Interview with Dr Katalin Vardi, co-founder of the Soul for Breath Choir

By Jonathan Ewing

Dr Katalin Vardi is a co-founder of the Soul for Breath Choir. Along with musical conductor György Philipp, she developed the SingLung method for respiratory medical patients. Dr Vardi is a 1989 graduate of Semmelweis University in Budapest, Hungary and she is a pulmonary, rehabilitation and sleep medicine specialist.

Dr Vardi, please describe the project. Can you explain its origins and how it was developed?

I very much wanted to consider the emotional well-being of patients, and I was also very eager to make sure that their thoughts and voices were heard. Like so many other doctors, I think a great deal about how doctors and patients are equal partners and must work together for any kind of cure.

The basic idea was to create a choir or singing programme that would have a range of positive impacts for anyone who has a lung condition like chronic obstructive pulmonary disease, known as COPD, or interstitial lung disease, known as ILD. Along with my friend, music conductor György Phillipp, we wanted to take our patients on a journey. So we started an artistic project, which is enjoyable not only for friends and relatives but also for any kind of audience.

Our musical therapy programme is tailored to each patient’s abilities, but also includes professional singers. The rehearsal period lasts for about one week, and although it’s very intensive, it must not be too strenuous for the patients.

The participants might be inpatients for respiratory rehabilitation or outpatients who have finished some pulmonary rehabilitation. Respiratory gymnastics are a big part of the programme, through repetitive singing practice and special endurance exercises for respiratory muscles that also help expectoration. The time spent singing and the difficulty of the singing should be appropriate to the capability of the patients. The rehearsals are the most important part of the project because when we practice it not only strengthens our vocal and respiratory musculature but the voice-induced special vibrations also help with expectoration. So the final result of the process is not only stronger lungs, but also clearer lungs!

All medical staff are welcome during the choir practices and to the final performance, but no one can just join the choir without attending rehearsals. This is an important signal of the equal role of patients and medical staff in the treatment procedure.

What made you turn towards music as a form of therapy?

I’m a pulmonologist and, of course I’ve had many patients who have been having oxygen deficiencies and breathing problems. My career started in an intensive care unit – and I continue
to work with ventilation and oxygenation. But, at the same time, I was always very interested in music, even as a child. So, linking medicine and music was quite natural for me.

Growing up, my mother listened to everything from classical music to recordings from the famous Woodstock music festival of 1969. Listening to and appreciating this kind of music in eastern Europe during those years was quite unusual – but we listened. Bob Dylan was my friend, Joan Baez was my friend, that was how I was raised and that was how I became interested.

As a pulmonologist, I worked a great deal with ventilation and oxygen, and I often found myself working with patient groups on things like story therapy, bicycling, walking and movement exercises for pulmonary rehabilitation. I also worked with patients in other activities like film clubs, listening to music together or organizing small art exhibitions. At these events we often ended up singing together – nurses, doctors, relatives and patients – all of us smiling and laughing together. So, from that experience it was natural to think about respiratory gymnastics and singing and I learned that singing therapy, especially in choirs, is a very good way for people to push themselves to increase their lung capacity in a fun way, rather than just straight, regular exercise, which can be boring and isolating.

But just singing on its own did not work. So our programme grew to four weeks in length and included two rehearsals daily – and we use some professional musicians as well. We also combine it with physical therapy, focusing on stomach muscles and lung capacity, with some focus on strengthening the respiratory muscles. The entire practice lasts no longer than 15 or 20 minutes. We’ve had some success with this, people are enjoying our work and the singing, especially when we’ve had Christmas or Easter holiday concerts or opened medical conferences.

Has there been a formal evaluation of the programme?

There’s been no formal evaluation, but we’ve kept on eye on how the participants have progressed and compared how they feel at the beginning and then at the end of the programme.

Primarily we like to look at quality of life questions, such as “how often do you feel short of breath”? But the gold standard is the six-minute walking test. At the beginning of the course, we test them to see how far they can walk in six minutes. When they start the course, they might only be able to walk something like 160 m, but by the end of the course some can walk as far 250 m. Now, we think this is because in addition to the training they receive in choir they are also participating in other methods of physical therapy including bicycling and, for some, gymnastics or other exercises.

These are just preliminary results, but they do point to positive findings.

What are some of the added benefits of singing in a choir (as compared to regular oxygen therapy)?

Often patients must continue to use their oxygen and medication in the same way as before, but there are several benefits to the singing therapy. These patients tend to be very isolated – but the singing therapy gets them out. With music specifically, some studies have shown that the effect of individual singing sessions, in both small and large groups, on perceptions of social bonding is really great. We believe there’s faster social bonding through music than with other social activities.

It helps provide a way to reduce loneliness and social isolation – it gets people out of their apartment and into groups of people who are having fun together. Activities that involve the simultaneous engagement of many people are a great thing. For example, group participation in activities such as singing are particularly effective at fostering a sense of social inclusion.

As well as singing, listening and dancing to music improves exercise capacity in people with chronic obstructive pulmonary disease and also helps individuals to manage breathlessness while exercising. It also reduces anxiety and similarly good results have been found for patients with cystic fibrosis, for whom both singing and listening or dancing to music have been found to have benefits for lung function.

How will you measure the success of this programme?

Performing is a chance for people who are chronically ill to give a gift to others, in this case the audience. We often see, among many of the participants, an improvement in their breathing and we see an improvement in how far they can walk in six minutes, which is a key standard of measurement in the world of respiratory rehabilitation.

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