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Creech, A., Hallam, S., McQueen, H., & Varvarigou, M. (online first 21 March 2013).  
The power of music in the lives of older adults. *Research Studies in Music Education*, 35(1), 83 - 98.

## **The power of music in the lives of older adults**

Andrea Creech

### **Abstract**

A compelling body of research demonstrates that music continues to offer powerful potential for enhancing health and well-being in old age. Active music making has been found to provide a source of enhanced social cohesion, enjoyment, personal development and empowerment and to contribute to recovery from depression and maintenance of personal well-being throughout these latter stages of adult life. Within a context where life expectancy at age 65 years is rising rapidly and yet where increasing numbers of older people are reported to be living in isolation or suffering from depression, this body of research has important implications for understanding how access to active music making may enhance the lives of older people. This paper reviews a body of literature relating to specific benefits of active participation in music making amongst older people. A case study is presented, illustrating some of the key points from the literature. Some barriers to participation are identified and implications for older people and their carers are discussed.

**Keywords:** community music, older people, participation, well-being

**Word count:** 5291 (exclusive of references)

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## Introduction

Although the wider benefits of music for younger people are well documented (Hallam, 2010) less attention has been paid to the power of music in the lives of older adults. There is a growing body of evidence, however, that in the latter part of our lives participation in music may provide a source of enhanced social cohesion, enjoyment, personal development and empowerment (Coffman, 2002; Sixsmith & Gibson, 2007). Music, according to Iwasaki, Coyle, and Shank (2010, p. 485) is one of several culturally meaningful and creative leisure activities that are 'spiritually refreshing' and promote self-expression, positive health and well-being.

This paper reviews a range of evidence underpinning claims that music may positively influence quality of life amongst older people. Whilst not a systematic review, the literature included in this paper focuses primarily on research concerned with active music making within social contexts, where aspects of 'well-being' or 'quality of life' have been reported as a positive outcome. The intention of this review is to provide examples representing a range of contexts and ways of making music. Where possible we have included a level of methodological detail relating to the reviewed research that will provide a sense of the scope of the research as well as the ways in which well-being or quality of life have been conceptualised.

The Music for Life Research Project (Hallam et al., 2011), funded by the UK Economic and Social Research Council's 'New Dynamics of Ageing' programme, is presented as a case study, illustrating some key points concerned with the social, emotional and cognitive benefits of community music making amongst older adults.

Creech, A., Hallam, S., McQueen, H., & Varvarigou, M. (online first 21 March 2013). The power of music in the lives of older adults. *Research Studies in Music Education*, 35(1), 83 - 98.

### **Older adults: The context**

Major demographic transitions are underway in the developed world. In the UK, the number of people over 65 is projected to double by 2071, reaching 21.3 million (Government Office for Science, 2008), while in the USA the proportion of the population in this age bracket is projected to reach 13% by 2030 (Coffman, 2002). By 2020 there will be a quarter more people in the UK over the age of 80 (Age Concern, 2008), rising to 9.5 million by 2071 (Government Office for Science, 2008). Amongst our ageing population the 'oldest old' (over 85) comprise the fastest growing group. The Office for National Statistics (2011) estimated that the number of centenarians in England and Wales had increased by 84%, between 2000 and 2010. Globally, it is estimated that this group will reach the one million mark by 2030 (Yong, 2009).

These extraordinary demographic changes have raised many challenges. For example, the UK based Relatives and Residents Association (2010) estimates that at least 8% of older people in care in England are living in social isolation. With the numbers of old people suffering from depression increasing (Age Concern, 2008) and within a context where there is an accepted need for initiatives that support older people's well-being and productivity (Jamieson, 2007) there is growing interest in the potential for music making to support positive health, well-being and quality of life amongst older adults.

### **Older adults: The Third and Fourth Ages**

Creech, A., Hallam, S., McQueen, H., & Varvarigou, M. (online first 21 March 2013). The power of music in the lives of older adults. *Research Studies in Music Education*, 35(1), 83 - 98.

Within the rapidly changing demographic context noted above, a definition of 'older adult' is necessary. According to Laslett (1989), later life comprises a Third and a Fourth phase.

Generally, Third Age seniors are conceptualised as those who enjoy a considerable degree of resilience in relation to independence, autonomy, cognitive functioning and well-being (Fillit et al., 2002; Gilleard & Higgs, 1998; Scourfield, 2007). In contrast, the stereotype of the Fourth age is one of a period of disengagement and dependency, involving physical and mental decline and a decrease in subjective well-being (Baltes & Smith, 2003; Smith, 2003).

Laslett (1989) acknowledged the difficulty of attaching a chronological age to these phases and argued that the Third Age represented a quality of life, rather than a specific age band. Nevertheless, 'the use of age bands has now become an accepted way to explore and to try to understand the experiences of different cohorts' (Withnall, 2010, p. 118). Schuller and Watson (2009) recommend that the Third Age be conceptualised as between ages 50 and 75, with the Fourth Age (the fastest growing age group in the UK) comprising those aged over 75.

### The power of music during the Third and Fourth Ages

#### **Music and well-being**

Irrespective of the precise parameters of the Third and Fourth Ages, there is now strong evidence that engagement with music may continue to contribute to quality of life and well-being throughout these latter stages of the life-course, regardless of cognitive capacity (Cohen, Bailey & Nilsson, 2002) or musical background (Hays & Minichiello, 2005). Hays and Minichiello (2005), for example, used focus groups and in-depth interviews to explore the relationship between music making and identity amongst 38 people, including musical

Creech, A., Hallam, S., McQueen, H., & Varvarigou, M. (online first 21 March 2013). The power of music in the lives of older adults. *Research Studies in Music Education*, 35(1), 83 - 98.

novices, amateurs and professionals, aged between 60 and 98. Overall, listening to music and active music making were associated with social and emotional well-being, offering a medium through which participants could express themselves and connect with others. Musical background did not make a difference; music had meaning and importance in the lives of professional musicians, amateur music-makers and novices alike.

Music making has been described by older people as 'a way to survive', 'reviving' and 'a breathing hole in my life' (Forssen, 2007, p. 231). Twenty Swedish women ranging from ages 60 to 83 took part in a qualitative study that explored how culture functioned as a health resource for elderly women (Forssen, 2007). Singing, playing instruments, listening to music and dancing, it was reported, provided a source of self-recognition and comfort.

An early experimental study that investigated the relationship between well-being and music making was carried out by VanderArk, Newman and Bell (1983). The research took place in a residential nursing home. Twenty participants aged 60 to 95 were assigned to the experimental group, while a further 23, matched for age, were assigned to a control group where there was no music making. The experimental group participated in music sessions twice a week for five weeks where they sang familiar songs and used simple percussion for accompaniment and sound effects. Significant improvements amongst the experimental group were reported, including more positive life satisfaction, musical self-concept and general attitudes towards music.

The relationship between music and quality of life was also investigated by Coffman (1999), who surveyed 52 members of a wind band for senior citizens. Coffman reported that aspects

Creech, A., Hallam, S., McQueen, H., & Varvarigou, M. (online first 21 March 2013). The power of music in the lives of older adults. *Research Studies in Music Education*, 35(1), 83 - 98.

of quality of life, including social interaction, feeling enriched and experiencing a sense of accomplishment, were attributed to this experience of active music making. More recently, Southcott (2009) carried out a phenomenological case study, exploring the experiences of older choir participants. Southcott's case study illustrated the perception amongst participants that choir membership supported well-being, providing a sense of purpose, fulfillment, personal growth and a context where they could maintain social relationships. In short, there has been a steadily growing interest in the relationship of music with social, emotional, cognitive and physical well-being amongst older people (see Coffman, 2002; Sixsmith & Gibson, 2007).

### **Musical progression during the Third and Fourth Ages**

The benefits of music making in older age are not only related to well-being. There is some evidence that musical development and progression are entirely possible for older people (Prickett, 2003), although Coffman (2009) reported that band directors who worked with older people generally held the view that there were limits with regard to musical progression amongst their older adult participants. Some research has, however, demonstrated the motivation and potential amongst older people to acquire increasingly complex musical skills (Gibbons, 1985), progressing as instrumentalists (see Bruhn, 2002). Older people, according to Gibbons (1984, 1985), can learn (or re-learn) new musical skills when facilitated in groups where they are treated as capable and functioning adults.

Gibbons (1982) tested musical aptitude amongst a group of 182 non-institutionalised people over the age of 65. No significant differences between the youngest and oldest participants

Creech, A., Hallam, S., McQueen, H., & Varvarigou, M. (online first 21 March 2013). The power of music in the lives of older adults. *Research Studies in Music Education*, 35(1), 83 - 98.

were found on the Music Aptitude Profile (Gordon, 1965). Gibbons (1985) concluded that 'elderly persons have innate capacities for musical development and those capacities are maintained with age' (p. 49). Taylor (2011) adds that 'older people can continue to develop musically', claiming that this is 'evidenced by continuing plasticity of the brain and receptivity to instrumental music learning that can counterbalance their reduced efficiency of memory, motor skills, sight and hearing' (p. 346). In keeping with the view that older people selectively invest their resources in the attainment of important goals (Schindler, Staudinger & Nesselrode, 2006), Krampe (1997) reported that when older pianists invested time in deliberate practising there was no evidence of age-related decline in expertise.

### **Listening to music**

Research that has been concerned with the role of music in the lives of 'well' older adults suggests that older people experience positive emotions and increased relaxation through listening to music (Gabrielsson, 2002). There is some evidence that listening to music may even contribute to increased longevity; Byrge, Konlaan, and Johansson (1996) carried out a longitudinal study with a sample of 12,675 Swedish people, reporting that attendance at cultural events (including listening to music) had a positive influence on survival.

Laukka (2007) surveyed 500 Swedish people aged 65 to 75 about their everyday music listening habits and motives for listening. The survey also included personality and well-being measures. Listening to music was found to form part of many everyday activities, represented a frequent source of positive emotions and was positively related to psychological well-being. The results suggested that participants experienced significantly enhanced positive well-being when they used music for mood regulation, to nurture identity and agency and for enjoyment.



Creech, A., Hallam, S., McQueen, H., & Varvarigou, M. (online first 21 March 2013). The power of music in the lives of older adults. *Research Studies in Music Education*, 35(1), 83 - 98.

### **Music and social networks**

Notwithstanding the positive benefits that may be derived from listening to music, noted above, active group music making within community contexts may be a particularly powerful context for enhancing health and well-being for older adults as they move through the Third and Fourth ages. It is known that social networks support prolonged personal engagement in both optional and obligatory domains and also may have the potential to impact upon physiological and psychological health (e.g. Cohen & Doyle, 1997; Smith & Christakis, 2008), decrease the risk of dementia (Cacioppo & Berntson, 2002) and increase happiness amongst the individual members (Fowler & Christakis, 2009). Social networks that focus on participation in creative, active and social leisure activities such as music have been found to contribute to recovery from depression and maintenance of personal well-being (Fullagar, 2008). There is some evidence, too, of the social and emotional value for senior citizens who participate in intergenerational group music activities (Bowers, 1998; Darrow, Johnson & Ollenberger, 1994) and community music education programmes (Kalthoft, 1990).

### **Songwriting**

Allison (2008) highlighted the role of music in constructing a sense of community within a nursing home context. Allison's ethnographic study was carried out within a nursing home in the USA where 430 residents had access to a rich programme of musical opportunities, including concerts, choir rehearsals, visiting musicians, sing-a-longs and music as part of worship. Her study focused on a songwriting group of approximately 30 members, with an average age of 87, who met every four to six weeks for intensive facilitated songwriting

Creech, A., Hallam, S., McQueen, H., & Varvarigou, M. (online first 21 March 2013). The power of music in the lives of older adults. *Research Studies in Music Education*, 35(1), 83 - 98.

sessions. Physical and cognitive functional limitations represented in the group ranged from total physical independence and intact cognition to significant physical dependence and dementia. The group's goal was to 'write a good song' (p. 235) through a consensual group process. Facilitators adopted a collaborative approach, underpinned by a commitment to respecting the wisdom of the group and exploring the knowledge and insight of the participants. Participants drew on experiences of their whole lives, demonstrating great diversity within the group yet also constructing a common heritage. As the sessions progressed, Allison noted increased animation and a sense of ownership amongst the participants. She concluded that the songwriting group offered creative and intellectual challenges that enabled participants to remain vibrant, creative and productive. Through songwriting participants continued to develop, learning new skills and producing tangible cultural outputs that became an enduring part of the culture of the residential community.

### **Singing**

Clift, Nicol, Raisbeck, Whitmore and Morrison (2010) reviewed 48 studies concerned with the benefits of group singing, of which eight included samples of older people aged over 50. Overall, these studies suggested that group singing could promote social and personal well-being, encourage social participation and reduce anxiety and depression (Houston, McKee, Carroll, & Marsh, 1998; Lally, 2009; Sandgren, 2009; Wise, Hartmann, & Fisher, 1992; Zanini & Leao, 2006).

In the USA Cohen et al. (2006, 2007) carried out non-randomised controlled studies with 166 participants with a mean age of 80. Over the course of one year these participants were involved in 30 singing workshops and ten performances. The participants, in comparison with

Creech, A., Hallam, S., McQueen, H., & Varvarigou, M. (online first 21 March 2013). The power of music in the lives of older adults. *Research Studies in Music Education*, 35(1), 83 - 98.

control groups, reported fewer health issues, fewer falls, fewer doctor visits and less use of medication. In the UK, Hillman (2002) surveyed 75 participants who took part in a community singing project since reaching the statutory retirement age; 71% of the survey respondents had been involved for between seven and eleven years. Long-term benefits attributed to participation in music included overall improvements to the quality of life and no overall deterioration in physical health.

Langston and Barrett (2008) carried out in-depth interviews with 27 members of a community choir in regional Tasmania, the majority of whom were retired. The choir was found to be a strong community resource, fostering trust, learning, interaction, participation, civic involvement and fellowship. In a similar vein, Wood's (2010) ethnographic study of a choir comprising 22 senior (aged approximately 68) Russian immigrants portrayed the choir as an empowering and 'rich expressive space' where choir members 'were able not only to change how they thought about their everyday reality, but also to change that reality' (p. 167).

### **Instrumental music making**

Much of the research related to participation in music in older age has focused on singing activities, possibly due to a perception that learning to play instruments is the privilege of younger people. However, active engagement with making music in instrumental groups has, like singing, been found to be associated with a range of positive outcomes. Gembris (2008) used questionnaires to explore the function of amateur instrumental playing amongst a group of 308 participants aged between 40 and 97. Participants were recruited from 43 seniors' orchestras in Germany, Austria and Switzerland. Enjoyment, happiness and community

Creech, A., Hallam, S., McQueen, H., & Varvarigou, M. (online first 21 March 2013). The power of music in the lives of older adults. *Research Studies in Music Education*, 35(1), 83 - 98.

belongingness were attributed to their musical engagement. Although many reported age-related constraints, they also identified physical, mental and musical compensatory strategies and generally maintained a high musical self-concept.

Saarikallio (2011) carried out a qualitative study of 21 Finnish adults aged 21 to 70, investigating the use of music (listening as well as active participation) for emotional self-regulation. The results suggested that for the ten participants older than 65, singing or participating in instrumental ensembles offered opportunities for progression, enjoyment, alleviating loneliness and coping with the challenges of ageing. Participation was also found to add a depth of meaning to life. Across all of the age groups strategies for emotional regulation were similar and included 'happy mood maintenance, revival, strong sensation, diversion, discharge, mental work, solace, and psyching up' (p. 6).

Some studies have focused on adult piano students, investigating the motivational factors and positive outcomes associated with commitment to this activity. For example, Zelazny (2001) reported decreased arthritic pain, increased dexterity and increased finger strength amongst four older pianists who, over the course of four weeks, undertook 30-minute sessions of electronic keyboard playing for four days per week. Jutras (2006) carried out a study involving 711 piano students aged 24 to 94, investigating the personal, skill, social and cultural benefits of piano study. The questionnaire results indicated that participants placed the highest value on enhanced skills that they developed through piano study, including musicianship, theory, musical knowledge and piano skills. Personal benefits were also noted. These included the fulfillment of dreams, personal growth, accomplishment, self-fulfillment, fun and alleviation of stress.

Creech, A., Hallam, S., McQueen, H., & Varvarigou, M. (online first 21 March 2013). The power of music in the lives of older adults. *Research Studies in Music Education*, 35(1), 83 - 98.

Taylor and Hallam (2008) used qualitative methods to explore musical identity construction amongst a group of six keyboard learners aged over 60, reporting that learning a musical instrument contributed to feelings of satisfaction, achievement and self-confidence. The six participants in this study described their current music making as a means of reconnecting with youth and of feeling empowered. The six keyboard players also demonstrated resilience when recalling past disappointments in music, suggesting that facilitators can support older adults in reframing perceptions of themselves as unmusical or incapable of engaging in active music making.

In a similar vein, Pike (2011) carried out a mixed method longitudinal study following the progress of a MIDI piano ensemble comprising 35 participants aged 65 to 95. Participants in the MIDI group worked towards individual goals within a context where the emphasis was on collaboration, peer learning and celebrating achievements with outreach performance opportunities. Over the course of the six-year study Pike noted several developments in the ensemble, including: a marked improvement in musical quality and ensemble cohesiveness; a palpable sense of belonging, and; high value placed on peer support and modeling.

### **The therapeutic power of music**

The power of listening to music for therapeutic purposes has been investigated. For example, Hanser and Thompson (1994) used an experimental design to test whether listening to music could alleviate depression amongst older people. Thirty adults aged 61 to 86 who had been diagnosed with depression but were otherwise in fairly good health were randomly assigned

Creech, A., Hallam, S., McQueen, H., & Varvarigou, M. (online first 21 March 2013). The power of music in the lives of older adults. *Research Studies in Music Education*, 35(1), 83 - 98.

to one of three groups. Two experimental groups were (a) taught music listening stress reduction techniques during home visits, and (b) supported over the telephone in learning these techniques, which included gentle movement to music, relaxation and facial massage to music and guided imagery. The control group received no intervention. The music was chosen by participants and included rhythmic pieces to enhance energy as well as slow repetitive pieces deemed to be appropriate for deep relaxation. After eight weeks significant improvements in depression, distress, self esteem and mood were found amongst both experimental groups, as compared with control group. These improvements appeared to be persistent, being in evidence nine months after the original intervention.

Some research has demonstrated the benefits that may be derived from musical therapeutic interventions with older people suffering from, for example, dementia. Here, participation in musical activities—even in the late stages of the disease—has been reported to be an alternative to pharmacological treatments (Prickett, 2000; Sixsmith & Gibson, 2007). Singing, instrumental playing and movement to music have reportedly been associated with physical, social, emotional and cognitive improvements. For example, short-term increases in positive mood, sociability and self-confidence have been reported (Lesta & Petocz, 2006; Svansdottir & Snaedal, 2006) and music has been reported to support walking patterns amongst dementia sufferers (Clair & O’Konski, 2006).

There has been considerable interest in the power of music to protect against cognitive decline. Tesky, Thiel, Banzer and Pantel (2011) report on an intervention programme involving 208 German participants with a median age of 71. The programme comprised of education about dementia and support as well as daily engagement with a range of activities

Creech, A., Hallam, S., McQueen, H., & Varvarigou, M. (online first 21 March 2013). The power of music in the lives of older adults. *Research Studies in Music Education*, 35(1), 83 - 98.

that included reading, playing games and playing music. None of the participants had any history of cognitive decline. Positive effects on cognitive function and attitude toward ageing were found for some sub-groups; Fourth Age participants showed enhanced speed of information processing, while their Third Age peers showed an improvement in subjective memory decline.

Hilliard (2004) investigated the value of music in end of life hospice care for nursing home residents. An ex post facto design was adopted, comparing: one group of 40 older people (with a mean age of 74) who, as part of their end of life care, had received regular visits from a music therapist, with; a second group who had not. Music therapy, in the form of singing with instrumental accompaniment, instrument playing and rhythmic and vocal improvisation, was found to have made a significant contribution in meeting emotional, spiritual, social and physiological needs of the older people.

### **Summary of the literature reviewed**

Research concerned with the potential for music to contribute to quality of life or well-being during the latter phases of the life-course suggests that active participation in a range of musical activities may contribute to enhanced cognitive, social and emotional well-being. Studies report that such positive benefits are derived from music making within both therapeutic and non-therapeutic settings. While some positive benefits have been attributed to passive listening, it is active music making—especially that which takes place within the context of social networks—that seems to be particularly salient. While music making for older people is often strongly associated with singing, there is evidence that positive

Creech, A., Hallam, S., McQueen, H., & Varvarigou, M. (online first 21 March 2013). The power of music in the lives of older adults. *Research Studies in Music Education*, 35(1), 83 - 98.

outcomes may be derived from diverse musical activities, including song-writing and instrumental performance.

### **Case study: Music for Life Project**

#### **Aims of the study**

Between 2009 and 2011 Hallam et al. (2011) carried out the Music for Life Project, investigating the social, emotional and cognitive benefits of community music making amongst older people. The aims of the project were: to explore the ways in which participating in creative music making could enhance the lives of older people; to consider the extent to which active engagement with music making influenced social, emotional and cognitive well-being; and to explore the specific process through which any such impact would occur.

#### **Methods**

Three case study sites acted as partners in the research: The Sage, Gateshead; Westminster Adult Education Service; and the Connect programme at the Guildhall School of Music. The three sites all offered musical activities for older people, but differed in some respects. The Sage, Gateshead offered an extensive programme of choirs and instrumental groups facilitated by community musicians. Some activities took place in the Sage, Gateshead—an iconic arts centre and concert hall—while others took place in outreach locations in the surrounding area. The Music Department of the Westminster Adult Education Service was a more formal adult learning context, offering choirs, music appreciation classes and keyboard classes. Finally, the Guildhall Connect programme offered creative intergenerational music



Creech, A., Hallam, S., McQueen, H., & Varvarigou, M. (online first 21 March 2013). The power of music in the lives of older adults. *Research Studies in Music Education*, 35(1), 83 - 98.

workshops within sheltered housing centres, delivered by facilitators who had been trained as community outreach music leaders. Overall, the musical activities engaged with included singing in small and large groups, rock groups, and classes for guitar, ukulele, steel pans, percussion, recorder, keyboard and music appreciation. A control group was made up of individuals attending language classes (four groups); art/craft classes (five groups); yoga; social support (two groups); a book group, and; a social club.

The research was undertaken using a variety of methods including:

- Questionnaires for participants, music (n = 398) and non-music (n = 102), at the beginning of the research including the CASP-12 measure of quality of life and the Basic Psychological Needs Scale (Deci & Ryan, 2010).
- Questionnaires for music participants at the end of the 9 month period (n = 143).
- Individual interviews with music participants (n = 30).
- Focus group interviews with music participants (15 focus group interviews).
- Videos and observations of music sessions (45 videos, notes made of 25 sessions).
- Videos and observations of musical performances (3).
- Data relating to drop-outs from musical activities (records of the participating providers).
- Questionnaires for music facilitators including two scales (assessment of views of successful leadership, Basic Needs Satisfaction at Work scale (Deci & Ryan, 2010)
- Interviews with music facilitators (12).
- Interviews with area co-ordinators of Age UK (responses representing the views of over 40 people concerned with the welfare of older people in all three partner areas).

Creech, A., Hallam, S., McQueen, H., & Varvarigou, M. (online first 21 March 2013). The power of music in the lives of older adults. *Research Studies in Music Education*, 35(1), 83 - 98.

Eighty percent of the musical group sample was female and the majority was white, despite attempts of the research team to recruit members of a range of ethnic minority groups. The age range was 50 to 93 with 246 members of the music group in the Third Age and 92 in the Fourth Age (60 did not state their age). The majority of those participating in the music groups had been involved in professional occupations. There was no statistically significant difference in this respect between the music participants and those in the other groups.

Seventy-six percent of those in the musical groups had some kind of prior experience with actively making music in singing or instrumental groups. Twenty-nine percent classed themselves as musical beginners. Only 4% described themselves as 'very good', while the remainder described themselves as either average or good. Seventy three percent indicated that they could read music but for most this was at a basic level. Only 8% reported that they had 'very good' reading skills.

The participants in the control groups were asked how important music was in their lives. Eleven percent reported that music played a central role in their lives; for the remainder music had 'no importance' or they 'listened to music from time to time'.

### **Quality of life and well-being**

The Music for Life Project adopted a needs satisfaction approach to the measurement of quality of life amongst the older people who participated in the research. This approach is underpinned by a belief that quality of life, and specifically subjective well-being, may be assessed in relation to the extent to which basic universal and innate psychological needs are

Creech, A., Hallam, S., McQueen, H., & Varvarigou, M. (online first 21 March 2013). The power of music in the lives of older adults. *Research Studies in Music Education*, 35(1), 83 - 98.

met. In this research we adopted the CASP-12 measure which was developed in the UK specifically for use with older populations (Wiggins, Netuveli, Hyde, Higgs & Blane, 2008). The CASP-12 quality of life measure is a four point Likert scale, comprising twelve individual items that are organised into four subscales. The sub-scales on this index of quality of life include control and autonomy, which are conceptualised as the drivers for the other two sub-scales that are self-realisation and pleasure.

Deci and Ryan's (2000, 2010) general Basic Psychological Needs scale was also used, for the purpose of triangulation. This seven point Likert scale is conceptually similar to the CASP-12, comprising 21 items organized into sub-scales for control, autonomy and relatedness. Overall, it was deemed that these two scales together would provide a robust measure of quality of life, focusing on cognitive, emotional and social well-being.

### **Findings: Measures of well-being**

There were statistically significant differences with regard to the quantitative measures between those participating in the musical and non-musical groups. Consistently, more positive responses were found amongst the musical groups. In order to ascertain whether the two quantitative measures shared underlying conceptual constructs, a factor analysis was undertaken using the items from the CASP-12 and the Basic Psychological Needs Scale. This produced three factors. The first related to having a positive outlook on life (purpose), the second to lack of autonomy and control (autonomy/control), and the third to positive social relationships, competence and a sense of recognised accomplishment (social affirmation). Comparisons of those engaged in music making with those participating in other activities revealed statistically significant differences on all three factors with the music groups having

Creech, A., Hallam, S., McQueen, H., & Varvarigou, M. (online first 21 March 2013). The power of music in the lives of older adults. *Research Studies in Music Education*, 35(1), 83 - 98.

more positive responses. Comparisons of those in the Third and Fourth age in the music groups revealed no differences in relation to factors relating to autonomy/control or social affirmation, although there was a deterioration in relation to sense of purpose.

### **The perceived benefits of group activities**

High ratings were given by those participating in music and non-music groups to a series of statements relating to the benefits of group participation, including:

- sustaining well-being, quality of life and reducing stress;
- acquiring new skills;
- providing opportunities for mental activity and intellectual stimulation;
- promoting social activity and involvement in the community;
- providing opportunities for demonstrating skills and helping others; and
- maintaining physical health.

There were no statistically significant differences in response to the elements outlined above between music and non-music groups. However, those participating in the music groups reported higher levels of enjoyment. A multiple regression analysis revealed that for those involved in musical activities (but not for those involved in other activities), high scores for the third well-being factor—social affirmation—were predicted by strong agreement that participation in their groups (a) provided opportunities to remain involved with the community, (b) were intellectually stimulating, (c) helped to manage stress, and (d) provided opportunities for performance.

### **Benefits attributed to engagement with music**

Creech, A., Hallam, S., McQueen, H., & Varvarigou, M. (online first 21 March 2013). The power of music in the lives of older adults. *Research Studies in Music Education*, 35(1), 83 - 98.

In accordance with much of the literature cited elsewhere in this paper, the individual and focus group interviews with participants and facilitators revealed a range of perceived benefits of active musical engagement including those related to social activity, cognition, emotional and mental health and physical health.

Social benefits included a sense of belonging, a sense of playing a valued and vital role within a community, having fun and having contact with younger people in intergenerational groups. Participants also noted that being a member of a musical group helped to provide a routine and structure to their daily lives, providing motivation for leaving the house and for engaging in daily individual practice. Those who participated in intergenerational activities reported that it was fun and enjoyable, challenged stereotypes, and facilitated peer learning and the sharing of expertise.

Cognitive benefits included rising to new challenges, acquiring new skills, improved concentration and memory and a general sense of achievement related to their accomplishments in music making. Progression played a key role in underpinning these benefits. Participants spoke of how they valued remaining mentally agile and how they derived great pride in their musical competencies and achievements.

Participants and facilitators also noted many examples of improved mental and physical health. Physical health benefits included a renewed sense of vitality and rejuvenation and improved mobility. Many mental health benefits were also reported, including protection against stress and depression, a sense of purpose in life, enhanced confidence, positive feelings about life in general and support following bereavement. Overall, when questioned

Creech, A., Hallam, S., McQueen, H., & Varvarigou, M. (online first 21 March 2013). The power of music in the lives of older adults. *Research Studies in Music Education*, 35(1), 83 - 98.

about what was special about music as opposed to other activities, many participants attributed positive benefits to the creative and expressive qualities of music.

For some, music was a vehicle for redefining one's identity or rediscovering a lost 'possible self'. Through music making participants developed, or in some cases rekindled, a strong musical identity. Some participants now considered themselves to be musicians.

*After retiring at 59, I now (65 now) consider that I have become a musician. I write songs, I perform and I play guitar.*

*At first when I started playing this—because I have never seen a ukulele before . . . at first it was like this foreign object and it was so difficult and suddenly one day I thought 'it feels like part of me' and I don't have to look any more.*

This musical self-concept was bolstered by a sense of being part of a community of musicians, by having performed with their professional musician facilitators and because they spent many hours making music and practising. Participants also referred to how they thought others perceived them; being a musician was a new role, bringing with it interest and importance.

*Relatives, friends, some of them are quite intrigued. . . . they think you are a wonderful singer.*

Opportunities for performance played a major role in the perceived benefits constituting a means of receiving position affirmation from others. For many participants performances

Creech, A., Hallam, S., McQueen, H., & Varvarigou, M. (online first 21 March 2013). The power of music in the lives of older adults. *Research Studies in Music Education*, 35(1), 83 - 98.

offered an important opportunity to 'be a musician', sharing the results of their hard work with friends and relatives. Performances were opportunities for positive feedback and contributed significantly to a strong musical self-concept.

*I can now sing in tune and I am so excited and longing for our gala concert and to hear my family's reaction. No one else in the family has done anything like this.*

*First we sing as a choir, then on our own. It gives me, at my age [tearful] I'm 85, it gives me a great feeling inside me that I can sing.*

*I get a sense of achievement from participation especially when we perform for an audience.*

Some participants did not enjoy performances when they perceived these to be limited, token gestures rather than serious and valued musical events. While performances seemed to be a significant part of the participants' individual and collective musical journeys, it was important that participants perceived their contribution to be valued and meaningful.

### **Supporting participation and overcoming barriers**

Although there were very few drop-outs amongst the music participants, a number of potential barriers to participation were identified. Structural barriers were those that related to physical access to facilities, perceptions of the location as being too elitist, financial constraints and time of day (daytime was preferable). Information barriers were also identified; it was apparent that many participants had come across information about music sessions purely by chance and there did not seem to be any systematic knowledge or place that older people could access reliable information about what was available in their area.

Creech, A., Hallam, S., McQueen, H., & Varvarigou, M. (online first 21 March 2013). The power of music in the lives of older adults. *Research Studies in Music Education*, 35(1), 83 - 98.

Some personal and social barriers were also identified, including caring responsibilities, social orientations and personal interest, willingness to socialise, confidence and motivation.

Several suggestions were made with regard to how the barriers might be overcome. First and foremost, it was emphasised that music sessions needed to be welcoming and inclusive, led by facilitators who established mutually respectful communication and set challenging tasks that took account of the prior experience their adult participants brought to the group. It was also thought that care had to be taken over ensuring that the physical context was accessible, for example making use of outreach locations. Finally, pastoral support (for example, 'buddy' systems, time for socialising) was thought to be vitally important in helping individuals to develop confidence and motivation to attend group sessions.

#### Summary: The power of music in the lives of older people

Within the context of our ageing global population, we cannot afford to ignore the protective and enriching power of music in the lives of older people. There is substantial evidence that throughout the Third and Fourth Ages older people—including both the 'well' old and those constrained by age-related conditions—are able to engage with music, establish musical identities and develop as musicians.

Listening to music has been found to provide a source of positive emotion and to contribute to psychological well-being. However, it is active engagement with music within social settings that has the greatest potential to contribute greatly to fulfillment of basic psychological needs. Music making offers a sense of purpose, as well as a degree of



Creech, A., Hallam, S., McQueen, H., & Varvarigou, M. (online first 21 March 2013). The power of music in the lives of older adults. *Research Studies in Music Education*, 35(1), 83 - 98.

autonomy and control in the lives of those who participate. Musical activities also offer a source of social affirmation whereby group collaboration and sense of community relies on individual contributions that are valued and celebrated. Music offers a medium through which older people can re-connect with their youth, experience vitality and feel empowered. Above all else, music making is a joyful and creative activity that all humans, regardless of age, have an entitlement to. It is incumbent on music educators, researchers and all those with an interest in caring for older people to advocate for high quality, accessible musical opportunities throughout the life-course.

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### **Author Biography**

Dr Andrea Creech (PhD, MA, BMus, FHEA, LTCL, Dip Psych (Open) is Senior Lecturer in Education at the Institute of Education, University of London. Following a career as an orchestral musician in Canada and the UK, she was director of a Community Music School in the Republic of Ireland, developing programmes for learners of all ages. Since completing her PhD in Psychology in Music Education, Andrea has been project manager and principal

Creech, A., Hallam, S., McQueen, H., & Varvarigou, M. (online first 21 March 2013).  
The power of music in the lives of older adults. *Research Studies in Music Education*, 35(1), 83 - 98.

investigator for funded research projects in the areas of musical development across the lifespan, pedagogy and music and well-being. Andrea has presented at international conferences and published widely, including chapters in the Oxford Handbook of Music Psychology and the Oxford Handbook of Music Education as well as a co-edited book that provides an overview of the current state of music education in the UK (Hallam, S., & Creech, A. (Eds.). 2010. *Music education in the 21st century in the United Kingdom: Achievements, analysis and aspirations*. London: Institute of Education, London). She is a Fellow of the Higher Education Academy, secretary for the British Psychological Society Education Section, Board member of the International Society for Music Education and is on the editorial board of the *International Journal of Music Education (Practice)* and *Music Performance Research*.