

Like you and me: Choir singing and agency seen through the eyes of the singers and professionals

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Abstract

Background: Social and relational dynamics in a choir singing setting are essential to explore. Knowledge is needed concerning the components of helping relationships and the characteristics of helping professionals. **Aim:** To explore agency and mental health potentials in choir singing. **Method:** The study involved open-ended interviews and applied Paul Ricoeur's phenomenological–hermeneutic theory of interpretation. COREQ was followed.

Findings: Two themes – Like You and Me and My Buddy and Me. Singers and professionals shared sensations of vulnerability. Seemingly, small everyday occurrences are found to constitute building blocks for feelings of sameness, creating grounds for identity constructive encounters. These dynamics are tacit yet potentiated by the choir leader 'going beyond the professional role' and being 'just like you and me'. A 'Buddy system' supports ground for building agency promoting feelings of inclusiveness and belonging. **Conclusion:** Small but empowering events, singers, and professionals meeting on equal footing, are vital to consider.

Keywords

mental health care, choir singing, helping relationships, sameness, learning environment, agency, micro-affirmation, social change

Implications for nursing

- Seemingly, small mundane everyday occurrences, 'small things' are found to comprise building blocks for feelings of sameness, creating grounds for identity constructive encounters.
- Being present, aware, and able to observe and (re)act is accentuated as crucial competencies to possess as a health care professional (and a choir leader).
- Consider 'designs/models' not just in terms of delivering a specific framework, but more generally in terms of creating a foundation for the formation of agency.

Background

Two overall angles

This article is a part of our research related to how choir singing is experienced by people with mental health care challenges, their relatives, and the professionals. Through the analysis process there emerged two overall angles which were important to document but not possible nor relevant to include in the same article: (i) individual experiences in a social-emotional perspective – results published in the article “Me and us: Cultivating presence and mental health through choir singing” (1) and (ii) potentials focusing on agency created through relational and social experiences between participant and professional as documented in the present publication. The latter perspective (presented here) on ‘singing, agency and helping relationships’ is important to call attention to in a learning and professional perspective while this build on otherwise subtle and easily hidden empowering aspects crucial to take into consideration by the professionals working with the promotion of mental health care.

Merging choir singing and mental health care

An increasing body of research shows that pro-social interaction is positively impacted by music engagement. Studies on group singing (2,3) and dancing (4) show connections between musical activity, social communication and bonding. Thus, evidence is emerging concerning music engagement and social-emotional competencies such as recognition of emotions, empathy, pro-social behavior, self-esteem, and presence leading to awareness towards relational aspects and solidarity (1,5). However, the field needs conceptual clarification, integration, and coherence, particularly regarding the underlying impact mechanisms to merge and accumulate knowledge from music psychology, music therapy, music education, philosophy, pedagogy, and mental health care (5, p. 2). These shortages of clarifications and integrations of e.g. music and mental health care align with studies focusing on psychiatry, mental health, recovery and user/professional interaction – more knowledge is needed concerning the components of helping relationships and characteristics of the helping professional (6,7). In this perspective, social dynamics created in a choir singing setting are important and useful to integrate with understanding the relationship between professionals (e.g. healthcare professionals or choir leaders) and users because this is documented to be one of the important factors in the recovery process (6). This important recovery process is, according to Alain Topor et al., a ‘social process’ creating ‘agency’ (8). To Topor, no person can exist independently of social surroundings. One might suggest that the life of a person is intrinsically intertwined in and dependent on social life, from intimate relations to the societal level (8). Based on this understanding, the present article focuses on choir singing illuminating and clarifying empowering aspects between singers (users) and professionals promoting agency, social change, and thereby mental health care.

Helping relationships as social change

Relationships with professionals have been shown to be helpful to persons with mental illness in relation to a variety of services (6). A meta-ethnography of 21 studies shows that helpful relationships with professionals are relationships where the persons get to spend time with professionals that they know and trust, who gives them access to resources, support, collaboration and valued interpersonal processes, which are allowed to transgress the boundaries of the professional relationship (9). The study shows that the relationship that persons with mental health challenges form with professionals is a professional relationship

as well as an interpersonal relationship. Both these dimensions entail actions and processes that can be helpful. Therefore, it is important to recognize and acknowledge both the functional roles of service user and service provider, as well as the roles of two persons interacting with each other, in a manner that may go beyond the purview of the traditional professionalism. These findings are supported by another study documenting that the quality of the relationship between professional and user is one of the important factors in the recovery process (6). Within three main categories – interpersonal continuity, emotional climate, and social interaction – two core themes are found that describe vital components of helping relationships: a non-stigmatizing attitude on the part of the professionals and their willingness to do something beyond established routines. It is emphasized that this focus in psychiatric treatment research needs to be broadened. In addition to research on the outcome of particular methods and interventions, *the common factors* also need to be investigated, above all, what is the ‘effect’ of the quality of the relationship between user and professional. Greater attention needs to be paid, as well, to how helping (respective obstructive) relationships in psychiatric services arise, are maintained or are modified. A study by Klevan et al. (7) explores how understandings of recovery and recovery orientation of services are developed through daily practices (e.g. attending a choir) and collaboration between service users and professionals. The development of recovery-oriented services should focus on facilitating open-ended and flexible ways of developing practices and relationships. This involves recognizing how relationships contribute to the development of knowledge and practices. As Topor et al. emphasize “recovery is as much a question of social and material changes as it is of personal development. Recovery is a deeply social, unique, and shared process in which our living conditions, material surroundings, social relations and sense of self evolve” (10, p. 11). In this context it is highly relevant to document and highlight social and agency potentials created in choir singing.

Aim

The aim was to explore agency and mental health care potentials in choir singing.

Methods

Design

This explorative study was based on a phenomenological-hermeneutical approach inspired by the French philosopher Ricoeur, creating an epistemological stance for exploring first-person accounts (11,12). This approach offers a frame in which participants’ lived experiences can be interpreted, and thus a comprehensive understanding. The expression “lived experiences” refers to the phenomenological tradition concerning experiences of the everyday lifeworld. Such lifeworld experiences are prereflexive and therefore less available to our awareness and cannot be captured through objective scientific methods (11,13,14).

Participants and data collection

As human beings, we are able to experience the world in a pre-thinking way (15). Narratives enable us to share the meaning of these unarticulated experiences (16). To gain access to the lived experience of agency through choir singing, a narrative approach was therefore used for data collection during individual interviews. The participants’ (i.e. singers, relatives and professionals) narratives reflected their experiences as they saw them and wanted to present them. The interviews were open-ended. Participants were asked to narrate how they experienced participating in the choir. Two interview guides were used (see Table 1) one focusing the singers and their relatives, the other the professionals.

Table 1. Interview guides – examples on prepared open questions

Singers and relatives
Question: Can you describe how you experienced participating in choir singing?
Question: How did you experience the atmosphere within the choir?
Professionals (singers)
Question: Can you describe how you experienced participating in choir singing?
Question: Can you describe your professional ideas and aims concerning the choir?

Narrative accounts of participant experiences were encouraged but questions such as “Can you describe how you experienced participating in the choir?” and “Can you describe your professional ideas and aims concerning the choir?” were used during the interviews. The interviews of six women and two men lasted between 35 to 60 minutes and were recorded and transcribed verbatim. The singers (five persons) were asked and included if they expressed willingness to participate. The professionals (three persons) were included due to their profession.

Data analysis and interpretation

According to Ricoeur, embedded in language is always a meaning that extends beyond the direct linguistic expression (15, 16). As such, language, including texts, contains connotations that can only be approached through a process of interpretation. The focus of interpretation is not the text, the transcripts, themselves, but the issues and meanings which the text points at. Inspired by Ricoeur, the interpretation process has to do with different layers of meaning understood as an endless spiral involving three levels: a naive search for the overarching meaning that the text seeks to convey, a linguistically oriented structural analysis, and an in-depth comprehensive interpretation (16) – see Table 2.

Table 2. Example of the analysis process – from quote to theme

Meaning units “What is said	Units of significance “What the text speaks about”	Themes
... it is just people like you and me – some living with life challenges and vulnerabilities, some with former traumatic occurrences. Some are following a treatment, some are living at a supported housing, and so on, but we all need to get out joining a group sensing this solidary feeling. This is the bottom line – whether it is children, young or elderly people – singing promotes connection, energy, and joy.	The text speaks about how both singers and professionals are insecure and vulnerable as a common foundation furthering unexpected but meaningful learning pathways consisting of small everyday occurrences forming feelings of being someone and solidarity.	Like You and Me
... when we sing, we belong together, in spirit and physically. We sing into the same pulse, and we join the same pace. We synchronize within the music.	The text speaks about how participating in the choir creates a platform for new insights to both singers and professionals, providing access to inner emotions and being directed towards the other person and the group, facilitating transformative learning potentials.	My Buddy and Me

In the *naïve reading*, the text was read several times and with as open a mind as possible to achieve an initial understanding of what it was all about. Ricoeur emphasizes that this

phase is important but must be validated by subsequent structural analysis. The *structural analysis* provided an insight into the structure of the text. Describing the structure gave the text an “objective” content. What arose from this part of the analytic and interpretive process was explanation, which was possible because of the objectivity of the text (“distanciation”). The function of the structural analysis was to proceed from the initial overview of the stories to enable a more in-depth interpretation, thereby exceeding the naive understanding. Ricoeur expresses this in the following way “*Interpreting a text means moving beyond understanding what it says to understand what it talks about*” (16, p. 88). The structural analysis led to an opening of the whole text to make further interpretations possible. Thus, the analysis was conducted as a dialectical process, moving from “what was said” to “what the text spoke about” leading to the emergence of patterns, subthemes, and main themes. The analysis and thus the finding is based on the overall data material. The *comprehensive interpretation* aimed at transcending the findings from the individual to a universal level by including studies and theoretical abstractions by psychologist Alain Topor (17) and educational theorist Etienne Wenger (18). In this way, we continued with an in-depth interpretation and discussion of the themes identified in the structural analysis. Thus, the interpretive understanding elaborated a deeper understanding of the lifeworld phenomena that had been included as traces in the participants’ narratives. To assess the included studies we adhered to the criteria in the checklist COREQ (19).

Ethical considerations

The participants were informed both verbally and in writing about the purpose of the project. They were told that the research was carried out to explore experiences of engaging in the choir to understand the potential of choir singing. The participants were assured that participation was voluntary, that they would be able to withdraw from the project at any time and that all data would be made anonymous (20). Danish Data Protection Agency approval was obtained, and safe data storage was adhered to.

Findings

Naïve reading

The interviews showed that both singers and professionals were insecure about how to engage in the choir. This founded a common ground where everyone, in their own way, was vulnerable and seeking meaningful experiences. Singing and small empowering occurrences and focus on responsibility for a partner promoted competences being present and aware of oneself, the other, and the group.

Structural analysis with themes

Like You and Me

Listening to the professionals and the singers made it clear that there had been doubts and worries before initiating and joining the choir. This could be about the singers’ vulnerability thinking of what to do if someone was feeling bad. One of the professionals expressed it like this: “I must admit, I was a little anxious. This was a completely different task than I was used to – it is vulnerable people meeting me, singing.” However, such insecurities were not explicated to the choir, but a deeper insight into the group entailed understanding. A professional explained:

... It is just people like you and me – some living with life challenges, vulnerabilities, and former traumatic occurrences. Some are following a treatment, some are living at a supported housing,

and so on, but we all need to get out joining a group, sensing this solidary feeling. This is the bottom line – whether it is children, young or elderly people – singing promotes connection, energy, and joy.

Being vulnerable was a common foundation because everyone was on new and unexperienced grounds whether singer or professional: "... I (singer) can get shy when I sing. In a way it is a huge 'exposure' of yourself. But here we are all at the same level. We show our vulnerabilities – I am insecure, you are insecure – I don't hide it, 'this is me.'" Throughout the interviews, the singers and professionals expressed 'learning by doing'. For example, it became clear that it was important to the singers that the choir was articulated and facilitated as a 'professional' choir and not 'just' a group of people singing. It was important that the choir lessons were structured and that it was possible to learn new things. One of the professionals expressed it like this:

... I developed a programme, a structure, that we follow – a new song, an old song, and a finishing song signaling goodbye. It became clear to me that the singers didn't just want to feel cozy. They wanted to warm up the voice, warm up the body, and so on. We found out that singing in the choir was something that they were proud of. It meant a lot to be able to talk with friends about the choir activities.

Attending a (well-organized, professional) choir made the singers feel proud and, like other people, being engaged and connected to 'ordinary' everyday leisure activities.

Feelings of being connected also emerged between the choir leader and the singers and in-between the singers. Dynamics which were not explicated directly yet noticed and responded to by the professionals. "I feel that they are content – looking at me, nodding and smiling 'responding' – we have developed this straightforward manner and connection. This is something beautiful and deep which is very empowering." Such emotional dynamics were potentiated by the choir leader for example by choosing and singing a song because of its beautiful melody or tones (e.g. minor, major) or because of its lyrics depicting emotions in which the singers perhaps could feel mirrored.

I (choir leader) am not educated within such things, but I have been through many phases in my life, and I am human with feelings just like everybody else. I think that the process of singing can facilitate many dimensions. The important thing for me is to be present, aware, observe and react – these are 'simple' aspects that many people overlook.

Being present, aware, and able to notice and (re)act, are accentuated as crucial competences to possess as a professional and to promote to the singers. Holding and drawing on such personal competences enhances potentials such as being able to identify emotions and empathic and social involvement towards the other and the group. A professional expressed:

... there was this example last Tuesday. Someone (I think nearly blind) had forgotten his glasses and could not read the texts. One of the singers said: 'I can hold the text in front of us, and next time I can bring a text written with big types – I am good at that.'

To the professionals and the singers such moments were emerging and experienced as something specifically connected to and cultivated by engaging in the choir forwarding important learning material.

My Buddy and Me

Analysing the interviews, it became clear that although both professionals and singers felt that engaging in the choir was learning by doing, they also related to everyday personal experiences and competences ‘living life’ as well as professional skills formed through engaging with other choirs and education. Such implications were to the choir leader also based on theoretical knowledge:

... we wanted to build on our knowledge from our elite choirs, drawing on the formative milieu and learning processes to promote the empowering elements to other groups in society. This was crucial and meaningful to us enhancing the talent and potentials in people like you and me.

One important element implemented was pairing the singers with a partner or a ‘Buddy’. This was expressed as holding a threefold focus aiming at caring for yourself, caring for your partner (Buddy) and caring for the group, developing both individual agency and social skills: “We (choir leader, project leader, social worker and chairman) wanted to implement this ‘Buddy system’ from our elite choirs where you are partnered up taking responsibility for each other. This is a humanizing process to the singers.” Such formative social and emotional processes became an important part of the ideas and foundation of the choir. Although this was not, from the beginning, explicated directly, it became clear that this idea and arrangement constituted meaningful learning:

... in the beginning I (choir leader) thought ‘this cannot be true – this does not fit in here’. But it does, it happens. We join in ‘a common third place’ – singing, sensing, helping, listening, standing, understanding, meeting on time, saying hello – learning ...

It became clear that such ideas were building a joint platform, promoting feelings of inclusiveness, and belonging – empowering the singers’ (and the professionals’) self and developing engagement in the other and the group. A singer expressed it like this: “... help your Buddy if his notes are upside down, if he, for example, does not understand the terms, if he gets unwell or if he needs a chair.” Solidarity emerged as feelings of responsibility towards the other. One of the singers said: “I can help the group and participate in creating a good atmosphere – I can for example support the bass singers with my voice”.

The singers’ attention was directed and transcended inwards and then outwards:

... our artistic leader used to say: ‘we are so fixed on managing our inner psychological experiences, so if we learn to point our ‘mental antennas’ to the world, outside ourselves, then maybe we may be enriched with the ability of being aware of and able to listen to the other person – who is perhaps a very good singer’.

In this context it was clear that the singers’ but also the professionals’ life experiences were a crucial aspect, combining personal competences with theoretical and research-based knowledge:

... when we sing, we belong together, in spirit and physically. We sing into the same pulse, and we join the same pace. We synchronize within the music. There are studies showing that when people sing together, their pulse calibrates; we breathe at the same time. Being a part of a large choir, everybody breathing in at the same time, promotes an enormous sense of connectedness, projecting your awareness towards the music and outwards away from yourself.

Such ‘isles’ with experiences of empowerment were, to a certain degree, not planned, however, provided important knowledge holding potentials for further development regarding different educative and mental health care settings.

Comprehensive understanding

Like You and Me

Reading through the interviews, it is clear, that although the facilitators were professionals with a lot of former experience, the choir, in many ways, were entering unknown territories. This grounded a common foundation where both singers and professionals were newcomers, treading new pathways, learning by doing. This created a special basis and atmosphere where everyone (both singers and professionals), in some way, was vulnerable and open – hoping to be able to engage in empowering experiences, promoting meaning.

Psychologist Alain Topor has studied ‘micro-affirmations’ or what he calls ‘little’ or ‘small things’ and how they play an important role in improving a person’s sense of self. He argues:

... there is a copious amount of literature showing that most psychotherapeutic methods seem to be as effective as each other. Thus, their efficacy cannot primarily be explained by their specific technical components, but depend on something else, common to the different practices (17, p. 1212).

Topor is interested in what that ‘something else’ might be. A recurring aspect about the small things is that they are “not part of a procedure; they are not meant to have an impact on a person’s challenges nor to contribute to a (recovery) process” (17, p. 1213). Topor states that they seem to be small acts, which are often “ephemeral, hard-to-see events, both public and private, often unconscious but very effective and they occur wherever people wish to help other to succeed” (17).

Among several features making a small thing is *the context* in which they are occurring. Small things are small in relation to other things – ‘big things’. For example, in treatment contexts, big things are the treatment and professional distance. Topor argues that a professional role is often thought of as an “expectation of neutrality, a certain distance, and a specific knowledge” (17, p. 1214). Topor argues that the encounter between a person (e.g. a patient, a student or a participant in a choir) and a professional (e.g. choir leader or healthcare professional) seldom is “thought of as a meeting on *equal footing*” (21). Professionals have a formal power and are employed to offer specific interventions.

In this context it is documented (17) that small occurrences, *small things*, have huge consequences for the person’s sense of self. Small things remind people of *being a person* and not merely a client or a participant. They are ‘symbolic signs’ and ‘identity constructive encounters. Paradoxically, it seems that being met in a ‘normal’ way, in an un-ordinary context, the person becomes a person that, for example, cannot be reduced to his diagnosis. This is also described by terms such as ‘sameness’, ‘counter-labelling’ or ‘going beyond’ the professional role, ‘risking’ “being regarded as unprofessional and as representing an ‘irregular practice’” (17, p. 1217). This questions the vision of the schedule-following, planned and controlling professional by *bringing in emotionality and spontaneity as positive agents* in the relation between the professional and the other person.

This knowledge about small, ephemeral, but empowering, events, meeting on equal footings, is important to consider in the future facilitating choir singing and mental health care.

My Buddy and Me

It appears that participating in choir singing helped the singers connecting to inner emotions and at the same time directed the singers' focus outwards, towards the other person (the Buddy) and the group. This transformational occurrence provided access to intrapersonal and interpersonal dimensions like emotional self-awareness, empathy, social responsibility, and agency.

According to educational theorist Etienne Wenger (18), we (institutions) address issues of learning based on the assumption that learning is an individual process, that has a beginning and an end, that it is separated from the rest of our activities, and that this is the result of teaching. Hence, we arrange classrooms (settings) where students (patients/users) – free from the 'distraction' of their participation in the outside world – can pay attention to a teacher or focus on exercises and procedures. As a result, much of our institutionalized teaching (and learning processes in regard to treatment and caring) is perceived by learners (e.g. students and patients/users) as irrelevant (18).

In his book "Communities of Practice. Learning, Meaning and Identity" (18) Wenger poses this question: "... what if we adopted a different perspective, one that placed learning (recovery and mental health care, red.) in the context of our lived experience of participating in the world? (18, p. 3)."

In this perspective Wenger sees 'learning' as a social phenomenon reflecting our social nature as human beings capable of knowing. To Wenger, this understanding accentuates a special perspective on theory and practice. This refers to 'learning' as people being active participants in the practices of social communities and constructing identities in relation to these communities. For example, participating in a choir is not only what we do (e.g., sing), but also who we are and how we interpret what we do (in the context of the choir). In this social theory of learning these interconnected elements – meaning (learning as experience), practice (learning as doing), community (learning as belonging), and identity (learning as becoming) are relevant.

According to Wenger "there is a profound connection between identity and practice" (18, p. 149). Consequently, the negotiation of ways of being a person is entailed in practice. This may be a silent negotiation – participants do not necessarily talk directly about it. But whether or not the question is addressed directly, we engage in it through the way we relate with one another. Therefore, to Wenger, our practices deal with how to be a human being. In this sense, "the formation of a community of practice (e.g. a choir) is also the negotiation of identities" (18, p. 149).

Based on these arguments it is possible to consider mental health and an educational design, a learning architecture, not just in terms of delivering a curriculum (a health care theory/programme or a choir singing model), but more generally in terms of formation of humanity and identities. Wenger argues that students (or singers) "need places of engagement, materials, and experiences with which to build an image of the world of themselves; and ways of having an effect on the world and making their actions matter"(18).

From the perspective of an educational (and relational) design based on choir singing it is therefore not relevant to formalize and institutionalize it into an 'structured' process but continue to support the (trans)formation of learning communities, social

reconfiguration and agency to both singers and professionals directing the attention inwards and outwards.

DISCUSSION

Discussion of research

In this study, we found that participation in choir singing enhanced potentials promoting social competences and agency. Listening to the professionals was articulated as being based on experience and theoretical knowledge about personal and social leadership but also on learning by doing. The learning-by-doing-approach created a common foundation where everyone, both singers and professionals, were on a common footing – trying to find a way. Such an informal, everyday setting, is, according to Astrid Skatvedt, perhaps ‘the fullest thing of all’. In an ethnographic study (22) she explored what persons, -suffering from drug addiction and mental health issues-, wanted or valued most from their encounters with healthcare providers. In her study she found that, seemingly, meaningless encounters, such as smoking, chatting, stand in contrast to all the therapy the participants received. She writes: “He (the professional) spoke with emotional intensity, which indicated that the story was of great importance” (22, p. 404). To Skatvedt, sharing a smoke with a staff member, illustrates an invitation to the ‘back stage’. The example depicts “two people with very different social identities and ranks, who meet (back stage) as two smokers just being human together – two of a kind, even if just for a few minutes” (22, p. 404). She argues that such encounters are *identity-constructive* and must be seen in relation to the *everyday context* in which ‘people are situated’. Skatvedt argues that *social embedding* – to be somebody – is necessary to develop and maintain an identity (22, p. 399). This aligns with the findings of Topor et al. (17,23,24), arguing, that no person can exist independently of social surroundings. The life of a person is intrinsically intertwined in and dependent on social life, from intimate relations to the societal level. This supports our findings where singers and professionals share common emotional and social settings ‘being just like you and me’ and being ‘human just like everybody else’, promoting feelings of everydayness, acceptance, empathy, and agency. However, such insights were not directly explicated and perhaps not even constituted as a vital potential regarding the choir. According to a literature review by Judit Váradi, focusing on the relation between music education and development of socio-emotional learning (25), it would be relevant to expect transfer effects in the social-emotional, pedagogical and health care domains, considering the strong link between music engagement and social emotional experiences. However, according to Váradi, practice shows that such results are difficult to incorporate into everyday practice. This is in line with Katie Carlisle’s study, identifying issues of congruency of learning environments in musical settings (26, p. 223). Referring to Knud Illeris’ research it is proposed that “the process of learning unites a cognitive, an emotional, and a social dimension into a whole” (27, p. 227). According to Illeris and Carlisle, a process of learning contains elements of ‘*formal and informal*’ learning practices, i.e., “student interaction with teachers shaping the environment and multi-mediation of students’ interaction with music and the social environment” (27). In this context Carlisle and Illeris argue for “the construct of a *social-emotional climate* in terms of ‘macro’ social-societal and ‘micro’ interpersonal-emotional interactions that are mediated and influenced by teachers and perceived and additionally mediated by students” (26, p. 227). Although tacit in our research, such mediations are aligning with the findings focusing on the potential regarding ‘big’ and ‘small’ things creating agency to the singers and the professionals. We found that such agency comprises transformation and transcendence, accessing intrapersonal and interpersonal dimensions

enhancing emotional self-awareness, empathy, and social responsibility. In her overview, Pamela Reed reflected on “self-transcendence for mental health nursing practice and research” (28, p. 397). According to Reed, “persons who face human vulnerability or mortality obtain an increased capacity for self-transcendence with positive influence on mental health and well-being” (28, p. 397). The concept refers to expanded self-boundaries and awareness of dimensions greater than self. To Reed self-boundaries may be expanded in many ways, for example, “inward (through self-acceptance and finding meaning), outward (by reaching out to others or connecting with nature), upward (by reaching out to a higher entity or purpose), and temporally (by integrating one’s past and future into the present)” (28, p. 397). Following Reed, approaches that support self-transcendence include “engaging in volunteer or altruistic activities, reflecting on or exploring one’s spiritual perspectives, participating in group therapy or lifelong learning, engaging in artistic or creative activity, and finding opportunities to share one’s wisdom with others” (28, p. 398). This supports our findings pointing to potentials, directing the singers’ attention inwards and outwards, transcending and connecting individual emotions with social competences.

Methodological considerations

The study interviewed eight people which is a small number of participants. However, the phenomenological–hermeneutic approach (16) allowed to create interaction with the participants, hence it was possible to access in-depth data. The approach opened to the lived experience allowing further investigation and interpretation in a dialectical movement between understanding and new exploration. To improve trustworthiness, rigour and robustness the field are in need of more research.

Conclusion

This study has documented agency and social change potentials in choir singing by illuminating how focus on interpersonal processes can allow the transgression of ‘traditional’ care boundaries (e.g. professional and singer/user and health care professional) creating a basis for empowering mental health. The singers and professionals share common emotional and relational settings. This constitutes a joint foundation where everyone is a newcomer, treading new pathways – learning by doing on a common foothold. Seemingly, small mundane everyday occurrences, ‘small things’ are found to comprise building blocks for feelings of sameness, creating grounds for identity constructive encounters. These social dynamics are tacit yet potentiated by the professionals ‘going beyond the professional role’ of being human and ‘just like you and me’, introducing the possibility of emotionality and spontaneity as agents in the relation between the singer and the professional. In this context, being present, aware, and able to observe and (re)act is accentuated as crucial competences to possess as a professional (health care professional or choir leader) and to promote to the singers a focus of emotional self-understanding and empathic involvement towards the other and the group. An important learning aspect is pairing the singers with a partner or a ‘Buddy’. This holds a threefold focus aiming at caring for yourself, caring for your partner (your Buddy) and caring for the group – developing both individual agency and social skills and competences. Although it was not explicated directly, it became clear that this constituted potential for building a joint platform, promoting room for inclusiveness, and belonging, empowering the singers, providing access to intrapersonal and interpersonal dimensions like emotional self-awareness, empathy, and social responsibility.

Based on these findings it is relevant for future mental health care (choirs) to consider ‘designs/models’ not just in terms of delivering a specific framework, but more generally in

terms of creating a foundation for the formation of agency and identities. From this perspective it is important to suppress our eager to structure and formalize care settings and continue to support (trans)formative and transcendent dynamics related to social reconfiguration of both singers and professionals – directing the attention inwards and outwards. This field needs more research regarding the underlying mechanisms to merge and accumulate knowledge from mental health care, music psychology, music therapy, music education, pedagogy, and philosophy.

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