeworlds* of group members, impacting on the health management of individuals' respiratory illness.

Interlude 3

Glasgow's song: Threshold Choir

Interlude 3 Figure 1: The Glasgow Threshold Choir's singing space in the basement of a Glasgow tenement (Author's own photograph).

Introducing the Threshold Choir

The 'Glasgow Threshold Choir' is a singing group set up to sing at the bedside of sick or dying patients on the threshold of life and death. The choir, comprised of five women, meet weekly in a small communal basement room of a Glasgow tenement. The Glasgow choir form a 'chapter' of a worldwide movement of Threshold Choirs[35] which was established in America in 1997. When the Glasgow group was established in 2018, it became the second such group in Scotland. Singing at the deathbed has been incorporated into end-of-life rituals through history and across cultures (Schroeder-Sheker, 1994; Salas, 2019), and group members observed comparisons between their singing practice and the keening vigil in Irish culture (McLaughlin, 2019). Therapists also use music in palliative settings to facilitate spiritual dimensions in end-of-life care (Denora, 2012; Kidwell, 2014; Masko, 2016). It is important to note, however, that choir members are not trained music therapists. Rather, at the time of research in 2019, the group were in a training period that involves supervision from the Threshold Choir organisation. During this preparation, the group practice singing to one another rather than in the palliative setting, offering reflections of the listening experience. Threshold Choir songs are gentle repetitive melodies akin to lullabies, with words shaped to be appropriate to the bedside setting, including themes of support, peace, calmness and love. Some songs contain reassuring lyrics such as '*I will be your standing stone*', '*you are not alone, I am here now*' or '*we are all just walking each other home*'. Other lyrics evoke a more reflective, peaceful sentiment such as '*rest easy*', '*peace from deep within*' and '*let every trouble drift away*'.

The Threshold Choir movement is non-denominational. However, the singers must cement an underpinning of their work as deathbed singers through learning of each other's spirituality and beliefs and experiences around death.   Only those comfortable with confronting mortality, such as individuals who have lived experience of grief or serious illness, can be fully-fledged members that go on to sing at the bedside of the dying. This self-assurance helps to prevent singers from being overwhelmed at the deathbed, which might cause them to project their

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[35] https://thresholdchoir.org/

anxieties, known as countertransference in palliative music therapy practice (Wilkerson and Dimaio, 2017):

> Joan: It's important that before people sing at bedside, issues have to be looked at. Interpersonal relationships and issues you might have about death or spirituality or anything like that, you cannot project that to the person, you've got to be aware of it and if that's happening you've got to know what to do about it, which might involve standing up and leaving the room, and that's okay. It's taking responsible for your own stuff, you know?

Reflexive training has offered an opportunity for helping members to come to terms with their grief, exploring how grief can be voiced through song:

> Ashley: To be able to kind of share your grief in a non-kind of talky way, you know? You can come, and you can pour your grief into your song, and it's absolutely welcomed, you know, it's *honoured,* actually. [...] And it's received with joy and gratitude. That's quite incredible for me, the psychic transformation of how - 10 years ago I thought about grief, it was something that actually I didn't like, I thought I don't like this, but actually it's great because it can be fertilised, it's brilliant.

The practice room facilitates a time-space of bereavement (Jedan, Maddrell and Venbrux, 2019), where the choir acts as a site for members to accept their own grief by purposing it into song.

Tuning into the soundscape

🔊 **Threshold Choir - Ocean Breath** [36]

Ocean breath breathing me,
Ocean breath breathing,
Ocean breath breathing me.

The simple and repetitive words are sung to a cascading melody which creates harmony when sung in canon. The singers let the songlines guide their breath, breathing together with each line like the suspiration of waves rhythmically

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[36] A direct link to the sound file is found at: https://gla-my.sharepoint.com/:u:/g/personal/s_boyd_1_research_gla_ac_uk/EVVICFDXkPNAuI3Bdx3_Dz8Bixniu8nHBrgy649mA8MKOw?e=f9aw5w

carrying the sound through the space. The lilting melody rises and falls in time with relaxed tidal breathing. The gentle words, melody and rhythms mindfully tune into the rise and fall of the person's breath as they listen to the waves of sound washing over them. The words resonate with the context of the deathbed choir, where breath falls at the threshold of life and death.

- Based on participant observation describing the experience of being sung to by the group.

Singing intentions

The philosophy of the Threshold Choir movement is '*kindness made audible*':

> Joan: The main thing is about just bringing compassion and kindness to people who are on the threshold of life and death and just *being* there, you know? A lot of the songs are about being there for them to support them and not asking for anything, not looking to fix anything, not looking to replace anybody, just - we're here with our voices, with our intent, with our hearts, to just bring you comfort or if you're in transition, to perhaps bring you to peace so that you can transition smoother.

Importantly, the intention for singing at the deathbed is to be there in the moment through song (Salas, 2019). Song offers a transcendental nature of music beyond words (Kidwell, 2014), where the music communicates in place of grief-filled expressions. In training, singing as a collective offers an intimate sharing of vulnerable emotions across the group. Each singer must be mindfully present by tuning into the sound of those around them, making eye contact, exchanging smiles and holding hands to offer support and care:

> Ashley: The intention of gathering to sing together, to learn, connect and to transfer this into the service of singing for the dying. We've made a kind of intention to be together and to sing together, so we're putting more emphasis into *how* we are using our bodies, and that we are using our bodies when we're singing to create something. So there's an intention there, that we're creating something together.

The group practice being at the bedside by singing their songs to each other and visiting friends. When a person is to be sung to, they are invited to lie back in a garden lounge chair, and group members gently cover them in blankets. This caring act of tucking the person in is an integral part of the singing practice as it engenders the 'kindness' that the group intend to convey in their song:

Ashley: It's your mother or your father or a good carer tucking you in when you're a child. And you're transcending because you're falling asleep, so you get that kind of sensation of leaving yourself a bit in a very supported, comfortable, warm, gentle way. [...] You get a sense of outer body. Yeah, feels very familiar. It feels very easy once you get over having your friends singing to you. It becomes very easy. So known as well, it's such a known feeling that we were maybe not mindful or conscious of, like falling asleep. [...] For me, it was different being sung to by a group [...] I think because I don't have my mother anymore. So, my mother, she's gone about 15 years, but yeah, that was something that I hold really close to my heart, like my mother tucking me in and that feeling of warmth and cosiness. Maybe what's quite expressive in the way of being sung to by more than one person, by people aren't connected to you, with your family, is that you get more of a sense of trusting what it is, trusting life, trusting each other, you know?

Members learn of the vulnerability of being sung to by friends and strangers in the threshold of falling asleep. This practice intends to strengthen the community of care across the group and offers perspectives on emotional and embodied sharing of voice intimately.

The place of the Threshold Choir in Glasgow as a city of song

This group's practices to build a community of care together are rooted in members' spiritual and philosophical beliefs, predominantly Celtic Spirituality. When these beliefs are intertwined with singing practices, this group is set apart from most other Glaswegian singing groups and other Threshold Choirs. The spiritual underpinning of the group is enacted in meditative or mindful practices, including chakra toning and the ceremonial lighting of a candle:

There is a small table covered with pretty coloured cloths in the centre of the small room. It has a candle on it that is lit together as the sessions starts with the wish that its light reflects each person's heart, voice and love. It flickers away through the singing. Next to it are fresh hydrangea picked from the garden. A small wooden pig is the third object on the table – you hold the pig to share reflections or worries. Before the session begins, post-its and a small box are passed around. On individual notes, group members are asked to write down anything on their mind that needs to empty from their head, and they place these worries into the box. The purpose is to be present

with all the mind, without wondering thoughts or intrusive concerns. As the box is passed around, everyone sighs out their worry.

- Participant observation notes, first visit.

Where rituals like this are not commonplace in most singing groups, the act is intended to transform the space from a shared room in a tenement building to a space for song:

> Flora: It's marking a transition from one space to another. I would say we'd just feel totally *woahh* if we wouldn't mark the transition from ordinary space to that kind of singing. It's different if I go to a normal choir.

The group is set apart from other choirs where such rituals are not performed. This creates a group uniquely grounded in the practices of the Glaswegian Theosophical and Celtic spiritual community.

The group regard the role of voice and song in the Threshold Choir with a different expectation that most other choirs. Here, the group train by focusing on how they *express* the song through an underpinning of lived experience. While the group works hard to learn the notes of songs correctly, accuracy comes second place:

> Joan: My experience, this is only my experience, because I have sung in choirs, ordinary choirs before, I've sung a little bit in a chorus for operetta, and that kind of singing is more geared to singing the song in terms of technical aspects, and perhaps performance so you're really gelling as a unit and you're working towards a performance, and that's all it is. The Threshold Choir, I find it asks that you are there and present, that you are willing to open your heart and have compassion have love for the person in the chair, the person in the bed, and it's not about fixing, it's not about you, you know? It's definitely not about performing, because the strongest, best trained voice is not necessarily the best one. [...] Because anyone can just sing, that's just a voice, it's a technical thing using your body. But with a Threshold Choir there is this extra element to it, because you have to give of yourself. You have to be willing to do that.

Threshold Choir sets itself apart within Glasgow singing culture by emphasising voice as an expression of care. There is an open space for grief to be outpoured, where the group grows in experience through entrusting their shared vulnerabilities. By building this trust and communicating grief, the group learns how to sing the songs intended for palliative settings. Within Glasgow's diverse singing practices, the

Threshold Choir offers an opportunity to reflect on spirituality and mortality through song in a non-denominational setting. This reflective singing practice offers the opportunity to explore cultural geographies of song at the end-of-life, and in doing so, contributes to geographical scholarship around spaces and practices for death and dying (Maddrell and Sidaway, 2010).

The songs of the Threshold Choir resonate through the small space in the basement of the tenement, transforming it from a common room into an intimate space of emotional sharing. Their breathing synchronises as they meditatively blend their voices in harmonies, soothing each singer and listener as they relax into the gentle melodies. Breathing falls at the heart of their practice, where the intention of song is shaped around the final breaths at the deathbed. Each lyric, melody, rhythm and harmony is sensitively crafted to gently support the listener as they cross the threshold.

Chapter 7

Singing-for-breathing: Lifeworld journeys

7.1 Breathing lifeworld spaces

The singing group has become an important space in the day-to-day lives of group members, and their journey through health and on-going illness. This chapter will narrate the individual experiences of group members when they leave the group each week, shaping an understanding of the way songs, exercises and group processes travel into the day-to-day life spaces of group members. This chapter thus elaborates breath as a foundational narrative device. As breath-philosopher Havi Carel (2014) depicts from her own lived experience of respiratory illness, a consciousness of breath's capacity in day-to-day life shapes a person's 'entire way of being in the world' (p.5). She presents how breathlessness involves a spatial context, impacting the 'geography of one's world: places that were near are now far, stairs that used to lead somewhere are now obstacles' (p.5). These changed spatial capacities has resulted in changed 'social worlds' (p.5) where friendships are difficult to maintain because of barriers to participation. Carel's world-altering experience can be explored via the framework of *lifeworlds*, conceptualised in humanistic geographical theory (see Seamon, 1979 and recently Vannini, 2015) as a way of exploring spatial lived experience. Before the interviews conducted with members, I'd only ever encountered their breathlessness in the small moments between active songs or when they arrived late, having rushed to the group. Hearing members describe breathlessness helped shape my understanding of this corporeal experience as something that permeates into, and shapes, the day-to-day lives of group members, as Carel (2018, p.2) contextualises:

> For the respiratory patient, pathological breathlessness is an overwhelming experience. Something that determines her every waking move, haunts her at night, controls and paralyses her with the constant threat of suffocation, sometimes with little or no warning, evolving into an invisible monster whose arms wrap around her chest, tightening its grip in ways that are unimaginably frightening and mostly beyond her control.

Where breathlessness presented the life-limiting impacts of respiratory illness in interviews, I also learned how members implement the breathing techniques taught in the group. How they consciously guide the tempo of their breathing, focussing on *feeling* their breath moving deeper and slower, staving off moments of breathlessness. These focussed breath patterns are used in the walking journeys across the East End of the city, in shopping centres and in the city centre. Exploring lifeworlds through the physical mobilities of members aligns with geographic scholarship on mobile bodies and everyday pedestrian practices (Edensor, 2010b; Ingold, 2011b; Middleton, 2011). The methodology chapter notes that Practice Nurse Janice Merrick recorded COPD Assessment Test (CAT) scores which were self-reported as quality of life questionnaire data (an example CAT questionnaire is found in Appendix E). These measurements (summarised in Figure 7.1) indicated that overall exacerbations (flare-ups) were reduced over the 6-months measurements. However, by recording the second measurement of the scores over the winter months, the CAT showed an overall worsening in the experience of COPD symptoms.

The results of this small group show **6 out of 8** of the regular attendees had fewer exacerbations from July 2018- February 2019.

CAT scores- **6** of regular attendees had worsening scores in Jan/Feb 2019.

On reviewing the CAT score questions more closely, although the overall total scores were higher than previously, there was improvement in overall function in some areas:

1. **2** Attendees felt they could manage **hills/stairs** more easily.
2. **2** Attendees felt more able to manage with **daily activities** at home.
2. **3** Attendees felt more **confident leaving their home**.
3. **4** Attendees felt there was an **improvement in sleep** pattern.
4. **2** Attendees felt they had **less cough**.

Figure 7.1: Findings from the CAT scores of 8 singing-for-breathing group members, reported by Janice Merrick, spring 2019 for the Dennistoun/Bridgeton GP cluster.

The summary of the CAT score results indicates that, while the scores were higher due to the cold weather affecting breathlessness, group members were more easily able to manage day-to-day tasks such as walking up hills and stairs without becoming breathless and managing daily activities at home. These self-reported evaluations illustrate that there is a change in emotional capabilities too, where, due to decreased breathlessness, members felt more confident in leaving their home.

This chapter complements this indicative quantitative analysis into perceived changes in quality of life by developing a critical *lifeworld* mapping of the day-to-day spaces of group members. These lifeworld spaces are communicated in workshopped mapping exercises and in-depth interview conversations. Interview narratives invite the reader to travel with group members into the different spaces they inhabit and travel through. In doing so, group members give depth to the quantitative CAT scores, explaining, for instance, how cold weather interacts with their breathing and how this can limit their abilities to carry out daily tasks like walking. Equally, In the chapter, group members explain how they implement breathing techniques while walking up hills and how this, in turn, gives them greater agency over their breath and body. This tactic, of exploring the intimate and personal spaces of illness, follows the work of health geographers who explore the different readings of home and lifeworld spaces for those living with chronic illness (Dyck, 1995b; Moss and Dyck, 2002; Crooks, 2007; Garrett and Poulain, 2018; Lucherini, 2020). The narration of breath in lifeworlds corresponds to a growing body of interdisciplinary literature which explore the lived experience of breathlessness through the lens of phenomenology (see for example Pooler, 2014; Simonÿ *et al.*, 2019; van der Meide *et al.*, 2020). This chapter extends this emergent research, in order to bear witness to the emotional and physical work that members have undertaken in learning breathing techniques in order to actively reshape their day-to-day lives.

7.2 Lifeworld mapping of emotional and physical journeys

In the spring of 2019, I set group members a challenge to chart on a large sheet of paper the ways in which they felt the group had impacts in their day-to-day lives. A description of the workshop in practice is laid out in the methodology chapter. In

groups of 3 or 4, members discussed things they feel more able to achieve and do as a result of being in the group, and also what affects their breath/lessness. The answers to these prompts, examples of which are presented in Figure 3.17 in the methodology chapter, give a broad overview of the themes discussed in depth through this chapter. Responses to questions posed to the participants outline that being a group member has clearly opened up opportunities to access different spaces, places and experiences. One member shares that: *'It has brought a whole new group of friends and a purpose to my week & life in general'*. The group is envisioned as paying a central role in the week of group members, also representing an opportunity to access new spaces and experiences, for example, singing in the Radisson Blu Hotel for the May 2019 Health and Social Care Alliance self-management conference. Members also comment that they had the opportunity to attend an opera for the first time, organised as part of the Glasgow University Opera Society.

Members' responses were also visualised and mapped out on an A3 sheet. The resulting maps represent the spaces that people chart as part of their day to day lives, such as home spaces, cafes and local shops, the church hall where they sing and the local doctor's surgery. Between these spaces, members represented the journeys that they take – some on foot, by bus, train, or by taxi. Members also discussed the social networks that they have made in the group and how these mapped into this journeyings – such as meeting friends for coffee before or after sessions. These creative representations offer less direct information than written answers to structured questions and some members struggled to convert their answers into a spatial format. However, the maps that were created by the three groups offer insight into the ways in which members think spatially about their journeys to and from the group and the local spaces which are visited around sessions.

Figure 7.2: Group 1's Lifeworld map. (Author's own photograph).

In this first map, group members Paul, Sarah, Nicola and Carole have portrayed their journeys to the group by taxi, train and walking. One member who travels by train from Partick, in the West End of the city, tells me that she hadn't journeyed to Dennistoun much before and was enjoying expanding her knowledge of the city that she lives in. At the centre of their map is the singing group, which they wanted to express the importance of through drawing hearts. Beside the singing group is the GP surgery, located near the church hall on Duke Street. Several members of the group attend this surgery, where Janice the practice nurse and Irene the receptionist work. The map highlights some of their emotions at a session. The butterflies on their map represent the nervous butterflies they felt when attending the group for the first time. The stars represent their portrayal of other group members who they map as 'comrades' associated with feelings of 'love and friendship'. On their map they write that they feel accepted. They chart the ways in which they take the group home with them, singing in the house and playing the guitar. Overall, the group members embraced the task to map out the groups' impact in their lives and have presented a positive portrayal of these impacts and their spatial dimensions.
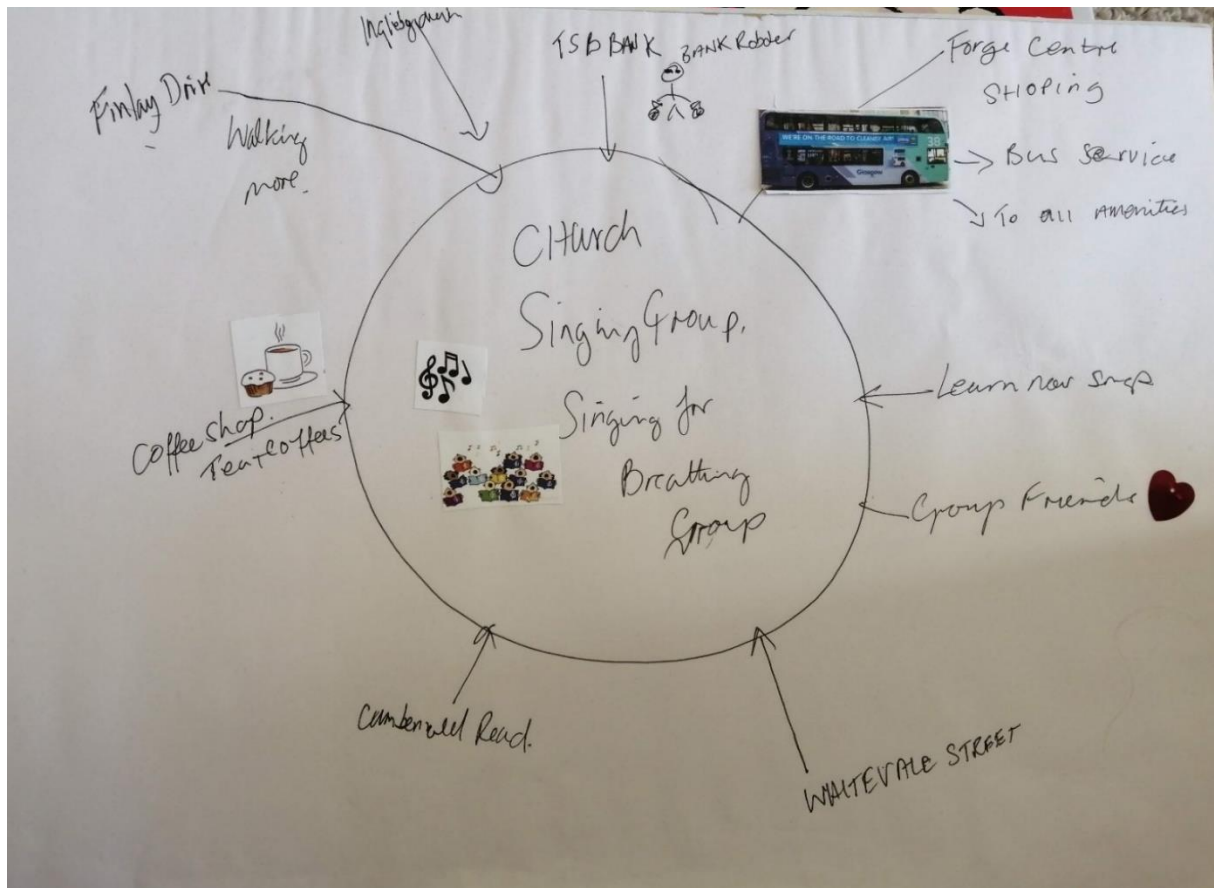
Figure 7.3: Group 2's Lifeworld map. (Author's own photograph).

This second map by group members Anne, Angie, Lousia and Jackie depicts the walking journeys they take from their local homes to the group. One contribution states that they are walking more. Not included are the narrations of breath/lessness when walking or the reflection that they are walking more due to breathing techniques learned in the group that were shared in interviews. The map depicts the spaces that these members engage with but which are indirectly linked to the group, such as local cafes and the bank. Angie tells me about discussing the singing group with other customers in the bank and in shops. Local shops and cafés also advertise the group with fliers and posters. The group infiltrates into local spaces which act as sites to inform the local community about the group. The Forge shopping centre mapped here links with interview descriptions of physical capabilities when shopping, and the use of shopping spaces to relieve breathlessness. These spaces and members' occupations and traversings will be explored further in this chapter.
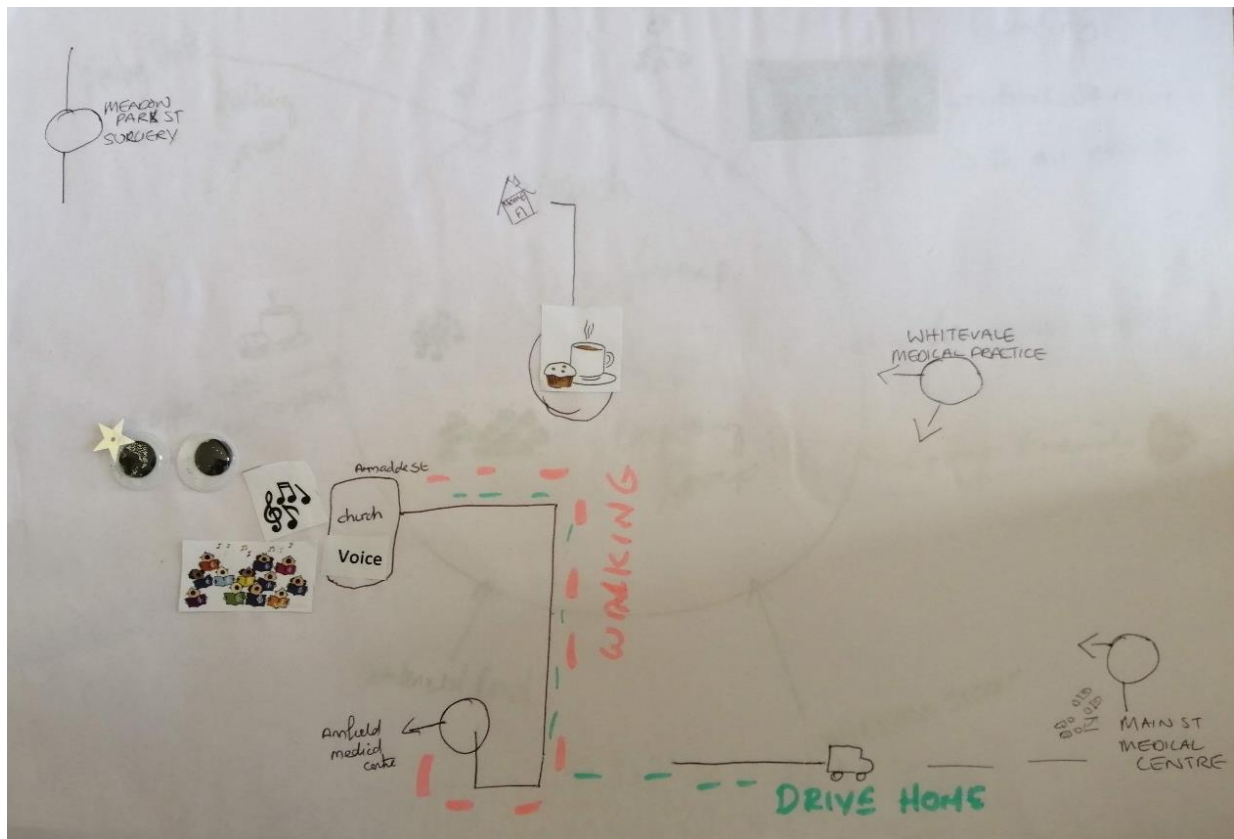
Figure 7.4: Group 3's Lifeworld map. (Author's own photograph).

The final map was created by Janice and Deborah, who work in the local GP practices and who attend the group in a work capacity. Their lifeworld map contrasts the other two groups as the group is shaped into their day-to-day life via their work spaces. The routes to the church from their respective GP practices are mapped, as well as the local café where Janice often goes after sessions. The church hall is represented with visual descriptors of music. Janice tells me that the googly eyes with star sequins attached represent the 'stars in their eyes' feeling of singing. Surgery receptionist Irene, practice nurse Janice and links worker Deborah all described the group as a highlight of their working week and a welcome change from their usual clinical surroundings. Here, they are able to step out of their clinical role in the space of the GP surgeries and enjoy interacting with some of their patients in a more social setting. This links to the important role of non-clinical health spaces described in Chapter 5. While these individuals attend the group in a professional capacity, the group also plays an important role in their life, as set out in their workshop responses, and in interviews.

7.3 Carrying the group home: travelling songs and breath

When group members travel home from the group, elements of sessions travel with them. Snippets of song resonate in their head, as some describe leaving with their mood lifted. Home spaces offer an intimate insight into the lifeworlds of group as members described ways in which they travelled into this space through song snippets, emotional and embodied practices of breath. Time-space of chronic illness has been critically examined in human geography, where individuals have to renegotiate their lived spaces over the path of their illness (DelCasino, 2010; Moss and Dyck 2003). Within this context, landscapes of home spaces have been explored through feminist heath and care frameworks (Moss and Dyck, 2002; Dyck and O'Brien, 2003; Dyck, 2005; Dyck *et al.*, 2005). In interviews, members shared a narrative that described the immediate ways in which the group carries with them as song and emotion as they journey home.

> Rob: you're walking down the road and you're 10 storeys high, you know? I like it. […] When I'm going up the road from here I feel uplifted a bit and that, just my mental being feels uplifted.

> Sarah: I think it's quite surprising some of the songs I've never heard in my life before never heard of it. I'll find myself when I come out I'm walking along Duke Street and I'm humming to myself whatever song happens to be in my mind at the time.

> Paul: That's why the wee group is so wonderful because it's helping me immensely. I look forward to going on a Wednesday, and it just makes the house nicer when you come home. Because I've been meeting people I really like, I love it.

> Hannah: You're like that when you come out - as if you want to do something, do you know I mean? Because you feel happy! You're feeling happy because you've been there they two hours and you've been singing, been doing this, and you've been doing that, and you come out elated, you know what I mean? And then you get back home, and you sit in the house, and you go [pffffff puffs out deflated] back to normal.

> […]

Hannah: It makes you go away feeling good as well, you know what I mean? Because see on a Wednesday night, one of the songs will come in my mind, and I'm going about the house singing it, and I cannae get it out my head!

The atmosphere facilitated in sessions, described in Chapter 6, translates out of the time-space of the church hall on a Wednesday afternoon and into the life-spaces of group members in their homes. Songlines resonate through the home spaces of group members and are carried into the lives of other members of their household. Two members shared that they have sung the songs to their grandchildren and others described how they enjoy passing on the newly learnt songs to family members. Chapter 4 discussed that this was a new experience for members who never sang in this space before. In my own experience of the group, I too have noticed ways in which songs sung in the group permeate my home space where snippets of song resonate in my head. Some weeks in sessions, members will comment on their earworms, often sharing the same snippets of catchy songs that have travelled with them.

It is not just songs that travel home with group members. The breathing exercises and physical relaxation techniques become routine in some members' day-to-day home spaces, as Rob and Hannah describe:

Rob: I was sitting in the house in my armchair, and after a wee while my shoulders are up and my head is buzzing with tension, you know? I try now to take time purposefully to breathe deeper and for longer.

Hannah: I'm doing all this as well [the physical exercises], because I used to go to exercise classes [as part of a pulmonary rehabilitation intervention] and got taught different things like that, and I still do some of them at home. And then when you were giving us the exercises - I was thinking, oh I'm used to this because I've done it before. Because you're actually expanding your lungs, aren't you. [...] Usually, Sophie, I'm sitting like this all the time in the house, I'm terrible sitting like that [shoulders up to her ears]. It's just an automatic thing with me, you know what I mean? I'm sitting there like that, and my hands are clasped together. But I'm finding it great, I really am. [...] I'll go get the [mimes song book] thingme out, and I'll sit there and sing some of them when I'm sitting in the house. [...] I just sit in the house, and I'm going like this [shoulder rolls]. But that's what I find the goodness of it, it is helping, it is helping. It's not just your lungs but all here as well, because you are feeling

it when you're doing that as well, as if it's opening up all this [chest] as well, making you move better as well, I find.

Members transport important physical elements of the group into an embodied awareness while at home. As described, members become aware of tension held in their shoulders and chests and work through the physical warm-up exercises from the group. For Hannah, this is coupled with her singing the songs from the songbook of lyrics provided in the group, which she enjoys telling her friends and family about. Hannah and Rob both experience a physical change in the tension they feel where breath is interconnected with the body. Doing exercises in home spaces is significant as it provides individuals with the tools they need to manage the embodied impacts of breathlessness. The group practices include aspects of pulmonary rehabilitation, which many people with COPD are prescribed in an exercise class format. Individuals carrying out the exercises at home indicate that techniques taught in sessions contribute to self-management strategies. In this sense, the home space continues to act as a space for pulmonary rehabilitation.

Consciously embodying the flow of breath and its connection with body is also carried out by members outside of self-management exercises. Sarah, for example explains that she practices breath awareness in moments of sleeplessness:

> Sarah: What I found I can't really do very well is when you're telling us what to do here [deep breathing], but then I guess it takes practice. But it does make you think about your breath, of course. It makes you concentrate a bit. I found myself even - I'm not a very good sleeper - that even lying at night in bed, I try to give myself [inhales deeply] a wee breath session, or whatever you call it. You know, just to steady my breath, so to speak.
>
> Sophie: Does that come from being in the group ?
>
> Sarah: Well I didnae do it before! And I don't say I do it every night, I don't know how often I do that. I think about my breath now because, really I was in denial quite a bit. I sincerely believed that the people in the Royal [hospital] who gave me the test actually got it wrong, that there was nothing wrong with me so the test must have been fixed. But now I do believe now.

While Sarah struggles to master the breathing techniques, with this re-focussing on breath she has come to focus on her breathing capabilities and the relationship she has with her diagnosis. With this increased awareness of their own breath and how they facilitate their breath and body outwith the space of the group, members describe a heightened awareness of breath around them. Two members, for

example, both shared in their interviews the ways in which they notice breath at home while studying people on TV:

> Sarah: I've got a habit the now, and I don't know why I've got a habit now, when I'm watching the telly or anything like that, I stare at people to see how their breathing to see how the actors and everybody - and I think are they stressed with this? Are they breathing right? Are they quite relaxed doing this acting bit? - to see if she's feeling a bit hyper because their chest going quite shallow breathing, she's not really relaxed - so I have a habit of doing that haha!

> Sophie: That's really interesting, so do you think you notice breath more in other people and in yourself?

> Sarah: Yeah I do I notice. I'm not an expert, but I'll look and see - now she's no really doing her breathing right – although, I'm not doing it myself. You probably look at me and think, 'oh, she's not doing it right'.

> Sophie: No, no!

> Sarah: No, I just seem to have this habit of looking to see how they're breathing. Because I'm very interested in breathing because I think it's, it's kind of a key to a lot of things, and I think if I actually got doing it right into my stomach that .. then it would maybe help my stomach, it would maybe help my IBS.

Sarah's self-awareness of breath while she is at home translates into a 'habit' of breath awareness in others. Being in the group has caused her to consider breath and its embodiment, reflecting on the extent to which other people embody breath compared to herself. Judy also shares an awareness of breath's embodiment when watching TV:

> Judy: The thing I notice - see the newsreaders, I've got a fascination when I'm watching the news at 10:00 - his lungs must be perfect, he can talk without a breath, and I'm noticing folk how long they can go their lungs must be… Like you, you can sing for a long, long time. I've never noticed it before, but newsreaders don't breathe! […] I would never have noticed it before, it's like a habit - 10:00 o'clock I watch him, he goes on and on. I'm noticing more folk, different things, that I would have never thought of before.

By learning to consider the flow of breath in their own bodies, focusing on the sensations of movement, the muscles engaged, the capacity for breath, these two members have considered breath's embodiment in other people. Watching people on the TV allows them to study the breathing patterns, movements and flows intensely.

Where this section has explored ways in which being in the group brings positive elements into home spaces, through songs, exercises and engagement with breath management, the following section considers the lived experience of chronic illness at home. Here breathlessness and the fear of chronic diagnosis permeate the text, to understand the lived reality of illness in the home space.

7.4 At home with breath: lifeworld impacts of chronic lung disease

Home spaces have been analysed recently as a site of refuge and relief from around stigma around chronic illness, but also as a space where symptoms may be inescapable (Andrews, 2019). Where home spaces offer refuge and safety in some contexts of chronic illness, they can also be experienced as a site of struggle and fear (Williams, 2002). In the case of some group members, the lived reality of living with a chronic diagnosis is permeated with fear, loneliness and anxiety. Songs and exercises may provide relief at some embodied and emotional scales, however they cannot remove the chronic diagnosis and the actuality of severe breathlessness. Sarah offers a detailed account of her lived experience of breathlessness as an overwhelming phenomenon, impacting her life spaces – including her home:

> Sarah: Sometimes it's frightening. Sometimes… I try not to dwell on it because you would panic, you panic if you think I can't get a breath here, I would panic. How can I put it, I was going to say it just grabs you, but it doesnae really, It's just [eh eh eh choking gasping sounds] you're just feeling as if … [eh eh eh gasping] wait a minute until I get [inhales gaspily] you know hold that don't move anyone the now [panting] until I get a breath you know sort of and I've got to kind of [gasps] try and calm myself down. Don't start rushing or doing anything, just calm yourself, it's okay you're alright, you'll get a breath. Frightening I would say, frightening really, it is quite frightening. And then you can use the inhalers which help you. I would say it's quite frightening. You could take a panic attack with it really, because you think.. well you're breathing you're breathing, [gasps] you can't get a breath! You know? It's as if I'm no breathing the noo.. but I am breathing! That's kind of the way it gets me, I don't know how it gets anyone else.

> Sophie: Well, everyone is an individual with their own experiences.

> Sarah: I don't really know but that's me. Sometimes I've just got to stop. Even if I'm in the house. [coughs] Here we go. [cough cough] Even if I'm in the house sometimes. I just got to stop, just stop and then right, that's okay now.

Sarah's language is punctuated with an embodied description of breath, offering a phenomenological insight into breathlessness (and see Sigurgeirsdottir *et al.*, 2019; van der Meide *et al.*, 2020). Where finding the words to express the sensation of breathlessness fails, she uses her breath to illustrate the embodied experience. She gasps and splutters, clutching her chest and throat as she describes being overcome with breathlessness. The experience of her illness at home also carries emotional tensions with family members:

> … when I come in the house, when a fit of coughing comes on, I mean my husband's terrible - 'see that cough ahh ahh ahh' - he moan, moan, moans…

This account further suggests ways in which home can act as a space where individuals are confronted with the emotional and physical aspects of breathing chronic illness, countering an idea of home as a safe space (Dyck, 1995a; Dyck *et al.*, 2005; Andrews, 2019).

A narrative of fear and anxiety around living with a chronic illness was shared across different narratives. Paul, for example, describes the fear of his diagnosis infiltrating his home life:

> We would all be sitting in the house scared. I'm not meaning scared like we're all sitting like that [shakes body]. You know it's a fear, it's constant. It's a fear that somethings wrong. […]Some of the ladies maybe have big families around them, grand kids and everything, you've got something wrong with you it's an individual thing, it's an individual fear. But not one of those in the group have said I'm scared. Because we're all together.

Paul's description of his diagnosis causing a constant fear ties into feelings of isolation where other people cannot understand the lived experience of chronic illness. This was also reflected by members' descriptions of breathlessness as an experience that no one could understand unless they had experienced it for themselves (Carel, 2018). The social dimension of the group has been significant for some members particularly as chronic illness such as respiratory illness has been shown to cause social isolation (Ek and Ternestedt, 2008). Furthermore, social disconnectedness and perceived isolation can contribute to further health related consequences, such as depression (Cornwell and Waite, 2009). Depression and anxiety are prevalent in individuals living with COPD, particularly associated with decreased mobility and to feelings of morbidity (Punekar *et al.*, 2006). In the UK,

the National Institute of Clinical Excellence COPD Guidelines estimates the incidence of depression in COPD to be 40% (36–44%) and indicates that anxiety symptoms may have a 36% (31–41%) prevalence (Pearson and Halpin, 2004). Choral singing has been shown to mitigate loneliness among individuals who are socially isolated (Dingle *et al.*, 2013). The fear associated with living with a chronic illness and the ways in which the singing group has helped mitigate these fears has been reflected in song lyrics written by one of the group members:

COPD Blues

I'm coughin' and I'm wheezin'
An' it ain't too easy breathin'
Sometimes feel I'll soon be leavin' this world
I'm tryin', I ain't lyin'
Not to think too much on dyin'
Just better ways to get away from it all
Breathin' easy, free and breezy
Fresh air fever outside these ol' four walls

I got COPD, I got breathless blues
You get COPD, An' you can only lose
I got COPD, got the breathless blues
I got COPD, tell me, what can I do?

I've been whinin', I've been moanin'
Been complainin' I've been groanin'
Now it's time I took a positive spin
I guess the brightside is the right side
An' if you decide that's your side
Well, I can tell you where to begin
If you wanna take it higher
Come along an' join the choir
Sing for breathin', don't give up, don't give in

I got COPD, I got the breathless blues
I got COPD, now I know what to do
I got COPD, I got the breathless blues
I got COPD, I live the life I choose

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Some of the mental health implications of living with COPD are laid out in these lyrics. The lyrics describe that staying within the four walls of the house can lead to negative thoughts around the frightening nature of a chronic health diagnosis. This resonates with Paul's description that living with COPD leaves him 'sitting at home frightened'. The lyrics put forward a narrative of COPD that conveys fear, and helplessness – '*you got COPD, An' you can only lose*'. The morbidity expressed here is in line with research that correlates COPD and experiences of depression through feelings of morbidity (Punekar *et al.*, 2006). The lyrics describe that it has taken motivation to reshape their perspectives where adopting a positive attitude. This is also highlighted by the final line in the song, '*I live the life I choose*'. The song illustrates themes of self-management - where the individual is given the tools needed to *live well* with their illness. In this case, this illness is more than the physical symptoms of breathlessness, but is a lived experience of illness that incorporates emotions, mental health, and lived experience. The singing group supports individuals in all these elements of their health experience.

7.5 Leaving home spaces: the place of the group

The ability to step out of home spaces has been significant for some group members for whom the home acted as a site of entrapment by potentially staving off breathless episodes that occur when walking. This consequentially contributed to poor mental health, as Claire explained:

> I was actually locking myself away in the house. I wasn't going out because every time I was going out, I was taking panic attacks. So as I say, when I'm saying about the breathing, that helps me.

For Claire, who has a diagnosis of anxiety, the ability to control breathlessness has allowed her to gain confidence in her breathing, resulting in her feeling more able to leave her house without fear of panic attacks. Members describe that coming to the group on a Wednesday afternoon motivates them to get ready to go out, becoming an activity that forms a focal point in their week. As Paul describes, '*When I miss it, it affects me the whole week*'. Angie reflects on the role the group has in her week:

> It gets you out the house. Even if it's just for an hour or a couple of hours, it's something, isn't it? And you're doing something with those two hours, you're learning something with those two hours that you're out the house. Plus, you're getting the friendship and the company - you get to know one another. I still don't know everybody's names yet, but that will soon happen, it will soon come.

This company is important, Angie reflects, because:

> Some of these folk haven't got anybody and it's their way of getting out, that's them getting out for a wee while. Even if it's just an hour, an hour is a big thing in somebody's life for company.

Attending the group creates an opportunity for social interaction which can help mitigate experiences of social isolation. Rob discusses that coming to the group is a positive social experience offers the opportunity to expand his day-to-day life spaces:

> Well I think socially it has a big impact that gets me out on a Wednesday afternoon, where I used to sit in indoors on a computer or watching the telly or something like that. But it gets me out and doing something, something I enjoy, which is nice. It's just a good experience, you know?

Company and social connection were described as important aspects of the group experience that individuals carried into their life experiences. Paul explains the role the group has for combatting loneliness and fear, compared to other day-to-day spaces. Here the group plays an important role in generating a sense of pride.

> So it'd be [sitting in the house] or doing a bit of shopping and just going back to the house and that. But this, this is a completely different thing Sophie. This is pride. You want to go. It's pride. I even, hypothetically, I even see in the group we're all taking time to shave, clean up, put on a hula skirt [for Halloween dress up], you know what I mean, it's not *just* a singing group. You see it for yourself. It's a bigger thing, you've created a bigger thing that for people in our situation, it's wonderful.

For Paul, putting in the effort to go to the group, including the act of getting ready, has reshaped his lifeworld experience. Going to the singing group is not just an activity to leave the house for, but an emotional act of selfhood which is bigger than just a singing activity. This narrative is reflected by Kirsty, who similarly describes the process of getting ready for the group:

It makes you get ready to go out. You might be at home and think, well I'm not gonna wash my hair today, and I'm not going to bother going out, whereas now I say [excitedly her sister who also attends the group] what time are you going to be down for me!? You know? And people say, 'is this your singing day?' And I say 'yes!'.

Kirsty's reflection illustrates ways in which attending the group is aligned with self-care practices that see her opening up her life spaces. She tells me that she is excited to attend the group and looks forward to her singing day as a highlight of her week.

The home spaces narrated are intimate, personal spaces where breath and the threat of breathlessness permeate through day-to-day tasks and experiences. Elements of the singing group carry into these spaces, impacting on routines and life rhythms where life spaces resonate with song lines, and embodied breathing is practiced and learned. Day-to-day rhythms of falling asleep and watching TV are permeated with an embodied awareness of breath. For some group members, the weekly event of attending has opened up avenues for social connection that make them feel less isolated at home. However, home spaces described by members are overshadowed by the fear and threat of chronic illness, something that the singing group cannot take away. As the *COPD Blues* lyrics point out, it is important for individuals living with breathlessness to support their mental health by getting out of their house, something the group space offers once a week. However, walking can also present challenges by causing breathlessness which can cause fear and panic. The following section will journey with group members as they describe walking the city streets. Here, breath is measured, negotiated, planned through walking.

7.6 Traversing the city streets: walking with breath

Figure 7.5: The walk to the bus from the church hall.
Photograph of Armadale Street by group member Ian, used with permission.

When I leave the group and find myself walking the same way as a group member, I must consciously slow the tempo of my steps in line with them. On several occasions, as I walk to the bus stop with a group member, I have watched the bus in the distance come past and overtake us, and together we wait for the next bus to come. On occasions like this, I am confronted with my own rushed pace. I feel awkwardly slow as I depart the group alongside group members, moving my feet at a consciously plodding tempo, letting the group member guide my rhythm. They shrug as the bus passes by, commenting that once they would have run for it, but not anymore. In these small journeys, I have a glance into the wayfaring experience of group members, guided by their breath (and see Edensor, 2010). Where breathing is usually considered a pre-cognitive act, for individuals living with breathlessness breath is measured and planned, in order to hold autonomy over the body in preventing breathlessness (Carel, 2014). This segment will explore the journeying of group

members as they walk the cityscape, connecting with a geography of urban walking (Middleton, 2009; Edensor, 2010b; Lorimer, 2010; Goh, 2014; Saunders and Moles, 2016; Springgay and Truman, 2017). Ecologies of breath in the city are also considered through the embodied interaction of walking pace, weather, and air (Ingold, 2011b). In doing so, lifeworlds are animated (Vannini, 2015) by the interaction of body and urban air (Adey, 2013, 2015; Nieuwenhuis, 2015).

When Rob, who has a collapsed lung, walks home from the group, he is consciously self-aware of how his breath and his walking speed interconnect. He paces himself, slowing his tempo in order to meet the physical requirement of oxygen for his moving muscles:

> Rob: For me, the shortness of breath that I was experiencing, well I still experience it when I'm walking, like walking from here [church hall] up to my flat. I have to walk up a hill, so you know by the time I'm halfway up, I need to slow down. So, I got to slow down a lot when I'm walking and just pace myself. Even when I'm not short of breath when I start out, I don't walk fast because I know I walk fast, and I make it worse for the second half, you know? But I think, you know, taking longer breaths makes you more aware of that, and that definitely seems to help, you know, taking longer breaths.

> Sophie: So, you're taking longer breaths when you're walking then?

> Rob: I think I take deeper breaths because - I don't know if I'm running out of oxygen or what - I know my legs get sore, and I think it's because of that, you know, you're not getting a great deal of oxygen down to your legs, and it narrows the arteries down there. It affects you a lot, and you don't realise.

Rob's embodied description of knowing his body, predicting that he will become breathless if he sets out at his normal walking speed also gives insight into how breath and body are connected to the physical landscape and atmosphere. Tom catches the bus home from the group. In our interview, he talks me through his experience of pacing his walking with his breath from when he leaves the bus:

> I found that a lot with dizzy spells when I was getting off the bus on my way home. Because I've maybe been sitting and then got up and found myself light-headed. But I haven't experienced that for a good few months, so that's good. And when you start out slow, it sort of helps, rather than starting out fast, like I'm saying, and finding that you have to it slow down. I find myself - as you say, it's hard to always remember to do the breathing properly - and if I find myself, you know, just short of breath, instantly what comes to mind is the exercises, and I start to do them, and it makes me feel better. There

is no panic. I know that if I find myself in a situation when I'm not breathing so well, I can stop if I have to or slow down and start doing the breathing exercises, and I find it instantly reassures me and helps with my breathing. So it is beneficial.

[….]

You have to really concentrate to take a longer breath into your mouth. For me, it's been a case of when I'm going out for the first time on a particular day, and I've had an especially bad cold, and I walk out confidently, and I'll get a certain distance and have to slow down because the breathing is laboured. Before I'd have to slow down and stop for a rest, but these days since the group and learning the breathing techniques and so forth, I'm just trying to concentrate on my breathing and taking slow breaths as much as possible through the nose, and that usually helps, so it's been helpful in that sense. I think I've improved a lot in the past few months. Part of it is due to [the medication] that the doctor prescribed at the Royal Infirmary, which breaks up the phlegm and allows it to clear. The combination of that and the breathing techniques and the singing, obviously, help improve my quality of life quite a bit.

As with other members of the group, Tom expresses an improved quality of life gained from being able to breathe more easily when out walking, something he tells me that he enjoys doing. Tom has consciously reshaped the embodiment of his inbreath by inhaling through his nose. He connects the panicked state he can get into with his walking speed and breathlessness, something which he now consciously mitigates through breathing practice and causes him to feel reassured. He tells me that where he was once put off from going out because of the frightening experience of breathlessness, he now feels more confident to go out, and that he enjoys walking around the West End of the city. In this sense, Tom has expanded his lifeworlds outwards, by being able to leave his house with trust and confidence in his bodily ability. Tom discusses *remembering* his breath, and this is something echoed by Jackie, who shares her experience of tuning into her breath in moments of breathlessness, something that is important to her because she tells me she lives at the top of a hill.

Jackie: See even when like I'm walking up the hill, well if I'm carrying messages [shopping] as well obviously, and I feel it [breathlessness]... And it comes into my head - *breathe fae down here*. No, and I'm doing this going up the hill, and I'm saying, is this helping? And I'm no convinced myself. But then, all of a sudden I'm not breathless, you know? The things that you've told us, I

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do try them, and they are helping a wee bit, but you can only try them, can't you. That's it, you cannae just go, 'ooft, that's no any good'. You have to try them.

Sophie: Yeah, and something we'll keep working on. And I know it's unusual and hard, and it's kind of learning your body in a different way...

Jackie: Well, as you say, that's right, because I never thought that in my life before till we came to the group - *breathe fae down here*. You know, it's just it gives your lungs a rest to breathe fae down here. So I have tried that going up the hills, and it has helped. So there you go. You're not wasting your time.

These accounts of walking and breath present an entanglement of body, air and the urban landscape. Breath's rhythm is shaped and timed in order to measure oxygen though the body, contrasting a common discourse of walking and breathing as pre-cognitive flows (Edensor, 2010b). This connects with a reading of body-subject in mobility through the embodied rhythms of breath and body and the kinaesthetic sensations of movement (Spinney, 2006). In Spinney's visceral cycling mobility, breath and body are paced, and oxygen is measured in order to facilitate the hills in the landscape. This is also described in the walking mobilities of group members. Here, breath is *remembered*, reflecting Irigaray's (1999) ontology exploring the dynamic relationship between body, breath and consciousness. Through this remembering, individuals gain *autonomy* over their relationship between mind, breath and body, and pacing breath allows for greater control and bodily authority (Nieuwenhuis, 2015). This strategy of breathing allows for breathlessness to be managed in moments of panic, allowing individuals to have greater agency over their body and its capabilities. The following section continues on a walking journey through the city streets, understanding the ways in which bodies are affected by the air and weather, and how breath is consequentially managed in urban sites.

7.7 Benches and shops: Urban landscapes as sites of refuge and relief

Figure 7.6: City centre benches on Sauchiehall Street (Author's own photograph).

Interviews took place on cold December days. The weather was never far from consciousness, where interviewees would describe their struggles of breathing the cold air. Exasperation relating to how cold it was and how this affects them were shared among group members as they unwrapped their coat and scarf in the interview room. Caveats were given to answers, explaining how they would be spending the rest of their day Christmas shopping in the city centre and how the weather would make this difficult. Weather presented a particular challenge to the experience of walking, and this offers potential to explore the breathing body's entanglement with the landscape and how it is shaped by the air and elements. Weather-worlds interact with breath and walking mobility (Ingold, 2011b). Here air, atmosphere and the elements interact with, and in, the body (Adey, 2015), shaping the experience of the urban landscape (Adey, 2013). Street furniture, shops and cafes become spaces of refuge from breathlessness and its emotional distress brought on by walking. The exacerbation in cold weather contributes to the ecology of breath and atmosphere discussed in Chapter 2, where breath, body and emotional experience are shaped by the elements (and see Adey, 2013; Simpson, 2013). Louisa describes her experience:

> As I said, coming along the road in this weather - cold weather's really bad for me - you know? Sometimes gotta have a wee break. If I'm in the town, I'll go and get a wee cup of tea or something, or just a wee browse in some of the shops or something, you know, just to get my breath back. Just got to learn to live with your problem, you know? I mean, I often say it's a bit of a curse.

The shop and café spaces become integrated into a breath-led experience of the city centre where Louisa is guided by her body's capabilities. These spaces therefore become important sites for managing breath, and help Louisa maintain control of her body. Benches were similarly commented on by members to offer refuge in breathless moments. Angie, for example talks me through an experience she had had in Edinburgh where she was distressed at the lack of these rest sites and how this corresponded to the weather:

> I still get breathless turns when I'm walking along the street and things like that, but in the town there's loads of seats that you can sit on to get a rest, and the same up in The Forge [shopping centre] there's plenty of seats. But when I was through in Edinburgh, I thought I was going to take a heart attack! There is not one seat, not a seat! There used to be seats all along Princess Street, but they've took them away where Princes Street gardens is outside on the pavement. There is not a seat to be found! I don't know if that's because of the [Christmas] market - the market's started the noo, but that shouldn't have affected the seats. And I says to my pal, I'm gonna have to rest a wee minute. Because it's all uphill and it's higher up there, so I was more breathless there. But here I'm not too bad. In the mornings when I get up, I'm fine, but I blame the weather. I think it's the weather - when it's cold it affects you, if it's too warm affects you. But there's days when I've got good days, I can walk quite a good distance, and then other days I'm kind of stopping and starting. That's how it affects me.

In Angie's narrative, she stresses the importance of seats in order to manage her breathlessness, something that helps her while she's in Glasgow city centre or in the shopping centre. Her experience in Edinburgh illustrates why urban furniture is important, which she expresses as an emotional narrative in the utter disbelief of not being able to have a seat[37].

The city centre constitutes an emotional geography where breathlessness, streetscapes, distance and weather combine. Here sites of refuge carved out in

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[37] See also The Times article 31/10/19 on removal of benches for Edinburgh Christmas Market: Memorial benches at Princes Street Gardens 'dumped' for Christmas market

pathways through the urban landscape are used to reshape this emotional experience. Hannah, who has severe COPD describes an emotional and physical journey with breath through the streets, using rest sites and seeking shelter to take her inhaler:

> Hannah: I go up to the town rather than sit in the house, I go up to The Forge [shopping centre in the East End]. But that's another thing that's helping you as well, it's making me make myself move more, do you understand that? It's making myself move more because if I sit in the house and I think, *pffffft* I've got to get out of here, I've got to do this and I've got to do that, and I've got to go here, and I've got to go there, and I'm like that *pffff – sigh*, and I've got to have a sit down wherever I am and stuff like that. But now I don't feel like that. I do when I'm with my pal in the town right enough, aye I do, I'll say I need to sit down. Because I suffer from arthritis and that as well, and sometimes it gets my feet and stuff. But I even find that different. I'm going out, and I'm not thinking the same way at times, you know? Because I'm only going to The Forge [shopping centre] and that's fine, that's great, but before I'd say oh God, I've got to go into the toon, and I've got to go up Sauchiehall Street, and then I've got to go down Argyle Street. Things like that used to get to me, you know? I mean, because I'm thinking I'm going to have to use this inhaler, and you're hiding places to take the inhaler and stuff like that when you're out. Do you know what I mean? And you're taught to lean against a wall or a railing and stuff like that when you're breathless and stuff like that. Which I do do, right enough, don't get me wrong, I do. I still get breathless and everything, but it's no the same because I'm taking my time as well now, do you know I mean? I'm taking my time I'm not rushing here, rushing there, but I'm taking my time as well.
>
> Sophie: With your breath, or?
>
> Hannah: Even with my walking and that as well, I'm even finding that different, you know what I mean? Because when I'm out, I keep taking deep breaths when I'm out, I really do. I get up to the top of the street and I go [takes a deep breath in and sighs out] a few times, and then I'll go round the corner or wherever I'm going, the post office or wherever. And I even find that different, because then, you know, you're tensed up and all that when you're out in the cold, and you say to yourself - Get a grip! Get normal! Get your normal! Get back your normal! - All these things come into my mind now, aye all these things are coming into my mind now.

In the long extract above, Hannah closely narrates her body and breath through the city streets, offering an insight into her physical and emotional capabilities in these spaces. She has a new understanding of her breath and how it moves through her body, which has given her greater confidence to traverse the city centre. In order to 'get back [her] normal' Hannah channels her breathing pattern through the deep

breathing practices taught in the group, pacing her breath and walking rhythms. However, while this changes her outlook on her capabilities, Hannah describes the anxiety of having to use her inhaler in public, something which puts her off going into the city centre. She hides her inhaler use, suggesting an element of shame around breathlessness and the use of medication (and see Binnie *et al.*, 2020). The city landscape shields her medicating and provides physical support for her body as she leans against a wall or railings to recover from her breathlessness. In my conversation with Hannah, she constantly asks if I understand her, if I can imagine what her experience is like or if what she is saying makes sense. She is full of enthusiasm for the group and explains with conviction that it really has changed her life experience day-to-day. 'Is that daft?' she asks me multiple times though the interview, after explaining these impacts and the way the group makes her feel.

The materialities of air become a lived experience of the city, which shapes the life spaces of group members and their ability to traverse these sites. The immersion of body in air, and air in body corresponds to a phenomenology of breath put forward by Merleau-Ponty (1995/1921) and see (Pooler, 2014). The relevance of this phenomenology in urban contexts provides a useful frame to explore the ecology of weather, breath and city through the lived experience of illness. 'Aerographies' (Jackson and Fannin, 2011) open up a potential for geographers to read the city scape through air's phenomenological relationship in the body (Adey, 2013, 2015). The accounts presented above contribute to this possibility, as we encounter life spaces in the city. This version of aerographies offer a poignant embodied, emotional counter to abstract non-representational theorising. While the materiality of urban air has been explored in health context where polluted air acts to damage lungs (Adey, 2013), here the lungs have been explored through the lived experiences of illness. This creates a more intimate storying of urban air, connecting to the micro-spaces of the lungs and airways, the mundane journeying of Christmas shopping and the emotional navigation of shelter and refuge. These journeys map onto Nieuwenhuis' (2015) geographical reading of breath where 'the air is because of its very nature, characterized by its links of intimacy between body and ecology, life and death, necessity and ephemerality, an element that challenges the temporal pace and the geographically imagined fixed and concrete order of politics'. (p.93). As Nieuwenhuis explains, air forms a spatial and temporal relationship to

interconnected lived experiences, from the intimacy of the body, to the arch of the lifecourse. The following section explores how techniques members have described to manage their breathlessness throughout their lifecourse in the context of the health model of self-management.

7.8 Lifepaths through illness

The intervention of the singing group enters the *lifepath* (Daniels and Nash, 2004) of members at a stage when they are already on a trajectory of illness. In the biographical histories woven through interviews for this research project, the diagnosis was described as a major event. Diagnosis has been described as a 'biographical disruption' (Bury, 1982) which creates a tension between past behaviour – such as smoking – and future concerns for life post-diagnosis. Deborah the links worker who signpost patients to the group, as well as attending herself, shares her thoughts on how self-management of a chronic condition maps onto the arch of the illness.

> I'm interested in *dying well* as an issue with this kind of stuff, because I think we talk about - clinicians talk about - palliative care, and they think it means very end of life, but I think about palliative care as being far longer journey. It's about dying well for years. We're all dying, but it's about how much can we enjoy life on that road. It's not so much about the physical activity that you might be doing, it's about how it makes you feel and the laughter and the social contact and the quality of life that a group like that brings. […] You will see that journey for people - of that diagnosis creating a level of isolation and a sense that 'I can't do', so people withdraw. So if you can get people back out and realise that actually you can engage - you might think about how you do it differently, or where you do it, but you don't need to be isolated anymore because of this label you now have. And it's shifting that mindset, isn't it? Actually, you might have three months left of your life, but it doesn't mean you can't still be having contact and good meaningful experiences with people that makes your life worth living.

In this discussion, palliative care is understood as a non-clinical process over a period of time and life spaces. This health model works to reshape people's physical and emotional capabilities through addressing the process of '*dying well*'. This is important where the illness is not considered as simply a set of symptoms but an emotional and physical process that can act, often negatively, on the experience of

life spaces. In the context of the singing group, the group provides a non-clinical health intervention that intervenes in the multifaceted experience of health by providing community, confidence, bodily agency, as well as improved breathing strategies. Deborah refers to the journey through illness, where the diagnosis can create isolation and a changed perception of an individual's capabilities. In interviews, two members described the process of diagnosis of COPD. As also mentioned in an earlier quote, Sarah grappled with denial and shock, while Angie describes the way in which her symptoms encroached on her ability to carry out her job, forcing her into early retirement:

> Sarah: I went for my test, it must have been about three years ago. I didnae think I had it for a minute. I would have swore on a stack of bibles that didn't have it, that's not me. So, I done the test, and that's what came back, and they gave me the inhalers and what have you, which I don't use very often have to say. It quite surprised me, really. I was kind of in denial. I'd think - if I do have it, I've only got teensy-weensy, nothing to talk about […] I sincerely believed that the people in the Royal who gave me the test actually got it wrong, that there was nothing wrong with me so the test must have been fixed - but I do believe now.

> Angie: I was diagnosed with COPD. I started getting breathless. One morning, I woke up to get up for my work and I said - I'm awful breathless, maybe a wee chest infection. I carried on, and it was getting worse and worse, and that's how I ended up taking early retirement because they diagnosed up in the Royal. I went off sick, and I had a chest X-ray, and I went up for a breathing test, and that's when they discovered the COPD - severe COPD I've got. At first when I took it, I was very, very breathless just from exertion. I felt as if when I was getting the patients up [in her job as a nurse] it was getting worse. That's when I decided to go. The heart failure was diagnosed later on after I retired.

In these biographical accounts, naming their symptoms as a chronic disease brought the reality of illness to the foreground. Lindgren *et al.*,'s (2014) phenomenological lifeworld study of chronic lung disease diagnosis discusses the need for lifeworld research to understand how the diagnosis impacts on life and how individuals can best be supported through this process. Lindgren *et al.* (2014) discuss the term 'chronic' as carrying a temporal dynamic in the diagnostic process. Here past behaviour, such as smoking, contributes feelings of shame where COPD carries a self-

inflicted notion of illness, and there is fear and uncertainty about future life with this condition. With emotions around contributing past behaviours, the diagnosis makes a point in the lifepath of illness but is not necessarily the beginning of this journey. Discussions around smoking were raised by several interviewees who had either quit because of their illness, or who were defensive of their decision to continue to smoke because they regarded it as being 'too late' to quit (and see Berger *et al.*, 2011). For Sarah, the process of diagnosis was a long temporal event that involved coming to terms with her condition. She describes that gaining new perspectives on breath through the singing-for-breathing group has helped her understand her breathing, and further members have discussed how managing their breathing has helped them live better with their illness. By increasing their body's spatial and temporal capacity to move through the world, members are able to gain agency over their body and learn new ways of living with their condition.

The arch of illness through diagnosis and beyond into everyday lived experiences of illness is not necessarily a linear path. Perceptions around bodily capabilities impact the day-to-day lived experience of illness. Deborah describes the role of re-shaping breath relationships, as explored in Chapter 4, as a pathway through health:

> I was speaking to a nurse, and she was saying you'll find it fascinating with cases with COPD in particular where somebody can have a really alright level of COPD clinically, but their breathlessness is way off the chart and isn't connected to where they are in their condition's journey if you like. And then you can have somebody who's way further forward in their COPD journey but doesn't have the same breathlessness issues. So, we were kind of chatting about what that's about and why does that come about? And so much of it is about that physical relationship that we have with our breath, our expectation of what that condition will do and how it will manifest, and how we engage with our bodies on it. So, I would like to see that as something that will really change for people that they will start to feel more confident in their bodies not failing them and might reverse some of the breathlessness to more match where their conditions actually at. And I know it is a progressive condition, so we don't have, you know, we're not going to reverse that condition – it's not like type-2 diabetes where if you get someone on the right diet and exercise plan they can actually reverse it, to some degree - it's a condition where there's a level of damage done.

Deborah's understanding of breath relationship provides important an contextualisation of lived experience of respiratory illness. Here, the individual's

expectation of their health and its emotional and embodied impacts can enhance or diminish their lived experience, but this can be not in line with the severity of their condition according to clinical measures. Where chronic lung disease is not reversible, the right strategies for being in control of breath and for fostering a positive relationship with breath can influence the effects of breathlessness. The changed perception of diagnosis is shared by group member Kirsty, who tells me:

> I don't think of myself as being asthmatic any longer. Whereas before I would say "I can't come because I can't climb the stairs". But now I say, "yeah!"

Kirsty explains that she is delighted with this physical change, describing a measured increase to her oxygen levels since joining the group. She tells me that her GP is delighted, and she is pleased at not having to have visited the doctor for months. Having increased oxygen levels has reshaped her day-to-day lived experience where she no longer rests in the afternoon. The singing group therefore has acted as an intervention in the arch of illness, where members have gained agency over breath and body, growing in confidence by relearning their breath and body (see Chapter 4). Janice, the practice nurse, echoes this understanding of chronic illness and the role of the group:

> The feedback we've had from the people that come to the group that have got the respiratory illnesses has been amazing, and just to know that what we're doing is making a difference just to people's general quality of life. Because we know that these illnesses are not curable, but people have to live with them for a long time, so if we can make that better, that we're making their quality of life better for them basically, which is great.

However, in the case of members living with COPD, their capabilities may also decrease due to the progressive nature of the illness. Members are also vulnerable to further physiological setbacks, such as the onset of other illnesses. This has been witnessed in the group where some group members become too ill to attend – either temporarily because of a debilitating chest infection, or long term due to lung cancer. The CAT scores presented in 7.1 also indicate how experiences of illness can change through the year due to the impacts of cold weather. Therefore, it is important to recognise that journeys through illness are not linear, but rather, health setbacks can form part of these paths.

In this chapter, group members have narrated ways in which they utilise breathing practices in their lifeworld spaces. They are able to manage their breath in order to carry out day-to-day activities such as shopping, walking and sleeping, as also reported in the CAT score reporting. These breathing practices can be understood through a health framework of self-management, where individuals are given the tools to gain agency over their breath and body (Willison, 2006; Barken, Thygesen and Söderhamn, 2018). This is important in the lifepath of illness as the spatio-temporal experience of illness is lived mostly in these everyday spaces, rather than in a clinical setting. Deborah explains what self-management is and the role it plays in people's journey through their illness:

> My pitch is around how often you might see your GP for your COPD, you might come to the nurse once a year, you might visit your GP a few times a year, but outwith that, it's your condition, and it's about giving people ownership of their condition, to some degree, and it's about having that conversation about: This is your body, it's your condition, and you have some power and some agency around it. And so, it's kind of switching that sense of responsibility as well. Because I think so many people see their health as being a clinicians responsibility when actually when you think about health in the context that I have, health is more than the absence of disease, it's about our wellbeing, and we all have a spectrum of - and I'll do this for mental health as well because I think it's useful for people not to feel labelled by a condition - but we all have a spectrum of physical health, we all have a spectrum of mental health which will fluctuate throughout our life, depending on circumstance. So much of what we do can influence that. So talk about maintenance or self-management. Whatever language works for people. But flipping that responsibility back to - 'this is my body, and I need to have a positive relationship with it regardless of what health I might have, what physical condition I might have'. And that particularly comes across the relationship with the breath stuff that you talk about. Because so many people that are there, anxiety is really kind of one element of particularly respiratory conditions. As you say, we all have to breathe every day. Other forms of self-management activity might be about doing a new type of activity - whereas breathing, you know it happens all the time. So again, as an activity there's something really fascinating about shaping a self-management activity around the very natural thing that happens every day.

Deborah's observations on self-management resonate with the narratives of group members who discuss learning breathing techniques as a revelation in their thinking about breath. Breath was previously something they had not previously given

thought to, other than the anxiety and fear around breathlessness. Members now reflect on using breathing techniques at home and learning their breath and body differently, as discussed in Chapter 4. Janice shared a similar view of the temporality of clinical spaces in an individual's health journey. Her comments correspond with the lived experiences described by group members:

> I mean they say that people visit their healthcare professional, I mean if you count up all the time slots, maybe for two or three hours a year for reviews and advice and for the rest of the time, they have to manage that condition on their own. So, what we need to do is give people the tools to manage their condition so they're getting the best quality of life that they can expect. So, the tools that we're giving them through the singing are obviously helping them to control their breathing through using different muscles from what they might be used to using, but also being part of the group, they're getting the confidence to do what they may not necessarily have done if they were feeling a bit isolated at home on their own without support. So, through groups like ours, they're getting supported by peers with the same symptoms and the same daily issues, but they're also having the fun of singing and, at the same time, learning through fun how to breathe easier, and that's just making a huge difference to them.

The singing group plays an important spatial role in health journeys where individuals connect with breath and learn breathing techniques in a non-clinical setting. Janice reflects on the importance of the decreased need for clinical care through increased breathing capability by exploring the narratives of two group members who were interviewed by the Glasgow Times[38]:

> Janice: And I think you know what both [group members] said [in the Glasgow Times] article was. [Group member] said that she was on oral steroids about every two months up until she started our group, and it's at least five or six months since she's had them - which is huge! Because oral steroids constantly, you know, are not good for you at the end of the day. They can give you lots of side effects. It's okay to have something like that as a now and again thing, but if you're having that have constantly, then that can give you other health issues.

> Sophie: So, it's not even that it's positive that she stopped taking it because it shows that she's got better, but it's actually..

> Janice: That it's preventing further damage, uh huh. So, I mean that's huge! And [group member] saying that when he has a chest infection, because he

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[38] East end community choir set up to beat chest conditions hits the high notes

lives up a hill, that's him just housebound until he feels back to normal, and that the singing group's helped him, you know, recover quicker from that sort of thing, so he's out and about a bit quicker. So, I mean, this is how you're seeing people's lives - their quality of lives - improving, from being in a singing group once a week or once a fortnight.

Carel (2015) reflects that diagnosis creates a pivotal moment in the experience of illness. While it can be perceived as a moment that closes off life possibilities, it can also offer new and unexpected opportunities. Diagnosis offers opportunities to learn to manage these symptoms. In the case of the singing-for-breathing group, this has opened up a space to connect with others, learn new skills, and gain new experiences – such as singing in the Radisson Hotel or attending an opera. Importantly diagnosis and a supportive self-management health framework have offered an opportunity to re-engage with breath in order to shape a changed relationship with the body and to gain agency over lived experience. The singing-for-breathing group has offered a new path through the arch of illness where some members can feel less afraid of life with a chronic condition, and have new tools in order to 'die well' over their lifecourse.

7.9 Breathing new life into lifeworld spaces

Individuals living with respiratory illness are faced with the inescapable prospect of breathlessness. Breathing is present at all moments in life, and for group members, this means planning and measuring breath through different life spaces, activities and experiences. A space-time perspective considered in the lifeworld journeys of this chapter has allowed members to speak through their lived experience of breath in their life spaces. This has connected with spatial work carried out in health geography (for exmaple: Andrews, 2004; Bell, Foley, Houghton, Maddrell, & Williams, 2018; Dyck, 1995a), while linking in to a recent effort to incorporate a temporal dynamic into understanding the lived experience of chronic illness (Lucherini, 2020). This spatio-temporailty has been considered both at the small scale of breath paced through walking along streets, though to the larger scale arch of journeys through health. These different scales of inquiry connect though the efforts of individuals to manage their breathing by relearning breath-body relations and intimately tuning into breathing patterns in different sites, spaces and

activities. By practicing these self-management strategies, individuals make a conscious effort to reshape the longer arch of their illness. By learning to 'live well' with breathlessness, group members are able to expand their lifeworlds outwards which in turn has improved self-assessed mental health and wellbeing. The impacts of COPD have been explored here as more than a set of physiological symptoms. Breathlessness has been narrated through an emotional and embodied experience. It is therefore important to shape models of care around an understanding of COPD as more than a set of physiological symptoms, where psychosocial health and community support are integrated into a care model (Simpson & Rocker, 2008). T

By letting these narratives have space to breathe through the chapter, we can learn from the singing group members in their own words as to how they have learned to manage their breath. These experiences help to give depth to quantitative data, such as CAT scores, as well as wider quantitative studies on singing as a health intervention, demonstrating how group members have changed their emotional and physical capabilities. This chapter journeys with the group members as they narrate their breath and the cold winter air, or as they ascend hills and stairs. It listens to their breathlessness as they seek out rest in the city centre. Their abilities at being able to manage their breathing are hailed as an important achievement. And so, this chapter offers the emotional stories through these journeys that are reported as numbers in the quantitative measurement. Doing so also evidences the potential for cultural geographies to be put into practice, where the emotional and affective narration of breath indicates an impact of this research in the lives of participants.

Chapter 8

Conclusion: *How can I keep from singing?*

My life flows on in endless song;
Above earth's lamentation,
I hear the sweet, though far-off hymn
That hails a new creation.

Through all the tumult and the strife,
I hear that music ringing
It finds an echo in my soul -
How can I keep from singing?

– Robert Lowrey

8.1 The unexpected ending: No singing in a pandemic

All of a sudden, breath/lessness has been pushed to the forefront of society's collective consciousness. In light of the Covid-19 pandemic, everyday social interactions are shaped by thoughts of aerosols, coughs, proximity, ventilation, and the fear of contagion. Respiratory illness and its debilitating aftermaths are now a lived concern, universally felt. For those already living with chronic respiratory illness, the pandemic has shut down lifeworlds, with "shielding" instructions shrinking lived spaces to the confines of the home. As this conclusion will explain, the pandemic and social restrictions resulting have affected all the Glasgow Cheyne Gang members. I have not seen my group since a decision was made to call off our planned session just hours before it was due to begin on 11th March 2020. Naively, we assumed the group would be back up and running a month or two later, expecting the pandemic to leave as quickly as it had arrived. Unfortunately, singing came to be categorised as a 'super-spreading' activity; very tragically there have been choirs across the world who have seen widespread infection from a single rehearsal (Alsved *et al.*, 2020). However, as the lyrics of Robert Lowrey's quaker hymn attest, singing can offer hope in difficult times. While this has been a time of profound disconnection, isolation and fear, the singing-for-breathing group has continued to

offer ongoing peer support to group members, reflecting a lasting impact of the community that the group created. This conclusion therefore reflects on the hopes for future directions of the singing-for-breathing group, as well as recognising the larger scale impacts that this research has illustrated for Scotland's singing for health frameworks and practices.

The singing-for-breathing group has done its best to adapt to the online world, re-shaping social spaces and connections through accessible technological resources. A WhatsApp group was set up to which members could add themselves. This online space has remained active, often filled with jokes, 'memes', and birthday wishes to one another. Throughout the lockdown, Janice has organised a monthly video call which group members are invited to attend. Unfortunately, the in/accessibility of the online world has created a barrier to the inclusion of most group members. As such, a core group of around five members, along with myself and Janice, have managed to attend these virtual meet-ups, and the online gatherings have been fraught with technical woes. I had hoped to continue running the group in some capacity online via Zoom. However, due to the hesitancies of group member's engagement with technology, the online space has been used solely for catching-up, checking-in, and as a space for members to vent their frustrations at lockdown life. As periods of lockdown extended, seemingly endlessly, I worried about group members. They are particularly vulnerable to the virus due to their chronic respiratory illnesses, and I was concerned about how they would cope as "shielders". Outwith the video calls with group members, I've kept in close contact with Janice who keeps me updated on the group members she sees in the community. Between conversations with group members, and with Janice, I have witnessed how elements of social connection and friendships that were formed in the group have continued organically in the lifeworlds of members. Three of the men in the group phone each other regularly and one of these men was given an unused smart phone by another to ensure he could keep connected on WhatsApp. Other members have met up for walks together around Dennistoun. When a member has been out-of-contact for a while, Janice will phone to check-in with them, and on significant birthdays members have received a gift from the group. Members have also described continuing with their breathing exercises and physical warm-ups at home, singing the songs they have learned in the group. Therefore, despite the spatial

infrastructure of the group being removed, a sense of community has endured in the social connections and care shown to one another across the physical distance, and songs continue to percolate into the lifeworlds of members.

Where live online singing has regretfully not been possible for the Glasgow singing-for-breathing group, a larger effort by the Cheyne Gang organisation has been centred on creating singing-for-breathing website content for members of all groups, as well as interested members of the public. The creation of online materials has involved the five song leaders across all the Cheyne Gang groups creating home exercises, self-filmed by each of us. Each week since the first lockdown in March 2020 we have filmed breathing exercises, physical warm-ups, 'brain gym' exercises, songs, and meditations[39]. While I know very few members of my own group are engaging with this content, preferring to wait until we are singing again in the "real world", it is positive that individuals dispersed across Scotland and the UK are participating. As such, our singing practices in church halls and community centres are scaled-up. However, on this platform the community and peer-support elements of the singing group cannot be replicated.

8.2 Writing through the pandemic

Writing-up this thesis during the pandemic provides scope for reflection on how my life-course and research intersect. Where through the fieldwork process the group had been in close proximity to my life-course and my day-to-day practices, suddenly it became distant and detached. Listening to the voices of group members as I engaged with their interviews and hearing the group sing on field recordings was poignant. At times, writing along themes of community, identity, and belonging could be emotionally challenging during this time of detachment. I found myself missing my Wednesday afternoons in that space with those people. I also worried about how members would cope during the lockdown and, at times, I felt quite deflated that the progress they had made in their health journeys was on hold. Writing-up became a process where I could feel close to the group through sound. The act of tuning-in to the soundscape of the group and writing the narrative accounts of group members became a practice of caring for members by translating

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[39] https://www.thecheynegang.com/homeexercises

the caring practice of running the group into writing and representing the individual and shared journeys in that space. In a sense, I reshaped the proximity I held with group members into my writing practice, carefully working to represent my data and the shared narratives in each chapter. Staying close to the data in my analysis meant listening back to interviews and in doing so, allowing myself to have space for emotional reflection when hearing these conversations. This undertaking reflects on the time-space of fieldwork (McGarrol, 2017) and its emotional temporalities by revisiting interviews two years later and in the context of the pandemic.

8.3 Addressing the Research Objectives

In order to demonstrate how this thesis has shaped a cultural geography of song and health in Glasgow, it is important to highlight how I have addressed the four main research objectives which were presented in the thesis introduction.

1) **To consider Glasgow as a city of diverse singing practices by exploring collective singing across different spaces, scales and communities.**

The singing practices described and interpreted through the thesis weave together a multifaceted account of Glasgow's singing worlds. These four examples of collective song have been accompanied by sonic representations of their sung soundscapes and narrated through the experiences of singers. This thesis narrative has formed an understanding of how community is shaped in song, how songs mobilise emotion, and how singing can hold an important place in a journey through illness, even in the last moments of life. The various intentions for song therefore illustrate how each singing community crafts a contribution to Glaswegian cultures of singing by considering how these singing groups give voice to practices of politics, religion, spirituality and health in the city.

2) **To present an in-depth understanding of the embodied geographies of singing by exploring the entanglements of breath, voice and song.**

Embodied geographies of singing practices have been represented through interview narratives, creative visualisations, and sonic examples. Body-maps acted to envision

these somatic voice-breath-body entanglements by charting the small-scale sensations of singing and breathing across the body. An ecology of breath has been developed where the interconnection of material and affective atmospheres is realised through the singing breath. Breath paintings offered a creative encounter with these breath ecologies, where visualised breath gave scope for group members' reflections on their relationship with breath. Sound recordings offered representations of these embodied interconnections through their soundscapes. The perspectives of embodied singing practices concerning health were contextualised in the interluding chapters. These moments offered a glimpse into how embodied entanglements of breath, voice, and song are multifaceted practices shaped by the intentions and purposes of song. A dynamic understanding of embodied singing is therefore crafted and shaped in this thesis through each singing space.

3) To understand the lived impacts of singing in the lives of singing group members as part of a community health landscape

The thesis has focused closely on different aspects of song, breath, body, and community in the group but related these to individual narratives of health. Each empirical chapter has built a picture of the group as an example of community centred health experience in Glasgow, one produced by a geohumanities of creative practice. The singing-for-breathing group has been presented as a non-clinical space for health, where the group dynamics and singing-breathing exercises allow for a safe relearning of breath and body. Through the facilitation of this space, group members have reflected on the ways in which singing has changed their emotional and physical capabilities due to the relearning of breath, how they have grown in self-confidence from learning to sing, and how peer support has been fostered. Allowing the voices of group members to permeate the pages of this thesis has shaped a phenomenological approach that allows the members to speak to their emotional and somatic experiences of life with a chronic respiratory illness. This thesis therefore reflects on the impacts of a community singing space in the social, and health lives of group members and as such, this research compliments current policy work in community arts-health in Scotland.

4) To consider how a practice-led methodology can contribute to an impactful model of research design and delivery in human geography.

By developing the methodology around my more-than-academic skillset as a trained singing for lung health facilitator, I was able to establish Glasgow's first singing-for-breathing group, which was attended by 35 people. Through my research delivery, an agenda for applied cultural geographies in practice is visioned whereby the positionality of the researcher-as-practitioner enables a dynamic exploration of social, cultural and embodied practices, performances and communities. Designing this research as a practice-led model has responded to Hawkins' (2020) recognition that research impact has multifaceted potential that expands the bounds of university 'Research Agenda' or the measures of the Research Excellence Framework. Hawkins (2020) describes that the process of *doing* research can create impact beyond academia and she therefore invites geographers working at the intersection of arts and research to embrace their more-than-academic skillsets, and to explore more creative ways of understanding how academia can have impact. In the case of the singing-for-breathing group, the impact of participating in this research has resulted in improved breath management, friendships and peer support.

In crafting these research questions through the study and answering them through my empirical design and analysis, I have contributed new knowledge and opened up avenues for further exploration in emerging work in human geography and singing for health research and practice. Firstly, within my field of human geography, I have illustrated methodological novelty around developing a practice-led design to understand the lived experiences of the singing group. In doing so I have underpinned my work with cultural geography theories and practices. I have contributed to these geographies of sound and music, health, breath and air by shaping the conceptual and theoretical underpinnings into an applied cultural geography in practice. As such I have added to conceptual frameworks in developing a language around breathing and respiratory illness, such as through coining the term *unwinded*, from Ingold's (2007) term *enwinded,* to describe the air becoming trapped in the lung of someone living with COPD. Secondly, the conceptual underpinnings from human geography have helped to shape new language and frameworks for singing practice. For

example, the community health landscape which is understood through the spatial lens of the psychoanalytical 'holding space' offers a framework for practitioners to shape safe and inclusive spaces for singing. Equally, the understandings of the safe and inclusive 'holding space' have been critically examined in this thesis for instances when people have felt excluded. Therefore, this thesis has contributed conceptual underpinnings for critically evaluating inclusivity and group dynamics in a singing for health group, and such understandings should be developed into training and practice. A third significant contribution that this thesis makes is to current singing and lung health research directions. Yoeli and Macnaughton (2021) have illustrated that research on the phenomenological lived experience of singing group members who live with COPD better illustrates the health impacts of singing on respiratory illness than quantitative measures. My thesis has clearly demonstrated the role of in-depth qualitative research in this field, supporting Yoeli and Macnaughton's conclusions. The following sections of the conclusion will unpack further some of these key contributions.

8.4 Singing and breathing a geohumanities of health

Singing for health research has been shaped within a broad and well established clinical and health framework in disciplines such a music psychology, education, and music therapy (Dingle *et al.*, 2019). This thesis has been influenced by this interdisciplinary work as an applied social and cultural geography. The practice-led methodology has allowed for an in-depth scaled analysis of singing bodies in the group space and into the lifeworlds of members. As the empirical chapters have illustrated, drawing on theories and methods popular in cultural geography have enabled attention to the intimate embodied and emotional encounters with the singing breath. The affective atmospheres generated by sung-sound are attuned through sensory methods. The phenomenological narratives of lifeworlds illustrate how spatial encounters with sound, body and breath move out into lived experiences of breath/lessness. The intensities generated by sung-sound open up new avenues for learning about the breathless experiences of chronically ill individuals and in order for singing to be critically analysed as a community health intervention. An

interdisciplinary lens has been used through the empirical chapters to contribute established theories for singing and health, such as community music therapy, psychotherapeutic analysis, play theories, health phenomenology, and clinical evaluations of singing for health. This entanglement of cultural geography praxis and interdisciplinary theory has shaped a geohumanities of health through crafting an exploratory and creative understanding of singing and breath.

By learning to breathe through song, individuals in the singing-for-breathing group have reshaped their lived experiences of illness, evident even through the challenges of the pandemic. By paying attention to air, breath, body and the urban landscape, I have considered how chronically ill bodies shape and are shaped by their life spaces. This is particularly important for understanding the lived experiences of respiratory illness where breath is the interface between the body and the world around it (Oxley and Russell, 2020). Air is materialised in the lungs with each breath, connecting body and space, as Macnaughton & Carel (2016) reflect, 'the air around us, with its pollutants, odours, humidity and heat, becomes internalised briefly, making us beings who are not only *in* the world but also *of* it' (p.295). The interrelatedness of breath, body and air offers a new lens to explore 'aerographies' (Jackson and Fannin, 2011; Adey, 2013, 2015; Engelmann, 2015). Here, the spatial, material, mobile and phenomenological relationship between the urban air of Glasgow and the chronically ill bodies of group members have formed the focus. In the case of group members living with respiratory illness, there is a tension between the materiality of air in the lungs and the flow of respiring breath. Narrowed, obstructed airways cause air to become trapped. The micro-scale spaces within the damaged lungs become sites that cause fear and panic and which in turn impact on the lived experiences of day-to-day life. My practice-led research has been an effort to facilitate more breath in order to *reanimate* life spaces (Vannini, 2015).

In interweaving these disciplinary landscapes of breath, song and health, the thesis acts to lay a groundwork for research which focuses on the intimate production of space through emotional and embodied practices of singing. Very little research that focuses on singing has been established in human geography. This thesis has demonstrated that cultural geography's theories and practices can be valuable approaches to understand the processes of collective singing, such as the social

interconnectedness of voices raised together, the cultural place of song in a city, and the lived impacts of singing as a health intervention. In doing so, I have responded to the agenda set by *musicking* geographers (Wood and Smith, 2004; Wood, Duffy and Smith, 2007; Wood, 2012) who have called for geographic research to tune into the embodied, emotional and more-than-representational processes of music-making. My presentation of these musicking practices that focus on collective song could therefore be described using a similar language of *choiring*. Where the interluding chapters have offered just a glimpse into some of these processes, they have highlighted the possibilities for future research in human geography to explore the social, cultural and embodied potentials of collective singing practices. An agenda for future research should therefore explore a geohumanities of song and *choiring* that works to closely consider the impacts of singing in communities and in the lives of those who sing. These studies of choiring could also be applied to different singing for health practices, to further the place of singing within a geohumanities of health, and within person-centred health agendas.

8.5 Contributions to community arts and health in Scotland

Singing for respiratory health as part of a person-centred health model has received some attention within Scottish health agendas. The Scottish Government held a cross-party debate in February 2020 and officially commended the work of the Cheyne Gang organisation as a community health intervention, recognising how the practices of singing for lung health aligned with the government's health care agenda[40]. The Scottish Government's Respiratory Care Action Plan 2021-2026 cites singing groups as an example of peer support. The sense of community created in the singing-for-breathing group, as represented in this thesis, illustrates well how peer support is generated in the group. The impacts of singing on individuals' ability to manage their breath has been communicated by group members, complementing more clinical accounts of singing as pulmonary rehabilitation (Philip, Lewis and Hopkinson, 2019). While this physical element of singing for lung health is *not* included in the Scottish Government's current Respiratory Care Action Plan, *self-management* is a core policy for person-centred *Realistic Medicine* (Fenning, Smith

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[40] https://archive2021.parliament.scot/parliamentarybusiness/report.aspx?r=12506&mode=html#iob_113047

and Calderwood, 2019; Loughlin, 2020). The singing-for-breathing group has been recognised formally by the Chief Medical Officer as an example of this policy at the Realistic Medicine Conference in 2019. The singing group has also been officially recognised as a self-management intervention by the Health and Social Care Alliance, where we were shortlisted for the national Self-Management Project of the Year 2019, awarded at the Scottish Parliament. This shortlisting was a testament to the ways in which members overcame initial barriers of fear around their abilities to sing, the work they put into practising their breathing exercises, and their commitment to attend the group regularly.

The singing-for-breathing group has thus provided a useful working model of community arts-health intervention, particularly because of being integrated with a Community Links Practitioner and practice nurse. Deborah and Janice have been integral for supporting individuals to attend the group and in helping me to run the group. As such, we have shaped a network of community-centred health care through our shared practices in supporting individuals in the sessions and in the community. This model supports a 'social prescription' approach by linking individuals to the singing-for-breathing group as a non-clinical health intervention. My research with the group has highlighted the strengths of the Community Links Practitioner program (Mercer *et al.*, 2017), as well as the important role that practice nurses can play in the community. The group was also visited by two student nurses, a medical student, two local GPs, and Community Links Practitioners working in other areas of Glasgow. Singing for health groups, therefore, hold the potential to educate current and future health practitioners about the potential benefits of singing in the lives of their patients.

Future directions for research could work to establish singing for lung health as fully integrated within health policy, recognising the impacts that singing can have for the self-management of the condition. As currently, while singing for lung health is recognised anecdotally or recommended within policy for its social attributes, the physical health benefits are yet to be formally acknowledged within healthcare practices and policy. This lack of recognition is despite numerous clinical publications on the topic of singing for lung health, as well as singing and music participation being recognised as beneficial for a range of health conditions (Dingle

et al., 2021). By reporting on the phenomenological lived experiences of singing impacts on breath, my research has complimented such studies by presenting singing for respiratory health as an intervention that positively impacts on individuals' mental health and wellbeing, that facilitates a community of peer support, and which changes physical capabilities through breath management strategies. However, more on-the-ground dissemination is required to further the impacts of research in singing for health to inform clinicians and policymakers of the potential for singing as a community health intervention.

In taking this practice and research forward in order to disseminate singing for health more widely, I will be sharing the thesis findings as part of the newly established *Scotland's Singing for Health Network,* based at the Royal Conservatoire of Scotland and funded by the Royal Society of Edinburgh. This network will connect singing for health song leaders to local Community Links Practitioners and signpost health practitioners and patients to local singing for health groups. Working as a research assistant in the network, I am helping to compile an interactive map of all the singing for health groups in Scotland, intended to be a resource for health practitioners and patients to learn about local groups. By producing this map, we will be able to see where there are gaps in resources, such as in rural areas, and how this could be addressed through funding or by running blended sessions online and in person. We are also producing two series of podcasts that facilitate conversation across different fields of singing for health by bringing together music practitioners, service users, clinicians, and researchers. Finally, the network aims to integrate singing for health into university level education of medical students, with connections established at St Andrew's University for this purpose.

8.6 Informing future singing for lung health practice

I was able to undertake this practice-led research design because of the opportunity I was given by the Cheyne Gang to undertake their inaugural training program. The empirical and theoretical approach presented through this thesis will contribute to the education of future Cheyne Gang song leaders as I work together with the other song leaders to co-design the future Cheyne Gang training course. This creates a cycle of practice-led research that in turn leads to research-led practice, in line

with interdisciplinary calls for research informed practice (Smith and Dean, 2009; Clift, 2012) and an applied creative geohumanities . The research I have presented illustrates the importance of the non-clinical holistic view of health, which the Cheyne Gang will use to compliment the anatomical respiratory teaching on singing for lung health. As Cheyne Gang practitioners, we ensure that our singing sessions are made up of different components, including laughter and groupwork, breathwork, cognitive stimulation, singing and relaxation. My focus on the sense of community in the singing group will therefore provide a useful resource for creating other cohesive singing-for-breathing groups. It is hoped that by understanding the role of community, sound, learned breath and discovered voice, the non-clinical components of the group are highlighted as being equally important to the respiratory function of singing. In doing so an understanding of healthcare that includes individuals who really *care* for each other through peer support and for collective wellbeing will be established.

8.7 Breathing in recovery: re-inhabiting lifeworlds

As this thesis draws to a close, new doors open for future research possibilities for creative geohumanities of health in the context of song and breath. This is particularly significant now that Covid-19 has brought breath, respiratory health, and social recovery into the forefront of collective consciousnesses. With the increased awareness around breath and illness, has come a re-emphasis on the roles that singing-for-health can play in post-covid recoveries. Earlier on in the year, I was sent a news article by a dozen people which reported English National Opera's (ENO) project to run singing sessions for individual's living with Long Covid[41]. Preliminary clinical research is beginning in this field, focusing on the impacts of singing for the respiratory capacity of individuals living with Long Covid symptoms (Brunjes, 2021). There are critical avenues to explore the possibilities for a singing for lung health approaches in the care of those suffering with Long Covid. As the world looks to recover from the mental and physical health strains of the pandemic, group singing provides an opportunity to facilitate social connections, support mental health, and to (re)learn breath management. Where singing for lung health practitioners ready

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[41] https://eno.org/eno-breathe/about-the-eno-breathe-programme/

themselves for work in the pandemic recovery, learning from the lived experiences of those who have used singing as a health intervention will be central. Spaces will once again resonate with song as collective singing once again inhabits the non-virtual world. Though navigating the potential risks of in-person singing will be difficult, singing will be a tool in the re-inhabiting of lifeworlds as we emerge from lockdowns. This thesis has illustrated how singing communities facilitate social connections, enable emotional expression and create spaces for care. With participants across all the singing spaces presented here being self-proclaimed "non-singers", singing has the potential to allow individuals affected by Covid-19 and life "on mute" in the pandemic to re-establish their voice as a social connection and to find safety in the collective presence of others.

8.8 Coda: New beginnings

There is hope that this hiatus in the singing-for-breathing group may come to an end soon and that we might be able to meet again later on in the year. Risk assessments are being drawn up, dialogue has begun with a larger, more ventilated venue. Perhaps, just maybe, the Dennistoun Cheyne Gang will be back singing together soon. As a Cheyne Gang song leader, I will be trained to facilitate for Long Covid, taking into account how post-viral symptoms can impact on stamina, breath, and mental health. And so, the singing group will continue beyond the time frames of this PhD research. This thesis opened by narrating the nervous expectations before the first session of the singing-for-breathing group in the summer of 2018. Now, three years later, I find myself closing this thesis with a similar narrative as I plan and anxiously await the first session after this long pandemic-induced hiatus. Who will be there when we start again and who will be missing? What will it sound like? How will we shape the space with social distancing measures? With Long Covid causing respiratory symptoms, I will be expecting to shape my practice around these new members, focusing on my pacing and holding an empathetic recognition of the challenges that breathlessness causes. While a little apprehensive as to how we will all manage in the post-pandemic world, I'm excited for the new chapter of the group and can't wait to be back singing and laughing together.

(Blue questions are taken from / refer to the *Inspiring Songbook* workbook)

Tell me a bit about yourself:
> Where are you from, do you live locally?
> How does the singing group fit into your life? – what would you be doing if you weren't at the group?

Understanding breath:
> Can you tell me a bit about what it means to have a respiratory illness?
>> What does it feel like to be breathless?
>> When do you notice it most?
>> How has it impacted on your life?
> Can you describe your breath for me?
> If you could say anything to your breath, what would it be?

Managing breath:
> How did you find out about the group?
> Do you do anything else to manage your breathlessness?
> Why did you decide that singing would be helpful?
> Can you notice any ways in which singing is helping your breath?
> What does the singing group offer as a space for breath? –compared to other spaces

Breath relationship:
> Has being in this group made you think any differently about your breath? How? / Why not?
> Do you think singing has the capacity to help people understand their breath differently?

Singing:
> Have you ever done any singing / music before? How are you finding singing?
> What does singing mean to you? (You probably told me at the beginning that you couldn't sing, but you've proved yourself wrong...)
> Can you describe how it feels like to sing? – are there some physical sensations you notice, or any emotional experiences?
> How does your breath feel when you sing?

Thinking about the group / group dynamics
> You come back to the group each week, what does being in the group mean to you?
> How does the group compare to the expectation you had before you joined?
> What does it mean to you to be in a space with other people who live with breathlessness?
> Do you think doing singing as an activity makes this space different than if you were doing a different activity: e.g. pulmonary rehab.. and how is it different?

Finally (to end on a positive note):
> What's your favourite song we've sung, and why do you like it?
> Is there anything else you'd like to tell me?

School of Geographical and Earth Sciences, College of Science and Engineering,

Participant Information Sheet

'Singing bodies': Cultural geographies of song and health in Glasgow

Why have I received this information sheet?

My name is Sophia Boyd and I am a PhD researcher from the School of Geographical and Earth Science at the University of Glasgow. For my PhD project I am doing research about the experiences of collective singing in terms of social, cultural and wellbeing impacts. I am distributing this information sheet around choirs and congregations in Glasgow to let you know what the research is about and how you can get involved if you would like to.

What is the purpose of the research?

Through my research I want to engage with the processes of participating in choirs and group singing to explore the impacts that singing can have in the lives of individuals and groups. I would like to explore the practices of learning music in rehearsals (such as different choirs use different methods of learning), the emotional aspects around singing (such as joy, anxiety, nerves, togetherness), the social aspects of singing (such as tea breaks and pre/post-rehearsal chatter, feelings of community), and the cultural role of singing (such as language, history and tradition). I would also like to learn what singing means to you and the influence it may have in your life.

What will taking part in the research involve?

You are invited to take part in an informal interview with myself before or after your rehearsal or at another convenient time of your choosing. I will ask you questions, but you can answer as many or as few as you like. With your permission, I will take a sound recording of our interview so that I can listen back to it later and make sure that I have a correct account of what you have said. If you do not want to be recorded, I will make some hand-written notes instead.

Depending on your choir, singing group or congregation, the themes that the interview may focus on are:

Why you have chosen to join a choir
What your motivations are to sing in choir e.g. religious, political, social. health
What you feel you get out of singing
The impact singing has in day-to-day life
How you experience your breath when you sing
Experiences of breathing and breathlessness
The emotions you may experience when singing
Using singing to create sense of community
How singing differs to other hobbies and practices
The types of songs you sing
Methods of learning and rehearsing music
What performance means to you
How you go about expressing music in singing

With permission, I will also be taking notes while attending your rehearsals and performances.

Who is organising and funding the research?

My research is funded by the Economic and Social Research Council. Additional funds have come from the School of Geographical and Earth Sciences Research Impact Enabling Fund.

Can I take part in the research?

If you are a member of a Glasgow based choir, singing group, or congregation then you are invited to take part in this research. Your participation is completely voluntary, but your involvement would be greatly appreciated.

You can withdraw from the research at any time.

What happens to the results of the research?

The collected data will be used for building a qualitative account of the impacts that singing can have. The long term aim will be to produce a policy document highlighting these impacts to encourage more investment in, and awareness of, community singing activities.

 Once all the data has been collected, I will analyse it to inform my PhD thesis. I will use direct quotations from the conversations that we have but your own name will not be included in this work. A different name will be chosen for you (or you can choose a name yourself).

A copy of my thesis will be available to all participants once it is completed in 2021.

Only I and my research supervisors will have access to the data I collect. All copies of the data, including any minimal personal details will be destroyed once the research project is complete. The research is compliant with the University of Glasgow's Data Protection policy and your anonymity and confidentiality is assured.

How do I take part?

If you would like to participate in this project then please send me an email to the below address. Equally you can let your choir leader know that you would like to participate and they will inform me on your behalf.

Remember that your participation is entirely voluntary and you are free to withdraw from the research at any time.

Thank you very much for taking the time to read this information sheet.
Researcher contact details:

Sophia Boyd

If you have any concerns about the project, please contact the research supervisors and school ethics officer:
Professor Hester Parr (primary supervisor and ethics officer). Email: Hester.Parr@glasgow.ac.uk

Professor Hayden Lorimer (co-supervisor) Hayden.Lorimer@glasgow.ac.uk

University of Glasgow

College of Science & Engineering

Consent Form

Title of Project: 'Scaling singing bodies': The social, cultural and embodied geographies of choiring in Glasgow

Name of Researcher: Sophia Boyd

I confirm that I have read and understood the Participant Information booklet for the above study and have had the opportunity to ask questions.

I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.

I consent / do not consent (delete as applicable) to notes being taken by the researcher while I am present at rehearsals and performances.

I consent / do not consent (delete as applicable) to interviews being audio-recorded.

I acknowledge that participants will be referred to by pseudonym.

I acknowledge that all names and other material likely to identify individuals will be anonymised.

I acknowledge that the material will be treated as confidential and kept in secure storage at all times.

I acknowledge that the material will be retained in secure storage for use in future academic research

I acknowledge that the material may be used in future publications, both print and online.

I agree to waive my copyright to any data collected as part of this project.

I understand that other authenticated researchers will have access to this data only if they agree to preserve the confidentiality of the information as requested in this form.

I understand that other authenticated researchers may use my words in publications, reports, web pages, and other research outputs, only if they agree to preserve the confidentiality of the information as requested in this form

I agree to take part in this research study ☐

I do not agree to take part in this research study ☐

Name of Participant ……………………………………   Signature ……………………………………………………..

Date …………………………………

Photography consent and image release form

Image release form for new members

Sophie and Janice would like your permission to take your photo in sessions and for these photographs to be used in public platforms such as in Sophie's research outputs. Your image is protected under **General Data Protection Regulation (GDPR).** We are therefore requesting your consent to use your image in line with GDPR.

We will always inform you of when a photo is being taken within a session and for what purpose. You will have the option to opt out of appearing in photos that you do not wish to be in.

With your permission, your image may be shared in the following spaces:

- Sophie's PhD thesis (which will be publicly available online)
- Sophie's future research publications
- Academic PowerPoint presentations
- We will publicise the group via social media (such as the public Facebook and Twitter pages for The Cheyne Gang) and our website (singingforbreathing.com)

Your image, but not your identification details, may be used in these public spaces and in research outputs (publications, PhD thesis). Your image is your personal data and it will be processed in accordance with data protection law based on the consent you provide in this form. You have the right to withdraw your consent at any time, and where possible your image will be withdrawn. However, once an image is published and made publicly available there may be a permanent record of it.

If you are happy to consent to this please sign here:

Signature_____

Print name _____

Date: _____

Available at https://www.catestonline.org/hcp-homepage.html
(Accessed 26/7/21)

Your name:	Today's date:	CAT COPD Assessment Test

How is your COPD? Take the COPD assessment test™ (CAT)

This questionnaire will help you and your healthcare professional measure the impact COPD (Chronic Obstructive Pulmonary Disease) is having on your well being and daily life. Your answers, and test score, can be used by you and your healthcare professional to help improve the management of your COPD and get the greatest benefit from treatment.

For each item below, place a mark (X) in the box that best describes you currently. Be sure to only select one response for each question.

Example: I am very happy   (0) (X) (2) (3) (4) (5)   I am very sad

Score

I never cough	(0) (1) (2) (3) (4) (5)	I cough all the time	
I have no phlegm (mucus) in my chest at all	(0) (1) (2) (3) (4) (5)	My chest is completely full of phlegm (mucus)	
My chest does not feel tight at all	(0) (1) (2) (3) (4) (5)	My chest feels very tight	
When I walk up a hill or one flight of stairs I am not breathless	(0) (1) (2) (3) (4) (5)	When I walk up a hill or one flight of stairs I am very breathless	
I am not limited doing any activities at home	(0) (1) (2) (3) (4) (5)	I am very limited doing activities at home	
I am confident leaving my home despite my lung condition	(0) (1) (2) (3) (4) (5)	I am not at all confident leaving my home because of my lung condition	
I sleep soundly	(0) (1) (2) (3) (4) (5)	I don't sleep soundly because of my lung condition	
I have lots of energy	(0) (1) (2) (3) (4) (5)	I have no energy at all	

Total score

Group beginnings

What was the genesis of this group?

How long has it been running

Why was it established?

Has it always been located here?

Motivations for singing

What inspired you to join this group?

For how long have you sung in this group?

Have you ever sung anywhere else before joining, and do you sing with any other choirs?

How does this group compare?

What does singing in this group mean to you?

Song practices

How do you learn songs?

How is the group led?

How do you decide what to sing?

Song intentions

Why does your group sing? How does singing correspond you your group's values? (e.g. political, spiritual, religious)

Are the lyrics you sing an important part of the song? -Why/how/why not?

Is the melody or harmony important?

What is evoked by singing? – Emotions? Embodied sensations?

Does it make a difference singing as a group, rather than individually?

Breath and embodiment

Do you notice breath when you sing?

Can you describe your breath when you sing?

Are you ever aware of what your body is doing when you sing?

Can you describe the sensations of singing in the body?

Additional group-specific questions:
Threshold Choir

o I noticed that the group practices different rituals, such as candle lighting. Can you tell me about these and why you practice this? Do these practices link in with a particular spiritual practice? Can you tell me a bit more about Celtic Spirituality?

o The motto for the Threshold Choir is 'Kindness made audible'. Can you tell me about this and how this translates into your singing practice?

o When I visited for my first session, you sang to me in the chair. Can you tell me a bit more about the practice of tucking people into the chair with the blankets and the singing that follows this?

o Are there challenges in singing to someone in such an intimate way and in such an emotional space as the bedside? How do you learn to encounter these challenges through your training year?

Red and Black Song Club

- o Can you explain a bit more about what Libertarian Left politics are and how these shape your singing practices in the group? For example, I notice that all decisions are made collectively, rather than by one person as the leader?
- o When the group is working on a song, I noticed that a lot of time is spent discussing the lyrics and how they might be reshaped around different contexts. Could you tell me more about this?
- o The group was singing at Glasgow's Autonomous Space and at May Day on the Green. Is performing in political spaces and events important to the group and its politics? Can you tell me more about communicating through song?
- o Have you used song in other political spaces or protests in Glasgow? How does singing in these spaces compare with singing in the community room practice space?

Psalm-singing congregation

- o Could you tell me a bit about why singing is a particularly important part of worship in your congregation?
- o I noticed that there are no instruments used, such as the organ. Could you tell me about why that is? How does singing without accompaniment affect the singing? - I notice that in this congregation, people sing out really confidently.
- o I understand that your congregation sing psalms rather than hymns. What are the differences between hymns and psalms, and why are psalms important to sing?
- o When I was attending a service, I heard Gaelic being spoken by members of the congregation, which I've never heard being spoken conversationally before. Are there many Gaelic speakers in the congregation? Is there a connection here with Gaelic psalm singing congregations?

Appendix G: Example of open-ended coded interview transcript with close reading annotations

Sarah: I would say that I've led quite a stressful life without going into any details, I've lead quite a stressful life. I still get anxiety, depression a bit. What I found... can I talk about the group now? What I found, to be honest, be truthful with you, I wasn't that keen on going and it was only to give Janice a bit of support when she's told me about it, because I can't sing. I'm not a singer, could never sing, I'm hopeless at singing, but I thought, well I'll just go along. So I went along, and as you know, been here. I wasn't 100% keen on it...

Sophie: Don't worry, I'm not offended! Ha ha.

Sarah: I thought, 'what am I doing here?', really. But actually, I'm starting to really enjoy it now. I find that now when I'm singing, I can sing a wee bit higher than I thought I could, I can hear myself going that wee bit higher than I thought I could. So yes, I'll continue with it. As to how it helped my breathlessness, with me being quite an anxious person I do get breathless because I'm anxious. I get myself into a state which starts my thing-me, but the last week, for a while back I haven't been too bad at all, haven't been bad at all. A wee bit because I've been rushing, but I think it's very different, it's very different. I've never experienced anything like that before, never encountered anything like that in a singing environment, or whatever. I mean, you don't know what to expect, to go there. I mean I told Janice I can't sing, it's no as if she's saying that, but no, I cannae, I'm hopeless. But no, I do enjoy it. But the only thing that annoys me, and that's my fault, that I can't hear, right? So that annoys me, because I can't hear right. But apart from that, nothing else annoys me. I think everybody is quite nice and at they're quite friendly. I'm quite happy to continue with it. And I hope this next year coming that we'll progress a bit, you know, that we'll do different things. No, I'm fine with it Sophie, that's me in a nutshell. Is there anything you want to ask me?

Sophie: Thanks so much for sharing that. I do have some questions, if that's okay. You said that it's helping your breathlessness, and also with your anxiety. How do you think it is helping?

Sarah: What I found is when I've got COPD, goodness me my breathlessness was coming quite a lot, you know? When I was walking about it comes, inside not even when I was walking about when I was sitting as well. I thought you'd have to be walking about to experience it, but it's when I was sitting. I found over the last wee while back, I haven't been breathless for a while, I haven't made any song and dance about it, but I just thought I haven't been breathless for a while, whether that's been through singing, I don't know. I've been trying to take the breaths you know and hopefully it is, I mean it's not away completely, it's not away completely, but I just thought I've not been breathless for a while, which is good, because you don't panic. Then I would think, yes it does, it helps my singing, and it helps me to feel a bit relaxed in the group. I like the meditation bit in the in the beginning because usually you're rushing in, so I think that helps.

Handwritten annotations (margins):

- Janice advising group as helpful
- Social prescription
- diagnosis – mental health
- but she continued to attend
- Contrast! changed self-narrative
- honesty at not enjoying it
- important she feels able to share this
- guiding interview
- Self-perception of non-singer common theme!
- barriers to attending - Perceptions of singing
- Changed perception
- Voice
- relearning voice & finding voice
- But still challenges
- changed expectation with narrative of 'can't sing'
- Evaluation?
- breathlessness
- Breath + Emotion
- Changed breath
- Challenges to attending – hearing loss
- group friendliness
- Increase Skill
- Ends opening of interview with this question. Should consider this in methods. Why does she ask this?
- Breath
- Lifeworlds
- home space + Walking → breathless
- expectations
- Changed breath experience
- Critical analysis
- Emotion + Breath
- Self-management – learning breath – Practicing techniques
- Can't completely remove breathlessness → strategies for managing instead.
- Singing + breath relationship.
- guided breath → important session element
- Pace – rushing → relaxed body + breath.

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