'It's much harder than I thought': Facilitating a singing group for people with Parkinson's Disease

Abstract

A university-based, international research project investigating the effects of regular singing group activities for people with Parkinson's disease provided a unique opportunity to capture the lived experience of three facilitators of Australian-based singing groups. Using a phenomenological approach, data were collected via facilitators' reflective journals of singing group activities together with their oral reports at a symposium at the conclusion of the larger research project. Data analysis revealed the skills and attributes described by the three facilitators and the challenges they experienced. Results indicate that targeted skills training around a knowledge of voice function and awareness of the physical and emotional challenges faced by people with Parkinson's disease could assist facilitators to develop best practice interventions.

Keywords

group singing; health and wellbeing; Parkinson's Disease; facilitators; community music; skills; attributes

Introduction

There is growing interest globally in the role creative arts can play in quality of life, health and wellbeing (Clift and Camic 2016: 3; Clift 2012: 120). Within this broad field, group singing has been the subject of particular attention (e.g. Clift 2012a: 113; Clift, Nicol, Raisbeck, Whitmore, and Morrison 2010: 3; Lee, Stewart and Clift 2018: 503). With increased life expectancy and growing populations who suffer incurable diseases such as the long-term neurological condition Parkinson's Disease (PD), research offers convincing evidence that group singing has potential to partially address such health issues (Clift et al. 2016: 251). The work of the Sidney de Haan Research Centre (UK) has demonstrated conclusively the benefits of group singing for personal and social wellbeing, and there are positive indications that for people with health challenges, group singing 'can have measurable and clinically important benefits' (Clift, et al. 2016: 256).

Parkinson's disease is defined as:

> a chronic progressive neurological disease chiefly of later life that is linked to decreased dopamine production in the substantia nigra and is marked especially by tremor of resting muscles, rigidity, slowness of movement, impaired balance, and a shuffling gait (*Merriam-Webster medical dictionary*, Parkinson's disease entry)

In addition to compromised movement, people with PD also experience problems with speech—hypokinetic dysarthria—which occurs in 89% of cases (Ramig, Fox and Sapir 2008: 1). Symptoms appear at any stage of PD and worsen in later stages. Symptoms include soft voice, monotone, breathiness, hoarse voice quality and imprecise articulation, together with lessened facial expression (masked faces), and contribute to limitations in communication in the vast majority of individuals with PD causing a progressive loss of functional communication (Pinto, Ozsancak, Tripoliti, Thobois, Limousin-Dowsey and Auzou 2004: 1). Progression of PD is characterized by imprecise consonants, distorted vowels and reduced voice pitch inflections or monotone voice. In a study which evaluated the influence of a group voice and singing intervention on speech, singing, and depressive symptoms in individuals with PD, the researchers found that in addition to reduced intelligibility, symptoms may produce feelings of defensiveness, loss of confidence and a growing reluctance to engage in social conversation (Elefant, Baker, Lotan, Lagesen and Skeie 2012: 280). Given that the complex array of PD symptoms increases over time, music-based interventions have been considered a promising and useful component of treatment programs.

Traditionally, interventions have involved, for example, physical, speech, language and occupational therapy. Increasingly, creative arts interventions such as group dancing and

singing are also being utilised. Therefore, to ensure best practice and quality interventions, those seeking to organise group singing for people with PD need to ensure that facilitators are equipped with background knowledge of the disease and with the skills and attributes to manage the effects of activities on individual participants within the group.

Extant research on the facilitation of music activities is far ranging with reports of facilitators' music activities with older people (Hallam, Creech, McQueen, Varvarigou, and Gaunt 2016), asylum seekers (Jin 2016), women with postnatal depression (Perkins et al. 2018) and people in refugee camps in Palestine (Ruud 2012). Quality activities and skilled facilitators have been acknowledged as two important elements for successful interventions for older people (Hallam et al. 2016: 20) with Vella-Burrows and Hancox (2012: 15) suggesting that the recruitment of a skilled facilitator for PD singing groups is crucial, not only to the establishment, but also the ongoing success of the group. There is a lacuna in the literature around the precise nature of the skills and attributes of facilitators of singing groups for people with PD.

Community musicians' skills and attributes

The literature contains extensive discussion about the skills and attributes of the community musician. This article situates the facilitator of singing groups for people with PD within the broader category of community musician whilst acknowledging that there are potential intersections with music therapy practice. Despite these intersections, the formal qualifications of the community music facilitator and the music therapist are usually quite distinct. In Australia, music therapists are tertiary-educated at the Masters level which includes clinical placements in settings such as nursing homes. Thus, trainee music therapists will typically gain clinical experience in the treatment of people with neurological conditions including PD and upon graduation must register as music therapists with the Australian Music Therapy Association and maintain a level of continuing professional development (What is an RMT?: 2012). There is no similar professionalisation required of community facilitators working with singing groups for people with PD. Such singing groups are not held within a clinical setting however they do involve facilitation of a medically-diagnosed population. As discussed in the literature, community musicians' broad skills and attributes form the baseline requirements for facilitators of singing groups for people with PD.

In developing a framework for community music as a discipline within higher education, Willingham and Carruthers (2018: 602–603) stress that community musicians need to be collaborative while showing respect for, and understanding of divergent views and heterogeneity of their participants. Camlin and Zeserson (2018: 714) add that strong music

practice and continuous musical development is vital for community musicians. Earlier, Price (2010: 333) had suggested that practitioners must be open to a wide range of musics and fluent in different musical languages whilst maintaining that community musicians needed also to possess music technology, organisation and administration skills (including making applications for funding) to ensure the smooth running of their community groups.

In addition to musicianship, Bartleet and Higgins (2018a: 9) describe the twenty-first century community musician as possessing a raft of social skills including leadership, communication, organisational, planning, improvisatory and process management skills (see also Camlin and Zeserson 2018; Willingham and Carruthers 2018; Ruud 2012; Price 2010). They go on to describe important personal attributes including charisma, the ability to cope with the unpredictable, and an acknowledgement of one's self as a co-learner with participants (Bartleet and Higgins 2018a: 9). Other authors speak of the ability to motivate and enthuse participants (Price 2010: 333; Vella-Burrows and Hancox 2012: 1516) and of pedagogical skills as core competencies (Camlin and Zerserson 2018: 715).

More specifically, Hallam et al. (2016: 30) reported on facilitation skills needed for those working with 'older people' and included adapting activities to acknowledge the broad range of participants' physical abilities and interests, using these interests as a resource while pacing activities and communicating clearly (Hallam et al. 2016: 30). An anecdotal report from the Sidney de Haan Research Centre (Vella-Burrows and Hancox 2012: 1516) briefly outlines the role of the facilitator for PD singing groups, suggesting that they should be musically and socially skilled, emotionally intelligent and sensitive to the needs of each group member. Vella-Burrows and Hancox (2012: 15) further propose that facilitators of PD singing groups need to be knowledgeable about vocal exercises and the symptomatic conditions of PD.

A case for training facilitators

Music therapy interventions for people with PD must be delivered by qualified music therapists and may seek specific clinical outcomes such as improved voice and respiratory function (for examples of PD music therapy/clinical interventions see Haneishi 2000; Pachetti et al. 2000; Stegmöller et al. 2000). However, community-based interventions are typically informal, grass-roots in nature, and emphasize enjoyment, creative expression and the social aspects of the intervention (MacDonald 2013: 23). The lines between music therapy and community music activities do however blur in practice. As Tsiris (2014: 3-4) notes, music therapists have increasingly found themselves working in community music facilitators' contexts, and vice versa.

Factors such as these raise questions around what training might or should be required of facilitators. To inform future practice and training, this study therefore sought to uncover details of the lived experiences of a group of facilitators.

Background to the current study

Three singing groups (located in South East Queensland, Australia) were established as part of a larger Griffith University Queensland Conservatorium Research Centre international project, *Asia Pacific Research Project of Sing to Beat Parkinson's*. A call for singing group members (including people with PD and their carers) was circulated via Parkinson's organisations and allied health associations in South East Queensland. Table 1 shows singing group members' characteristics at the commencement of the larger study. Symptoms for members with PD ranged from mild through to severe.

People with Parkinson's Disease						
	N	%	Mean age at commencement of participation	Age standard deviation	Age range	Years
Male participants	37	49.3				
Female participants	38	50.7				
Age			71.46	6.99	51 – 93	
Male			72.00	5.00	61 – 84	
Female			71.25	8.24	51 – 93	
Years since diagnosis				4.68	1 – 23	7
Male years since diagnosis				4.76	1 – 18	9
Female years since diagnosis				4.07	0 – 23	5
Carers	34					
Male	10	29.4%				
Female	24	70.6%				

Table 1: Singing group members' characteristics

All three singing groups followed the same defined program of breathing, voice strengthening and related movement exercises followed by singing of selected repertoire. All groups incorporated an element of socialising (a cup of tea and a chat) either before or after the singing session.

Methodology and research question

This study aimed to describe PD singing group facilitators' lived experiences to inform future practice and training (Camlin and Zeserson 2018: 716). Our approach in designing this study was to place the voices of facilitators front and centre. Price (2010: 335) argues that it is best to consult community musicians or those working in the field when seeking to understand the skills and attributes required to facilitate community music activities. Phenomenological studies focus on 'understanding the lived experiences of individuals around a phenomenon' (Creswell and Poth 2018: 122) and are based on a case 'to know more

about a particular phenomenon and the common experiences of individuals with the phenomenology' (Creswell and Poth 2018: 131). Other researchers have used phenomenology to explore music facilitators' experiences (e.g. Jin 2016—three facilitators; Hallam et al. 2016—14 facilitators) and phenomenology can be used to analyse small samples; it 'is both a thematic approach and concerned with the specifics of individual experience' (Braun and Clarke 2013: 181). This approach can therefore describe both idiographic details as well as themes which capture common experiences. Suddaby (2006: 635) suggests that a phenomenological approach captures the 'rich, if not mundane, detail' of experience of a particular phenomenon.

Due to the lack of empirical research in the literature, we posed the following research question: 'Based on facilitators' own experiences, what skills and attributes are required to facilitate a singing group for people with PD?'

Participant pool and data sources

Following human ethics approval (University of Southern Queensland), three people were identified and recruited as singing group facilitators for the South East Queensland groups. The facilitators were provided with an information sheet outlining details of the project and informed consent was acquired via email. Facilitators' qualifications and work experience are detailed in Table 2. To maintain privacy, each facilitator has been given a pseudonym in the reporting of results.

	Age	Education	Professional experience (years)	Voluntary community music experience (years)
Evelyn	55	Masters of Vocal Pedagogy	39 (singing, playing, song writing, teaching)	3
Cate	47	Bachelor of Creative Arts (Music)	2 (singing, music production)	10
Lauren	38	Bachelor of Speech Pathology (Hons)	17 (speech pathology) 14 (performer)	5

Table 2: Facilitators' qualifications and work experience as at the commencement of singing groups for people with PD

The three facilitators had existing skills on an instrument (guitar, piano, drums); all had extensive experience as singers. Two of the three facilitators had tertiary music qualifications, one was in the process of completing a university music program. All three had considerable experience either as professional performers or volunteer musicians (or both). Only one facilitator (Lauren) had previous experience in conducting a choir.

Whilst interviews are generally used in phenomenological studies, other data sources can also be used including diaries (Braun and Clarke 2013: 181; Smith, Flowers and Larkin 2009: 56). Being closer to the point of collection (rather than formulated during a later interview), we chose reflective journals to provide a more regular and detailed account of the facilitators' lived experiences. The three facilitators recorded their experiences in electronic format over an approximately 12-week period and all included reporting of the first week of the singing group sessions. Due to different group commencement dates, breaks and other personal reasons, the period of journaling for each facilitator differed slightly (Table 3).

•	Words	No. of entries	Date of journal	No. of journal mentions represented in initial thematic report
Evelyn	12,476	12 (weekly)	16 May 2017—12 September 2017	17
Cate	8,111	13 (weekly)	21 April 2017—11 August 2017	19
Lauren	4,579	6 (sporadically)	15 May 2017—7 August 2017	14

Table 3: Scope of reflective journal dataset

In order to accommodate the individual circumstances of each facilitator, there were no set expectations as to minimum length of reflections or numbers of entries, resulting in the variations in word length (Table 3). The combined journals totalled approximately 25,000 words. The following questions were provided as prompts to guide facilitators' reflections (this list was provided by way of example only and was neither exhaustive nor prescriptive):

- What is working, what isn't working in your group?
- What workarounds have you discovered during rehearsals?
- Have you experienced any personal challenges (i.e. any aspect of rehearsal you have found personally difficult in terms of skills gaps, personal interactions etc)?
- What skills do you use regularly?
- Have you identified gaps in your skills?
- What breakthroughs or challenges have you experienced in the group sessions?
- Are there 'a-ha' moments you experienced in the session (moments of insight)?
- Were there unexpected or unusual occurrences in the session. How did you respond?

Facilitators were free to write in whatever format suited them (e.g. prose, bullet points, tables) and were not required to answer all questions in each entry. Entry length varied in each facilitator from a few lines to a few pages across the journals. Despite this variation in length of entry and overall journal, entries from each facilitator were fairly evenly represented in the

emergent thematic report prepared by an independent analyst (discussed further below) (Table 3).

In addition to their reflective journals, the three facilitators gave a verbal report at a symposium for the larger research project which occurred approximately 12 months after the commencement of the singing groups. The three facilitators' oral reports were recorded, transcribed and analysed to further inform the data collected through the reflective journals as reported in this article.

Data analysis. This research adopted a two-stage process to data analysis. The first stage was conducted by an independent analyst who was provided with the data set and the research question and requested to produce emergent themes. The initial steps of grounded theory or grounded theory 'lite' (Braun and Clarke 2013: 186) were used for this stage of analysis. Both grounded theory and phenomenology search for emerging themes using inductive (bottom up) coding techniques and constant comparison, rendering their initial steps almost identical (Reiter, Stewart and Bruce 2011: 39). The independent analyst made minor grammatical and format changes to the three reflective journals and the three aural presentation transcripts before importing them into NVivo12. Inductive coding of the first transcript led to an initial set of themes that were reviewed and amended during the coding of subsequent transcripts and aural reports using constant comparison (Glaser and Strauss 1967; Charmaz 2014). Focussed coding then resulted in themes that represented links between the initial codes; these themes related to the broader categories explored by the research question—*skills, attributes*—and included a new category, *challenges*. The second stage of data analysis was carried out by the authors who further analysed, evaluated and recategorized the initial emergent categories and themes, and finessed them into the principal themes reported here. In addition to addressing the research question, second stage analysis was guided by the underlying aim of the research to provide detail of facilitators' experiences so as to be as useful as possible to future practice, whilst remaining faithful to reflecting the facilitators' lived experiences. The evolution of themes is outlined in Table 4.

Areas of Research	Emergent themes from analyst's report (Analysis stage 1)	Final themes from authors' analysis (Analysis stage 2)
Facilitator's skills	Musical Creativity Technological Teaching Resourceful Organisational Delegation Experience	Musical Pedagogical Organisational Prior experience and education
Personal attributes	Confidence Enthusiasm Interpersonal	Confidence Interpersonal communication
Challenges	Expectations	Physical/medical challenges Organisational, technological challenges Financial challenges

Table 4: Evolution of themes.

Results and Discussion

This section discusses the principal themes from the final phase of analysis under three headings: *Skills, Attributes* and *Challenges*. Whilst the research question focused on skills and attributes, challenges were identified as a meaningful pattern in the data. Challenges are discussed below as we consider them to be highly relevant to informing future practice.

Skills. The data contained consistent and sustained reflection on the skills required to facilitate. Themes focused on musical skills, pedagogical skills, organisational skills and skills gained from facilitators' prior experience and education.

Musical skills. Facilitators' considered that their backgrounds of formal and informal music learning and experience were invaluable in allowing them to respond to the diversity of group members. Whilst facilitators had the musical skills to accompany their groups, two facilitators reported that accompanists enabled them to conduct the music and lead the groups both vocally and with actions. Lauren's group did not have an accompanist. She reflected: 'I underestimated the need for an accompaniment'. This is an important issue for PD singing groups as singing with actions is encouraged for people with PD—the coordination of the two activities provides opportunity for neurological linking.

Facilitators' reflections on musical skills were dominated by repertoire considerations. Group members' repertoire requests were wide-ranging and included maritime shanties, novelty songs, songs with latin rhythms (played on the djembe by Evelyn), 'golden oldies', rock and popular songs—all were accompanied by piano, guitar or backing tracks. This stylistic diversity was readily accommodated by the facilitators. In fact, it was decisions regarding a song's potential emotional impact which required more skilful consideration. For example, two facilitators reflected:

> There are also requests for some more deeply introspective songs, like Danny Boy. I am very aware of a couple of the participants who are very emotional when they feel touched by a feeling, and the tears start to roll. At this stage, Danny Boy would be far too emotive to bring to the group as a song however, I plan to utilise it as a warm up humming exercise for creating resonance. (Evelyn)

> I must say that song choice is pretty important from the standpoint of the emotional impact they have. Four Strong Winds is a rather lonesome tune/story and while everyone joined in, it did drop the emotional energy down a cog or two. Don't think I'll do that one again. Some Days Are Diamonds fared better and we'll do it again. But the big winner was World of Our Own. A lot of it has to do with tempo, chord progression and lyrics. I knew to end with World of Our Own because it was the upbeat one and it's important to finish with a bang. I think it is super important to choose songs wisely. (Cate)

In one group, the facilitator replaced lyrics for the saddest verse in a song so as 'not to upset participants' (Evelyn). Because of the sensitivity required in relation to repertoire selection, this theme intersects with personal *Attributes* (further discussed below); that is, facilitators needed to be sensitive, empathetic, and possess the emotional intelligence to 'read the room' (see also Bartleet and Higgins, 2018a: 9). It was vitally important for repertoire to be varied, paced, and emotionally balanced.

Two facilitators found that more than 'two-part singing' was not conducive to a relaxed, easy atmosphere within the group, with many participants finding part-singing challenging and de-motivating. This is particularly important given that anxiety can exacerbate the symptoms of PD. Lauren noted: 'Three parts for rounds was too difficult for this group' while Cate '[p]ulled back on harmonies and stuck with two part rounds'.

Pedagogical skills. Facilitators' experiences demonstrated the importance of recognising the diverse music skill levels in the groups—the literature acknowledges this as a key skill of community musicians. The facilitators emphasised the need to provide encouraging feedback to the group; these might be words of encouragement to individuals who were struggling, or recognition of those who were doing well. Cate noted: 'I need to remember to encourage more. I'm getting better at this'. Facilitators suggested encouragement needed to be given in a way which did not embarrass or stress participants. Interestingly, some participants (usually those who self-identified as singers) welcomed attention. As Evelyn noted:

I do try to occasionally mention by name those that like to see themselves as 'real singers' because they do contribute something special to the group, particularly one very flamboyant lady who was an opera singer once upon a time.

However, in contrast, one participant who, prior to developing PD had played guitar regularly, was handed the facilitator's guitar in a session and light-heartedly encouraged to join in. His wife later reported that he became very scared that the facilitator really wanted him to play. The facilitator reflected that this was a valuable lesson in awareness of how '…my light-hearted way can sometimes be careless when it comes to the deeper sensitivities of one who is so devastated, yet so powerless over his predicament with PD' (Evelyn). Therefore, not all participants who identified as musicians or singers wished this to be acknowledged. Rather, individually tailored acknowledgement, encouragement or support required deep sensitivity to the learning needs of the individuals in the group.

Organisational skills. Facilitators reported considerable time spent in preparation. For example, all said that it was vital to arrive early to ensure that equipment was in working order (including overhead projectors, audio systems etc) and that the rehearsal space was prepared and set up free from any physical obstacles. Two facilitators said that it was important to 'mentally prepare' for the session: 'If I walk [in] and see participants immediately I have lost the moment to prepare myself, physically and emotionally' (Evelyn); Cate arrived very early to prepare herself by 'calming down' before the group arrived.

Skills gained from prior experience and education. Facilitators suggested that prior experiences in a variety of musical settings and in life, as well as their music education gave them the courage and confidence (over time) to facilitate their PD groups. For example, as a qualified speech therapist Lauren was intensely aware of the potential for 'loud singing' to cause voice damage for participants who may be suffering phonatory muscle constriction due to their PD condition. Evelyn wrote:

Between my Masters training, my music and theatrical background, 30 years of mothering and the time I have spent with dementia patients, I feel more than equipped to hold space for these people to express themselves.

She went on to emphasise the importance of her voice pedagogy training, noting that it allowed her to speak with some authority to participants about engaging with their whole body as their instrument in addition to being mindful of the body/mind/spirit aspects of singing.

Evelyn initially thought that her previous work with dementia patients in a locked facility would prepare her to work with PD people but, this was not the case: 'I thought this

would equip me but I was so wrong. PD has many faces. There is such a wide range of stages of PD.' However, prior life experience does appear to build resilience and empathy in facilitators. For example, Cate felt that her many years of caring for her elderly father also provided valuable life experience which fed into her facilitation and her ability to respond with empathy to participants. This final point progresses the discussion forward in linking skills to the personal *Attributes* of the three participants which equipped them to facilitate their PD singing groups.

Attributes. Attributes are discussed in relation the traits displayed by facilitators and include both interpersonal and intrapersonal abilities. Predominant sub-themes emerged around confidence and interpersonal communication—enthusing/motivating, engaging, sharing, understanding/empathy.

Confidence. We recognize that the 'newness' of the groups could have influenced the results as they relate to the initial confidence of facilitators. As none of the facilitators had previously led singing groups for people with PD, it is not surprising that Cate and Evelyn reported a distinct lack of confidence at the start of the singing groups. Interestingly, Lauren did not report feeling this way perhaps due to her speech pathology background.

Before the first session, Evelyn commented: 'To say I was anxious to begin our sessions this first week is an understatement! For the 24 hours prior to today I was experiencing the very worst of pre-event anxiety'. However, she felt her anxiety abated as the sessions got underway. Similarly, Cate noted that her confidence grew through long hours of preparation and experience of conducting the weekly sessions: 'My confidence seems to be increasing exponentially each week. I'm still putting in hours of preparation and I still put myself through the routine anxiety phase the day before, but I have to say the anxiety phase is getting lighter.'

Facilitators' previous experience and education in voice function and voice production helped to build confidence. Whether through their voice pedagogy training (Cate and Evelyn) or speech pathology expertise (Lauren), this knowledge underpinned their confidence to deliver breathing and vocal warm up exercises while they monitored participants' vocal health.

All reported that awareness of fluctuating health conditions was particularly important given that many people with PD have compromised vocal function. Lauren, however, cautioned that 'There is no way the group facilitator can monitor all participants with PD to ensure they are singing loudly safely'. As the speech pathologist among the facilitators, the importance of Lauren's cautionary remark should not be underestimated. She stressed that

facilitators' confidence in understanding voice function should not be substituted for proper and constant monitoring of singing group members' vocal performances in real time to ensure safe phonatory practices.

Interpersonal communication—enthusing/motivating, engaging, sharing, understanding/empathy. The facilitators placed great importance on being engaging communicators with the ability to enthuse and motivate their groups (again, a key attribute discussed in the literature). Additionally, they felt that in order to foster trust and to build a lasting rapport with their participants, it was important to become familiar with names and to learn about and draw on the skills, experiences and interests of their participants. They found humour was useful in connecting with participants, but suggested that it was necessary to be strategic to ensure that this did not distract from progress with planned vocal activities. For example, 'I like to keep our sessions light by employing some humour but keeping it at just the right level is important' (Cate).

Two facilitators deemed one-on-one social interactions important; that is, to take time to talk with participants and 'get to know them a little'. For example, Cate realised that people with PD 'appreciate having someone to tell their story to…the carers too.' Indeed, for Cate and Evelyn, taking time to share, making people feel included, validated and heard was just as important as the group singing activities (see also Willingham and Carruthers 2018: 902). In Evelyn's words, 'placing honest engagement and connection at the centre of my intention is in fact the very best thing I can do'. Cate reflected also on the role of facilitation in this context: 'It's not for pretenders. It's not a job. It's a vocation.'

The most important interpersonal skill identified by all three facilitators was an ability to demonstrate an understanding of, and empathy for, the participants' comfort and health. Facilitators educated themselves about PD both before and throughout the 24 weeks of the larger research project. They reported that participants noticed and appreciated the knowledge, care and concern that they as facilitators were able to demonstrate in relation to PD symptoms. For example, Lauren wrote:

> I think I reacted appropriately to the lady who said 'I don't know if I can do this, I've never sang in my life'. She looked distressed—she had moderate jaw/lip tremor. I didn't brush her concern off, but acknowledged it, and said it was okay if she really felt it wasn't right for her, and then suggested she could give herself five weeks to try. She lit up a bit at the thought of that and I think she will at least try those 5 weeks.

Cate stated 'there must be a heart for humanity, for others….', and 'As a facilitator of a singing group for people with PD, it's essential to remind yourself of how they [the participants] experience the mundane, ordinary things of life.'

Challenges. The facilitators experienced a number of challenges in their interactions and management of their singing groups. The following section highlights areas where facilitators felt they were specifically lacking in necessary information, skills and/or attributes. For the most part, these were linked to understanding and dealing with the nature and consequences of PD itself. Not all facilitators experienced all challenges; however, given the idiographic nature of this study, we feel it is beneficial to present the challenges faced by facilitators, even if these challenges were not common to all three facilitators.

Physical/medical challenges. A loss of facial expression is symptomatic of people with PD with the degree of loss varying according to the progression of the disease. Group members' lack of facial expression created difficulties for facilitation in discerning to what degree the group was engaged in the musical activity. For example, Lauren wrote:

> I realised when I presented at the PD support group I would need to get used to having a less animated audience than usual and that this can be tough. You normally gauge your success [as a performer] on audience animation. You feel like your effort is not beneficial to the group.

Facilitators reported also that while it is beneficial to include some movement with the singing to assist the group to stay in time with the music, they had to be very careful about the degree of movement that they introduced. For example, Evelyn discussed a challenge in relation to using a 'movement song' with her PD group. She had tried to inject a fun aspect to the session by engaging the group in the 'Hokey Pokey'. Following the activity, a number of participants suggested to Evelyn that this activity was potentially dangerous for people who are physically compromised. This incident gave Evelyn pause for thought. She had not considered the possible dangers of movement songs for the group.

In another context, Cate became aware that participants used mobile phones for medication reminders. While ring tones caused a disruption to the flow of the session, it was important that the use of phones be recognised and managed as a necessary medical support for participants.

Facilitators suggested that it is important to be prepared for unexpected events. In Cate's group, a member passed away during this study. She reflected that the management of the group following the loss of a member should be 'considered part of what we do as facilitators'.

Facilitators raised issues in relation to their own vocal health. For example, as many singing group members had some level of hearing impairment, facilitators felt that they needed to speak clearly and loudly, projecting their voices above normal speech volumes. Lauren felt she required amplification to be heard clearly in a large space but none was available at the venue. Perhaps given the inevitability of some degree of hearing impairment amongst an older group of singers, facilitators should give careful consideration to the use of personal amplification to protect their own vocal health.

Organisational, technological challenges. In the facilitators' experiences, organisational and technology elements were closely related. For example, considerable time, thought and effort had to be given to presentation of lyrics. An organised use of technology enabled the smooth running of groups when lyrics were presented variously via overhead projector (Lauren), in typed singing booklets and/or lyric sheets (Cate, Evelyn). To negate the need for holding printed lyrics, facilitators found the use of music stands assisted those who had grip weakness or tremor symptoms. Facilitators reported additional issues around participants' holding lyric sheets and the desirability of music-driven movement. The actual presentation of lyrics depended largely on the size of each group, individuals' symptoms, the physical space, and the equipment available for use. The facilitators felt that while these were seemingly minor issues, there were important considerations for anyone planning the establishment of a singing group for people with PD.

Financial challenges. All facilitators agreed remuneration was essential given the time, effort, and skill required to lead the PD groups. Lauren argued that 'if you want professional level results…you should pay the facilitators.' Whilst acknowledging that facilitation presents an opportunity for personal growth and satisfaction, Evelyn argued that 'the role is actually something quite significant, and in truth worthy of a salary for the hours spent and the commitment given.' The facilitators greatly appreciated expressions of gratitude from participants, carers and family members, however, they recognised that their personal satisfaction may not be enough to ensure the long-term viability of singing groups for people with PD. For their involvement in the larger 24-week project discussed earlier in this article, the three facilitators did receive a nominal fee for directing the group activities.

Some implications for practice and education

The findings from our study confirm the existing knowledge described in the literature around the skills and attributes required of community musicians broadly. However, analysis of the facilitators' experiences revealed that there are subtle yet important differences in

skills, attributes, and challenges which relate to the special nature of singing groups for people with PD.

When discussing the implications of our analysis of the facilitators' experiences for practice and education, the idiographic nature of the phenomenological approach taken here is both a strength and a limitation. The small sample size, the nature of facilitators' reflections and analysis have allowed us to uncover, in detail, both convergence and divergence in facilitators' experiences. Implications for practice and education are suggested however with some element of caution given that the phenomenon under examination in this study has been analysed and understood 'from the perspective of particular people, in a particular context' (Smith, Flowers and Larkin 2009: 29). Furthermore, whilst a necessary feature of phenomenological research (Smith, Flowers and Larkin 2009: 49), the relative homogeneity of the participant pool has to be considered in relation to the implications we have drawn. Future research projects on facilitation of therapeutic singing groups could define the participant pool in relation to, or distinct from, that reported in this current research, thus contributing to a more robust picture of the experience of facilitation (Smith, Flowers and Larkin 2009: 49).

Within phenomenology, researchers look 'beyond initial assumptions and preconceptions so that the phenomenon and its meaning can show itself in a way that we do not expect it to' (Dahlberg, Dahlberg and Nyström 2008: 112). For example, in the case of the three facilitators in our study, 'leading' a singing group was less about the musical skills more commonly associated with directing community choirs and much more about consistently demonstrating empathy for singing group members' particular condition. While agreeing that musical skills are important, the facilitators emphasised a need for deep sensitivity when selecting repertoire for their groups. This was of paramount importance. The need for sensitivity became evident where melody and lyrics triggered strong emotional reactions for group members living with the degenerative effects of PD. Additionally, facilitators found multi-part singing challenging for their groups, and suggested that prior awareness of this fact would assist in managing expectations and musical outcomes.

In addition to the pedagogical skills noted by Camlin and Zeserson (2018: 715) and Hallam et al. (2016), results show that facilitators must be highly sensitive when giving feedback to singers with PD. Beyond an awareness of learning being 'overwhelming or uncomfortable' for group members (Camlin and Zeserson 2018: 715), facilitators must understand the different ways that PD can affect individual group members as learners—for example, some may enjoy and relish the encouragement, others may feel deeply embarrassed

by it. Jin (2016) and Hallam et al. (2016) discuss this in terms of the acknowledging and accommodating of heterogeneity in community music groups. Indeed, the word 'facilitation' itself as noted by Higgins and Bartleet (2018: 280) encapsulates managing different people and perspectives. This is particularly germane to facilitators' management of the 'different faces' (Evelyn) of people with PD.

It is important to note that all facilitators in this study had experience and education relating to singing voice function. This appears to have been an important factor not only in their management of the vocal wellbeing of group members, but in building their own levels of confidence. In addition to knowledge of vocal exercises as noted in the report by Vella-Burrows and Hancox (2012), facilitators' knowledge of voice function generally and the impact of PD on voice function specifically, should therefore be considered when planning and developing singing groups for people with neurological conditions affecting the voice.

Results suggest that facilitators' skills and attributes must be underpinned by an understanding of the nature and impact of PD on singing group members. This finding supports the contention by Vella-Burrows and Hancox (2012: 15) that facilitators must be knowledgeable about the symptomatic conditions of PD.

In terms of training community music facilitators to work with people with PD, the tensions between community music as a grass-roots, progressive field on one hand, and institutionalised higher music education and professional music therapy on the other, are acknowledged. We do not necessarily advocate for distinct programs which attempt to teach students the very specific skills and attributes required to facilitate groups such as those discussed here. We do, however, agree with Willingham and Carruthers (2018: 606) who argue that in the 21st century workplace, and in community music particularly, the 'soft skills' which this study has identified as fundamental to success when leading singing groups for people with PD could be central and explicit features of any institutionalised music education programs.

Beyond formal education training for facilitators, there is an opportunity for mentoring programs to be established whereby newcomers are mentored to develop the relevant reflective and empathy skills needed to build positive outcomes for therapeutic singing groups. The three groups in our study were established as partnerships between people with PD and their carers, musicians wishing to become facilitators and, researchers seeking to improve practice and contribute to evidence-based interventions for therapeutic singing groups. We suggest that this tripartite model could be further enhanced through the inclusion of mentoring programs for new facilitators; the mentors could be experienced facilitators

themselves, singing voice specialists with knowledge of vocal pathologies and rehabilitation, or allied health workers such as speech pathologists, occupational therapists or specialist Parkinson's nurses.

Concluding remarks

As both researchers and educators, we were particularly interested in the contention of Hallam et al. (2016: 20) that facilitating musical activities with older people is a growth area of employment. In context, whilst younger people are diagnosed with PD, the average age of onset is reported as 60 years—this fact positions the majority of people with PD within the growth area of aging populations. As with Hallam et al. (2016) we can envisage increasing opportunities for musicians to apply their transferable skills to facilitate music activities which promote health and wellbeing for aging populations, including those diagnosed with PD and other neurological conditions.

Reports in the literature suggest that critical reflection is crucial for community music facilitators (Bartleet and Higgins 2018a: 9; Camlin and Zeserson 2018: 716). The analysis of our facilitators' experiences has enabled tacit knowledge to be made explicit, thus informing future practice. Their experiences also support the case for relevant training, especially when managing groups of participants with specific clinical needs. Clift (2012: 120) has argued that if quality practitioners are to be attracted to the field of creative arts and wellbeing it is vital that they be recognised and valued as an important health and wellbeing resource. We suggest that this recognition include training backgrounds and practical experience so that highly skilled facilitators are appropriately remunerated.

The final words go to the facilitators themselves. While facilitators found their work with the PD singing groups very rewarding, they all felt they had underestimated the skills required 'to do justice' to the particulars of working with people with PD. As one facilitator Lauren put it: 'It's much harder than I thought…the level of skill needed to run these groups should not be underestimated.'

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