

'It's not that bad singing with other people': The effect of a single Outreach on singing attitudes and confidence in adults

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Abstract

Singing is an activity fundamental to human existence, yet for many, the act of singing where others may hear them is confronting and can generate anxiety. The Music Outreach Principle (MOP) offers an approach that has singing at its heart, and is socio-altruistic music making. One aspect of the MOP involves taking groups into aged care facilities to sing with the residents. Known as Outreach Singing, the focus is on using music for another's benefit. This study uses the philosophy of the MOP to determine if one episode of Outreach Singing can have a difference on an individual's singing confidence. The participants were adults (n=140) who attended a workshop where they were introduced to the philosophy of the MOP and then partook in an Outreach at a local aged care facility. Data were gathered via two questionnaires prior to the workshop and post the Outreach. Participants were asked about their singing behaviour, and also whether or not they considered themselves 'tone-deaf'. The results indicate that the single Outreach session positively affected the way the participants thought about singing, and had an impact on the singing confidence of all participants. The greatest positive impact was for the group who considered themselves 'tone-deaf'.

Keywords: Altruism, Singing Confidence, Tone-deaf

Introduction

Singing is a basic human act, yet for so many the thought of singing where others may hear them induces anxiety. It is not uncommon for adults in many Western cultures to become disengaged from singing (Widden, 2010) or to inhibit their singing behaviours in particular singing situations (West, 2009). Terms often self-applied by people who believe they cannot sing include 'tone-deaf' (Sloboda, Wise & Peretz, 2005; Swain & Bodkin-Allen, 2014) or 'non-singer' (Knight, 2013). At the same time there is growing acknowledgement of the benefits from singing, particularly group singing (Anshel & Kipper, 1988; Moss, Lynch, &

O'Donoghue, 2018; Vaillancourt, Da Costa, Han, & Lipski, 2018; Von Lob, Camic, & Clift, 2010). So, while we are meant to sing and it is beneficial for us to do it, cultural beliefs persist that label particular individuals negatively (Ruddock, 2012) and these labels are perceived as unchangeable. As Knight (2013) posits: that people should spend their whole lives not engaging in singing because they believe they are fundamentally not able to, is of concern.

The Music Outreach Principle (MOP) is a specific music education philosophy developed at the Australian National University in Canberra by Susan West. It is based on socio-altruistic music making: the giving of music to others with the aim

of encouraging shared music making. The focus is on this intent embedded in the music making, rather than on the skills that are typically defined as 'progress' in music education (West, 2011). Through shared engagement each participant is both a music maker and a facilitator of the music making of others. The act of singing is not about performing, it is about the sharing of music and giving it to others. This philosophy has been employed in Invercargill, New Zealand in a series of singing workshops involving members of the community, followed by visits to local aged care facilities to sing with the residents there.

The aim of our research was to explore the effect of the MOP on the singing confidence of adults who visited the aged care facility: could a single session of Outreach Singing increase singing confidence and positively change how people feel about singing? We were particularly interested in those who self-identified as 'tone-deaf'.

Literature Review

Singing, 'Tone-deafness', and Music Educators

Sloboda, Wise and Peretz (2005) assert that people who self-identify as 'tone-deaf' are "sometimes not sure whether they sing badly or not, and fear keeps them from finding out" (p. 258). There are many examples cited in the literature suggesting that people who self-define as 'tone-deaf', 'non-musical' or as 'non-singers' typically do not sing as poorly as they believe they do (Pascale, 2013; Small, 1998; Swain & Bodkin-Allen, 2014; Welch, 2015) and that these terms reflect a self-assessment of poor singing rather than indicating the presence of a congenital condition such as amusia (Cuddy et al., 2005). Berkowska and DallaBella (2009) found that a group of 'occasional' singers could sing in tune and in time. Many individuals clearly lack confidence in their singing. Richards and Durrant (2003) state that it is "culturally acceptable and even cool to claim singing disability" (p. 80).

Singing is often regarded as a fixed attribute:

something that you can either do, or not do. It is connected to the 'talent' myth in Western cultures: musical ability, including being able to sing, is an attribute of a talented few (Lamont, 2011; Ruddock, 2010). Knight (2011) examined the phenomenon of adult 'non-singers' (NS) focusing on how this identity developed and manifested. She found that "an autobiographical, socially-located, and developmental view of singing emerged" (p. 120). Participants shared particular attitudes, among them: experiencing a host of negative emotions relating to singing, including anxiety and humiliation; exhibiting a number of 'risk management' strategies such as self-deprecating humour; and believing that their NS status was unchangeable and irrevocable. Significantly, their NS status arose chiefly because of experiences in settings such as the music classroom, involving figures of authority in these settings, with typical occurrences requiring the "mouthing of the words" during group singing experiences.

It is not uncommon for music educators to be responsible for creating negative self-attitudes to singing. Small (1998) has commented on music teachers who see themselves as agents for the "discovery and selection of talented potential professionals [rather] than as agents for the development of the musicality that lies within each child" (p. 212). Whidden (2010) outlines the impact of negative childhood experiences with school singing for a number of her self-identified NS participants. She found that the public humiliation from a teacher resulted in a strong internalisation of the belief that they were a non-singer (p. 12). In the study by Abril (2007) three participants could pinpoint an incident in their school music experiences which deeply affected their perception of themselves as singers in a negative way. Likewise Ruddock (2010) describes the experiences of a number of participants whose childhood musicality was "'sacrificed' to enhance performance 'standards'" of school choirs (p. 8). Knight (2013, p. 150) outlines the case of her own mother, whose only regret at the end of her life was that she had been a "musical

mute", forever silenced after being told at school in front of all of her class that she should mouth the words. Teachers can feel caught between the need to produce high quality musical performances, yet also the need to facilitate enjoyable music making for all (Heyworth, 2015). School choirs, which often involve audition procedures and emphasis on the end product rather than the process, can sometimes cause more harm than good.

West (2009) posits that lifelong singing is permanently affected when individuals have negative singing experiences when young. She terms this Selective Mutism for Singing (SMS) and identifies a number of ways in which individuals alter their singing, from only singing in certain situations, to singing quietly, to not singing at all (West, 2009, p. 5). This can lead to situations where individuals fail to develop their singing. Numminen et al. (2015) describe a vicious circle with their participants; experiences of singing failure led to inferior feelings about singing, which meant they sang less. Consequently their singing could not follow a natural developmental progression, becoming a self-fulfilling prophecy. However, singing development, like reading, occurs at different stages and children of the same age may be at different phases of development (Welch, 2015). This possibility is not often acknowledged by teachers. The literature also identifies that, for individuals who do get told they can't sing when young, no remediation is ever provided to improve their singing (Knight, 2011; Numminen et al., 2015), thus reinforcing the cultural belief that singing ability is an unchangeable attribute and that there are some people who simply can't sing.

Singing and Wellbeing

There is a significant amount of research into the benefits of singing in a variety of contexts, although most research is choir focused (Moss, Lynch & O'Donoghue, 2017). Studies into the benefits of singing for older people include Hillman (2002), whose participants were a group of men and women over the UK age of retirement

(60 for women and 65 for men) who attend the community arts project entitled Call That Singing (CTS). CTS is a participatory singing group which requires no audition, fees or formal membership processes. Hillman found that the participants perceived improvements in emotional well-being, social life and self-confidence. Similarly, Southcott and Joseph (2010) reported a palpable sense of well-being amongst members of the Bosnian Behar Choir in Victoria, Australia. Group singing has been linked to positive transformations in the lives of homeless men, along with emotional health benefits and a 'therapeutic' effect (Bailey & Davidson, 2003). Adults with mental illness and social disadvantages who sang in the Transformers choir reported feeling good after singing and that the choir "helped to resolve negative emotional states and problems such as pain" (Dingle et al., 2013, p. 20). The participants in Auckland's Celebration Choir, a singing group for people who have had a stroke or who have Parkinson's Disease reported that the singing improved their mood (Fogg-Rogers et al., 2016). Clift, Manship and Stephens (2015, 2017) reported on the effect of weekly singing groups for adults with mental illnesses and found that regular group singing was associated with reductions in mental distress and an increased sense of wellbeing.

Judd and Pooley (2014) undertook in-depth interviews with a group of adults who regularly sang in choirs in Perth, Western Australia. All participants described positive emotions as an outcome of singing. Several participants described their involvement in choir singing as being beneficial in times of depression or illness, and this was attributed to both the music and the social interactions between choir members. A large survey of over 200 singers across Victoria, Australia which explored the mental and social health benefits of singing in groups identified three themes relating to people's reasons for singing in a group: singing and music, social connection, and health and wellbeing (Gridley et al., 2011). Participants noted that singing in the group was important for connecting

with their community, sharing something with the community at large, and creating a sense of belonging. Many talked about the general sense of wellbeing they experienced from singing: "Singing makes me feel good, physically and emotionally" (Gridley et al., 2011, p. 15). A study by von Lob et al. (2012) found that singing enhanced a general sense of purposefulness, providing a form of escapism and distraction from stressful lives for a group of individuals suffering from trauma. It is clear from the literature that group singing has a number of social and psychological benefits. However, research into group singing has been synonymous with choral singing. The groups follow a choir model designed around practice and performance. By contrast, Outreach Singing is not just about the singing itself, nor does it follow a choral/performance model. It is our contention that the intent of the singing is equally, if not more important.

Compassion and Empathy

Greenberg and Turksma (2015) assert that empathy and compassion are core dimensions of human nature that can be nurtured, and that when they are nurtured can "enhance one's personal growth and health as well as the health and wellbeing of others" (p. 280). Vaillancourt, (2012) in a theoretical paper focusing on the ways community music therapy can contribute to social justice and build better societies, cites Kenny (1998): "One of the noblest and most exquisite aspects of our human character is our desire to alleviate suffering by expressing our compassion, to care about one another" (p. 173). Both Kenny and Vaillancourt derive from a music therapy background. However, music making and compassion are not limited to music therapists.

Von Lob et al. (2010) suggest that one aspect of creating a meaningful life is about giving back to others. The participants in their singing group mainly mentioned this in relation to performing to an audience, but singing across generations and to people in ill health was also mentioned, with

one participant stating: "Afterwards there was a real mixture of a real buzz and . . . feeling we did something that was really good and that people had really enjoyed" (p. 50).

Ricard (2017) defines altruism as: "The wish and determination to attain the wellbeing of others" (p. 158). He also suggests that true altruism occurs when somebody else's wellbeing is the primary motivation and the ultimate aim of a behaviour. The Outreach Singing concept and the MOP prioritise music making as an altruistic form of social interaction (West & Garber, 2004; West, 2011). Embedded into the MOP is the idea that making music is beneficial for all, rather than just receiving the music making of others (West, 2011, p. 69). Taking groups into aged care facilities and singing is not a new concept, however, what is different about Outreach Singing is the intent behind the singing.

There is a growing body of writing related to the power of altruistic acts. Post (2005) suggests that altruism results in "deeper and more positive social integration, distraction from personal problems and the anxiety of self-preoccupation, enhanced meaning and purpose as related to wellbeing . . . and the presence of positive emotions such as kindness that displace harmful negative emotional states" (p. 70). Put simply, doing something good for someone else makes us feel good, and is good for us as well. Borgonovi (2008) describes a positive relationship between volunteer work and wellbeing not related to social role or social networking. In her study, the relationship between volunteering and health and happiness remained stable when statistical models were run on groups that should have unequally benefited from social role and social networking effects. Soosai-Nathan (2015) suggests that altruism is "one of the potential pathways that provide individuals with a sense of meaning in life" (p. 91). His study, based around the idea of altruism as a part of positive psychology and a pathway for psychological well-being, found that high levels of altruism in participants led to higher levels of presence of meaning.

Intentionality and Singing (thinking outward)

West (2011) asserts that when we change the intent of the singing, we:

... lower the importance of the things that are generally thought to matter about music: those things that can get in the way of every normal human being engaging with it, like being 'good enough'. Everyone is 'good enough' to make music in this way. (p. 71)

Similarly, Pascale (2013, p. 179) asserts that when emphasis is placed on participation rather than mastering specific musical elements, the attitudes of teachers previously averse to singing in the classroom changes dramatically. As stated above, the goal of the MOP is that the singing is a gift given between participants, the intention is to "reach out and help another person through music" (Carpenter, 2015, p. 184). Outreach Singing embodies altruism; it is singing with the intent of encouraging others to sing, rather than concentrating on the musical qualities of performance or musical accuracy. Furthermore, Outreach Singing encourages close interaction between all participants, breaking down the barrier between the 'performance' group and the 'audience' group. These divisions disappear and everyone becomes both music maker and facilitator of others' music making.

In summary, singing makes us feel good, and doing something for others makes us feel good: therefore it may be argued that the experience of Outreach Singing can potentially deliver a 'double dose' of positive outcomes.

Methodology

This study took place over several months in towns and cities in the lower South Island of New Zealand. One hundred and forty people participated. They were recruited by invitation while participating in an Outreach Singing program either at their school, church, or tertiary institution. They comprised nursing students (n=46), teachers (n=74) and a general community sample (n=19). The teachers went on Outreach

with classes of children, the church group self-selected to come to an Outreach workshop at their local church, and the nursing students partook in the Outreach as a part of their course. Participants were invited to take part in the research at the start of the workshop. The age range of participants was 16 to 64, 83% of the sample were females, with 75% reporting their ethnicity as Pākehā.

Participants attended a workshop (60-90 minutes) where they were introduced to the philosophy of the MOP and taught a number of songs and then partook in an Outreach at a local aged care facility (45-60 minutes). The songs were specifically selected based on era (predominantly Tin Pan Alley songs which would have been known to the residents of the care facilities such as "Wish Me Luck", or familiar traditional songs such as "My Bonnie Lies Over the Ocean") which were suitable for singing in large groups.

Data were gathered via two questionnaires: the first prior to the workshop and the second post the Outreach. Participants were asked a number of questions about their singing behaviour, and also whether or not they considered themselves "tone-deaf" and these questions were repeated in the post Outreach questionnaire. Most questionnaire items used a five point Likert Scale response to statements. There was also one open question in the pre-questionnaire which asked participants if there were any experiences which had affected how they felt about singing, and three open questions in the post Outreach questionnaire which asked how the participants felt while singing at the aged care facility, how outreach was different to other singing experiences, and how they felt about singing in general after the Outreach.

Analysis of Qualitative Data

A 'theoretical' thematic analysis was carried out on the responses to the open questions in the pre and post questionnaire. This approach to thematic analysis provides a more detailed focus on a particular aspect of the data, rather than a rich description of the data overall, and is particularly

suiting when the focus is on a particular research question (Braun & Clarke, 2006). In 'theory-driven' coding, the data are approached with specific research questions in mind (p. 18). Here the focus is on attitudes to singing after a single Outreach and specifically the question: does a single Outreach session positively affect attitudes to singing?

The participants were grouped in three categories for the analysis of the responses to the open questions according to whether participants agreed or disagreed with the statement *I consider myself tone-deaf* in the first questionnaire. Those who scored themselves a 1-2 were classified as TD (Tone-deaf, n=36), those who scored themselves a 3 were N (Neutral, n=26) and those who scored at 4-5 were NTD (Non Tone-deaf, n=77). One participant did not answer this question in the pre-questionnaire, but gave herself a 1 in the post questionnaire, so her responses were included in the TD group. All 140 participants wrote responses to at least two of the open questions. Most participants answered all of them, and responses varied from one word (e.g., "Comfortable", "Happy") to 1-2 sentences. Direct quotes from participants are presented in italics throughout the discussion of the qualitative data.

Results: Quantitative Data

Most participants rated the enjoyment of singing highly (mean=4.03) and consider themselves reasonably musical (mean=3.51) at the pre-test. There were also high ratings for singing alone (4.53), singing the national anthem (3.94) and singing happy birthday either at a work situation (3.97) or with family (4.21). Thus across the whole sample singing seems to be an enjoyable activity. However, one quarter of the participants agreed or strongly agreed with the statement *I consider myself to be "tone deaf"* (n=36) (see Table 1).

Of the first six questions there were no significant differences in means from pre to post-test. There were four questions where participants predicted their singing behaviour and then rated the same measures after the singing (anxiety, singing quietly, pretending to sing and people hearing them

singing). Participants' scores showed a statistically significant improvement between the first question (how will you do) and the second (how did you do). For mouthing singing there was a significant drop among participants who predicted they would and then those who did ($t=4.64$, $p<0.000$) (see Table 1). Similarly participants thought they would be anxious when asked to sing, but reported lower levels of anxiety when they did sing ($t=7.70$, $p<0.000$). Participants also reported a drop in thinking they would sing so quietly no-one could hear them, to what they actually did in the singing ($t=5.60$, $p<0.000$). This was also true for singing in a situation where others could hear their voice (workshop $t=4.41$, $p<0.000$; outreach $t=6.36$, $p<0.000$) (see Table 1).

There were also no significant changes from pre to post-test when using subgroups of age, gender, ethnicity or Outreach group (nursing students, teachers and general community).

An Anova was conducted to test whether the means were different for each of the two groups (tone-deaf, not tone-deaf). There was a statistically significant impact on their self-perceived 'tone-deafness' at post-test ($F(1,136) = 16.43$, $p<0.001$). There was also a significant reduction in responding that other people would think they are tone-deaf ($F(1,135) = 8.35$, $p<0.01$). These results suggest that fewer people rated themselves as "tone-deaf" after the outreach activity. The mean rating for those that considered themselves to be tone-deaf started at 4.39 and fell to 3.75 after the outreach, likewise ratings for *Others consider me "tone-deaf"* were 4.25 before the outreach and 3.81 after. This result led us to conduct a post-hoc test comparing confidence ratings in the first questionnaire to the average confidence rating after the intervention for the two groups, tone-deaf and not tone-deaf. At baseline tone-deaf and non-tone deaf participants rated their confidence differently ($t=6.46$, $p<0.000$). Each group then had a significant improvement in singing confidence, with tone-deaf people averaging a greater change, tone-deaf ($t=6.45$, $p<0.000$) and non-tone-deaf ($t=3.08$, $p=0.003$).

Table 1: Mean scores on musicality questionnaire before and after singing intervention.

	Pre-test	Post-test
I consider myself to be musical	3.51	3.58
Other people consider me to be "tone deaf"	2.62	2.47
I consider myself to be "tone deaf"	2.51	2.44
Singing is an activity I enjoy	4.03	4.09
I think that everyone can be a good singer	3.28	3.60
I don't have a good singing voice	2.90	2.79
In a group/today, I will mouth/mouthed the words and pretend to sing	2.11	1.68**
I will sing solo in front of others	2.06	
I get anxious about situations when I might have to sing/ Today I got anxious	2.64	1.80**
In a group/at the visit, I sing/sang quietly so that others can't hear me	2.47	1.88**
Singing the national anthem in the crowd at a sporting or cultural event	3.94	
Singing "Happy Birthday" with a group of people at a school that I work in	3.97	
Singing "Happy Birthday" with a group at a family occasion	4.21	
Singing when alone (e.g. car or shower)	4.53	
Singing with a class of children	3.68	
Singing in a situation where others can hear my voice.	3.12	3.64 (Singing during workshop)** 3.87 (Singing at aged care facility)**

** pairwise t-test significance $p < 0.001$

Results: Qualitative Data

As indicated above, the open questions were analysed across three groupings of participants: TD, N and NTD. Generally the same themes were seen across each group of participants, with one exception. The responses to the three questions were coded and then grouped in categories. This led to four themes being identified: Singing as interaction, Singing as a positive and relaxed experience, Singing as a spiritual experience, and Singing as a vulnerable experience.

Singing as interaction

The interactive and reciprocal nature of the Outreach Singing experience presented as a

dominant theme, with participants stating they felt they were giving something back and connecting with the residents. For most participants, the Outreach Singing experience was about sharing, engaging and singing with others rather than at others. Their comments reflected an awareness of the enjoyment of others:

It felt good we were doing something to help the residents. (NTD)

It was nice doing it as a group and for someone in need of love and care and fun. (TD)

The focus on others rather than themselves contributed to their own enjoyment of the singing:

Much more about connecting closely with individuals and sharing a singing time. (NTD)

Outreach was a comfortable environment

where everyone was participating so it was very enjoyable. (TD)

It is clear that for many participants the sense that their singing was being appreciated by and helping someone else contributed to their own feelings towards singing. This reflects similar themes identified in other studies such as having a sense of purpose (Southcott, 2009) and creating a meaningful life through giving back by singing with others (von Lob, Camic & Clift, 2010). However, in those studies the participants regularly participated in a choir, whereas our study involved a one-off singing situation. Importantly, the sense of purpose did not come from singing with other choir members, but from singing with a group of strangers.

Singing as a positive and relaxed experience

Many participants used words such as fun, happy, confident, and relaxed to describe their feelings and the Outreach environment, illustrating sheer enjoyment of singing. Typical comments included:

It makes the singing more enjoyable and takes the intimidating feelings away. It is about enjoying singing and not being self-conscious. (TD)

I felt happy and confident. (TD)

Great. I really enjoyed it. Fantastic experience. (N)

Many of the participants described the environment as non-threatening. Several identified the lack of pressure; that they did not feel others were judging their singing, and that the environment was supportive and made them feel comfortable. For example:

No pressure to hit the right notes. (NTD)

Outreach is all about having a go, no judging. (N)

Singing as a spiritual experience

A number of participants spoke of being “moved” or “touched” by the Outreach, or of it being a particularly emotional experience for them. This theme identified in the data is that of singing as a

spiritual experience. Examples of these comments are:

Very emotional, very touched. (NTD)

Blessed and emotional. (N)

It brought up a lot of emotions for me. (TD)

One participant referred to a “warm fuzzy feeling”, while a number talked about it being “heartwarming” or “worthwhile”. These comments suggest that for some participants it was an experience that transcended the physical act of singing and one which affected them at a deeper level.

Singing as a vulnerable experience

For a small group of participants the Outreach made them feel self-conscious and vulnerable. This theme came through in comments that used words such as shy, anxious, awkward and worried. This is illustrated by the following examples:

Uncomfortable. (NTD)

Surprisingly confident, but also a little self-conscious, really happy to make the residents happy though. (N)

It made me feel anxious so I sang quietly. (TD)

It was also possible for participants to experience both vulnerability and confidence during the Outreach.

Anxious at first, but tried to be a good role model to the children. The children impressed me and gave me confidence. (NTD)

Scared at first, got more confident. (N)

For two participants who identified as Neutral for tone-deafness, the context clearly made them feel isolated and exposed:

Singing in small groups made it feel open, people could hear you, it made me feel nervous (N)

Not singing in a group made me feel vulnerable. (N)

The intimate nature of Outreach Singing, while making some participants feel more confident in their singing, also had the opposite effect for other participants. While the self-consciousness wore off for some, there were others who remained uncomfortable and anxious during the Outreach.

Discussion

This study involved a large group (n=140) of diverse participants. There was a wide range of ages, and ethnicity approximated the spread of ethnicity found in this region of New Zealand. A limitation is that while there was consistency in the way that participants were prepared for the Outreach, the Outreaches were not all consistent, as some involved children (the teachers with their classes) and some did not. The community sample self-selected to be involved in the Outreach, where the teachers and student nurses participated in the Outreach as part of an institution-directed program. This may have had an impact on the results. A further limitation is that the data was collected immediately after the Outreach, and so it cannot be known if the effects will be long lasting.

The quantitative results from this study showed significant improvements in ratings of pretending to sing, singing quietly and anxiety about singing, all symptoms of SMS (West, 2009). However, participants felt there was little change in their perceived singing ability or enjoyment of singing. There was relative stability in these two items of self-judgement.

The quantitative data is supported by the responses to the open questions, with participants generally responding to the Outreach in a positive manner, identifying the interactive and social aspect of the singing as being fundamental to their enjoyment. The altruistic nature of Outreach was clearly linked to the positive feelings that participants exhibited towards singing ("Outreach just makes people happy and sing along"). The connecting, the sharing, and the sense that their singing was helping someone were all interwoven to create an atmosphere that did not have the judgement and pressure of typical singing contexts. As discussed earlier, most of the literature relating to group singing has focused on the benefits of choral singing, and a primary element is the social aspect and importance of belonging to a group (Bailey & Davidson, 2003; Einarsdottir & Gudmundsdottir, 2016; Southcott, 2009; von Lob et al., 2012),

however, this is not the case here. Our participants' positive experiences can be related solely to the act of singing and the context, on a one-off occasion. We contend that altruism is a significant component of Outreach Singing: the majority of participants identified the pleasure they experienced came from having the residents sing with them, and seeing the enjoyment their singing gave to someone else. Altruistic emotions and behaviours are associated with greater happiness and wellbeing (Post, 2005). We assert that the context and intent behind the singing here is of primary importance: there are no divisions between audience and performer, the intent is to help and encourage, to share and connect, and singing in this way nurtures confidence and enjoyment. A recommendation for future research is to examine the effect of long term involvement in Outreach Singing and to include more measures of well-being, as this could be the greatest area of change following Outreach Singing, due to its altruistic nature.

We have argued that singing is an integral right of being human, yet for some, negative singing experiences, often at the hands of music educators, have led to self-identification as 'tone-deaf' (Sloboda, Wise & Peretz, 2005; Swain & Bodkin-Allen, 2014). One focus of our study was on those participants who initially considered themselves to be tone-deaf, and they showed some interesting results. There was a significant shift in those participants' ratings of tone-deafness post-outreach, with fewer participants thinking they were tone-deaf, or that others would think they were tone-deaf. The qualitative data also shows that generally this group responded positively to the context of Outreach Singing.

For a small group of participants the experience of singing at the aged care facility created feelings of insecurity and anxiety. These tended to be those who had low confidence and negative feelings towards singing; their responses to the questions in the pre-questionnaire indicated that they suffered from a number of SMS symptoms (West, 2009) and one Outreach was not enough to make any change

to their feelings about singing, or their behavioural response to group singing.

This study has shown that the socio-altruistic nature of Outreach can have a positive impact on how people feel about singing, particularly for those who have low self-belief in relation to their own singing. The results suggest it provides an environment where the enjoyment of singing is not clouded by a sense of being judged or pressures of performance perfection. Instead, the pleasure of singing is enhanced through reciprocal music making. Outreach Singing may provide an opportunity to reverse the disengagement with singing that is experienced by many in Western cultures. Finally, we would like to end with the words of one participant:

I felt confident and relaxed. It's a great program. I feel as though I made a difference in someone's life today.

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