Learning to make music in older adulthood: A mixed-methods exploration of impacts on wellbeing

Abstract

Building on burgeoning research in the field of arts and health, this article explores the role that learning music plays in enhancing wellbeing in older adulthood. Despite an increasing focus on the role of learning in supporting mental wellbeing, there is strikingly little research that examines this in relation to music, or that explores wellbeing as a subjective phenomenon captured through mixed-methods enquiry. This research addresses this gap through two interrelated studies. Study 1 adopts questionnaire measures of wellbeing with 98 music-learning and comparison participants, concluding that learning in older adulthood offers significant wellbeing benefits, with music particularly enhancing some health-promoting behaviours. To explore in more detail what learning music means to older adults, Study 2 adopts qualitative methods with a sub-group of 21 music-learning participants, concluding that learning music can enhance subjective wellbeing through six mechanisms: (i) subjective experiences of pleasure; (ii) enhanced social interactions; (iii) musically-nuanced engagement in day-to-day life; (iv) fulfilment of musical ambition; (v) ability to make music; and (vi) self-satisfaction through musical progress. Drawing the two studies together, the paper concludes by arguing for further research to contribute to the growing body of evidence placing music learning at the centre of healthy ageing agendas.

Keywords

Subjective wellbeing, health promotion, older adults, music learning, mixed-methods

Introduction

Arising from research and health initiatives catalysed by rapidly ageing populations, this article explores links between older adulthood, wellbeing, lifelong learning and music, positing that learning to make music has important implications for healthy ageing. In parallel with recent literature in the field, health—and in this context healthy ageing—is taken to mean more than an absence of illness (Murcia, Kreutz, Clift, & Bongard, 2010). Rather, healthy ageing incorporates ‘the process of optimising opportunities for physical, social and mental health to enable older people to take an active part in society without discrimination and to enjoy an independent and good quality of life’ (Swedish National Institute of Public Health, 2007, p. 200). Such a definition
steers us towards the concept of *wellbeing*, or what Ryan and Deci (2001) refer to as ‘optimal psychological functioning and experience’ (p. 142). Based on current research, wellbeing includes two perspectives: first, subjective experience of happiness and life satisfaction (the hedonic perspective) and, second, positive psychological functioning, good relationships and self-realisation (the eudaimonic perspective) (Tennant et al., 2007). While the two approaches yield different methodologies and research questions, the general consensus is that studies of wellbeing should take both hedonic and eudaimonic perspectives into account (Ryan & Deci 2001). Wellbeing is thus recognised as a *subjective* phenomenon, which reflects how people think about, feel about and generally assess their lives (Dolan, Peasgood, & White, 2008). In the context of healthy ageing, wellbeing also includes the ways that people optimise, or look after, their social, physical and mental health.

In recent years, attention has turned to the ways in which wellbeing can be enhanced. Responding to the UK Department of Health’s mental health strategy *No Health Without Mental Health* (2011), the New Economics Foundation propose ‘five ways to wellbeing’: (i) connecting with others, (ii) being active, (iii) taking notice of surroundings, (iv) giving to others and the community and (v) learning something new (NEF, 2011). Pursuing this final notion of *learning*, Field (2009)—while cautioning against over generalisation—acknowledges the direct and positive influence of adult learning on wellbeing, both in terms of how people feel about themselves and their lives and in terms of indirect benefits such as employability and health. Similarly, Biesta (2008) and his colleagues conclude that learning can be valuable to adults as a means of assisting aspects of day-to-day living and adjusting to change, providing specific knowledge or skills for particular purposes, contributing to changing self-identity and achieving agency. Working from a learner-centered perspective, Withnall (2008) confirms that adults’
motivation for engaging in learning includes, among other things, gaining new knowledge, broadening horizons, maintaining a positive outlook, understanding the modern world and gaining a sense of enjoyment and self-satisfaction. In these ways, learning can be viewed as a space for the development and maintenance of many components of subjective wellbeing.

Returning to the arts, in what ways might learning music in older adulthood impact on wellbeing? There is a growing body of literature exploring the relationships between music and wellbeing in the ageing population, and we know that music is a powerful part of many older adults’ lives (Cohen, Bailey, & Nilsson, 2002). Laukka (2007), for example, demonstrated that listening to music is a source of positive emotions, with older adults using it ‘as a resource to satisfy important psychological needs’ (p. 235). Similarly, Hays (2005) argues that music is linked to wellbeing through offering a connection with spirituality, maintenance of physical and cognitive activities, subjective experience of good health, connections with self and others and understandings and expressions of self. While valuable, both of these studies rely on everyday or routine uses of music, rather than specifically exploring the impact of learning music—a musical intervention—on wellbeing.

Nonetheless, such intervention-style studies are becoming more prevalent. Koga and Timms (2001) monitored 50 older adults participating in group organ lessons in the USA over an 11 month period, comparing them with a group of demographic-matched control participants. Among those learning music, there was evidence of decreased anxiety, depression and loneliness compared with controls. Similarly, Bugos et al. (2007) reported increased cognitive functioning among 16 participants following a programme of piano lessons and practising, compared with a control group. In singing, Cohen et al. (2006) worked with 166 older adults in
and around Washington DC, assigned to intervention or comparison groups. Intervention group participants had weekly singing rehearsals for a 30 week period, ultimately reporting a higher overall rating of physical health than comparison group participants, as well as a more rapid decrease in loneliness and an increase in the number of routine activities. Further, Clift and Hancox (2010) reported consensus among 1124 singers (mean age of 57 years) as to the positive benefits of choral singing, with a positive correlation between psychological wellbeing and positive effects of choral singing for women but not men. Exploring their data qualitatively, the researchers propose six ‘generative mechanisms’ that may account for the ways in which singing impacts on wellbeing: ‘positive affect, focused concentration, controlled deep breathing, social support, cognitive stimulation and regular commitment’ (p. 90).

While contributing to a growing argument for the role of music-making in enhancing wellbeing in older adulthood, the literature remains incomplete. First, despite the increasing focus on the role of lifelong learning in the mental wellbeing of society (Field, 2009), there is strikingly little current UK research that explores this in specific relation to learning and playing musical instruments rather than singing. The work of Taylor and Hallam (2008) is an exception, highlighting the ways in which learning the piano can contribute to self-fulfilment through satisfying adults’ need for achievement, enjoyment and self-confidence. Nonetheless, this research focuses only on learners of the piano and not solely on beginner, or novice, learners. Second, intervention-style studies have tended to focus predominantly on quantitative measures collected through physiological measurements or psychological surveys, with less space given to mixed-method designs (with the exception of Clift & Hancox, 2010) that elucidate qualitative as well as quantitative results.
The research to be reported aimed to meet these gaps through mixed-method investigation of one overarching research question: *In what ways can learning to make music in older adulthood contribute to subjective wellbeing?* We answer this question through two interlinked studies, conducted concurrently but reported here sequentially. Each study addresses the question through a different lens. Study 1 investigates the quantitative impact of learning music on subjective wellbeing, searching for trends among music-learners and drawing a comparison with non-musical learners. Study 2 focuses in on a smaller sample of music-learners in order to understand the breadth and depth of music learning in terms of the meanings it holds for older adult participants.

**Study 1**

**Participants**

A total of 98 older adults provided full datasets for Study 1 (74 female, 22 male, 2 no responses; mean age=67.87, SD=8.76). Socio-economic status (SES) was determined on the basis of receipt of state financial benefits, with participants grouped into lower SES (receipt of one or more benefits) and higher SES (receipt of no benefits). All comparison group participants were higher SES, while the music-learning group comprised both higher and lower SES. While a one-way ANOVA revealed no significant differences at baseline between the two groups across the majority of measures, the lower SES music-learners had a significantly higher baseline score than higher SES music-learners for the spiritual growth sub-scale of the HPLPII (see ‘measurement instruments’ below), $F(1)=6.05$, $p<0.05$. Given this, and reflecting previous research indicating that SES correlates with subjective wellbeing (see, for example, Pinquart & Sörensen, 2000), participants were divided into three groups as indicated in Table 1.
Music-learning participants were recruited via posters, flyers and advertisements in newsletters circulated by local charity groups for older adults. As the project progressed, recruitment was also facilitated by word of mouth. Recruitment materials informed potential participants that the music provision was free of charge, that instruments were provided and available to keep following the programme, that lessons would be facilitated by students from the Royal College of Music, London (RCM), that no previous musical experience was needed and that the programme would be researched. Criteria for participation included an age of 50 years or above, little or no recent musical tuition or learning, and the ability to travel to lesson or workshop venues (in contexts 2 and 3, see below) or an address within the local area (in context 1, see below). Participants joined the project through making phone or email contact with the first author, and all adults who met the criteria were invited to join the project subject to completion of a signed agreement indicating commitment to the full programme and research. By the end of the two years of the project, demand exceeded supply and a waiting list was in operation.

Comparison group participants were recruited from the University of the Third Age (U3A), an organisation facilitating self-managed learning opportunities for adults no longer in full time work. To ensure a degree of comparability between the music-learning and comparison groups, U3A participants were recruited from those embarking on a 12-week Shared Learning Project (SLP). Through the SLP, comparison group participants were engaged in a programme of deliberate learning from a domain outside of music or the performing arts (e.g. history or archiving). Comparison participants were recruited via a contact within U3A who arranged for the first author to present to SLP members at their first meeting. The five-minute group presentation included a
brief introduction to the project and an explanation of why comparison participants were required. All comparison group members received an invitation to a complimentary tour and lunchtime concert at the RCM as appreciation for their participation. SLP members were provided with an information pack to take away, and in order to participate returned the first questionnaire by stamped addressed envelope to the first author.

Procedure

Music-learning participants took part in a musical intervention conducted in spring 2010 or 2011 as part of the Rhythm for Life project run by the authors at the RCM. The intervention comprised a 10-week programme of music making, provided free of charge for adults aged 50 years and above. Each participant joined one of three different programmes designed for musical beginners:

- **Context 1**: a ten-week programme of free one-to-one instrumental lessons on keyboard, guitar, recorder or djembe drum, taught by a specially trained RCM student\(^1\). Lessons took place in the learner’s home once a week, for approximately 60 minutes. Instruments were provided for each learner which they kept following the conclusion of the programme.

- **Context 2**: a ten-week programme of small-group instrumental lessons on keyboard, guitar, recorder or djembe drum, taught by two specially trained RCM students. Groups ranged from three to eight participants and took place in community venues in West London. Each group met weekly for approximately 60 minutes. Instruments were provided for each learner which they kept following the conclusion of the programme.

In both contexts 1 and 2, the lessons were learner-led, with emphasis on enjoyment, fun and progression. To build in some consistency across the multiple contexts, all participants learned the relevant instrumental part to a specially-composed piece. At the
end of the ten weeks, participants and tutors from contexts 1 and 2 came together for a celebratory workshop at the RCM, at which the piece was performed as a group.

- **Context 3**: a ten-week programme of creative music workshops, led by an RCM alumnus for approximately 20 learners, with support from four RCM students. As with contexts 1 and 2, the workshops were learner-led, with emphasis on learning how to create and perform music. Workshops were held weekly in West London for approximately 90 minutes, and the programme concluded with an informal concert for friends and family at the RCM.

Across all three music-learning contexts, participants completed a battery of questionnaires prior to their first lesson or workshop. Questionnaires were sent by post to participants and returned to the researchers via a stamped addressed envelope. Following the final lesson or workshop, participants completed the questionnaires for a second time, again receiving and returning them by post. Comparison group participants completed the questionnaires after a welcome meeting of their SLP and, via post, after the final SLP meeting. All participants gave informed consent and were assured of their confidentiality. Data were stored in hard-copy at the RCM and anonymously on SPSS v19.

**Measurement instruments**

Three questionnaires were administered. The first collected basic demographic information including sex, age and SES. The second accessed wellbeing through the Short Warwick-Edinburgh Mental Well-being Scale (Short-WEMWBS) and the third accessed health-promoting behaviours through the Health-Promoting Lifestyle Profile II (HPLPII). Questionnaires were deliberately kept to a minimum to avoid participant fatigue.
The Short-WEMWBS is a 7-item version of the longer 14-item Warwick-Edinburgh Mental Well-being Scale (WEMWBS). The WEMWBS provides a validated measure of self-reported subjective wellbeing, capturing ‘a wide conception of well-being, including affective-emotional aspects, cognitive-evaluative dimensions and psychological functioning’ (Tennant et al., p. 64). Analysis has suggested that the Short-WEMWBS—the shorter, 7-item version—is sufficient and, when an interval scale measurement is required, more robust than the 14-item scale (Stewart-Brown et al., 2009). Each of the positively-worded 7 items is rated on a 5-point Likert scale from ‘none of the time’ to ‘all of the time’, and the raw scores are subjected to interval scale transformation to result in a summative metric score ranging from 7.00 to 35.00 (see Stewart-Brown et al., 2009 for full details of the transformation). Cronbach’s alpha indicated that the scale, as used in this study, was internally reliable ($\alpha=.89$).

The HPLPII measures the frequency of engagement in health-promoting behaviours, an important component of subjective wellbeing. A 52-item inventory, each item is rated on a 4-point Likert scale from ‘never’ to ‘routinely’. The instrument provides a total score for health-promoting behaviours, ranging from 1 to 4 (i.e. the mean rating of all items) and a score for six sub-scales: nutrition (N), physical activity (PA), interpersonal relations (IR), spiritual growth (SG), stress management (SM) and health responsibility (HR). Cronbach’s alpha indicated that the scale, as used in this study, was internally reliable as a total measure ($\alpha=.92$) and for the subscales of nutrition ($\alpha=.73$), physical activity ($\alpha=.81$), interpersonal relations ($\alpha=.85$), spiritual growth ($\alpha=.85$) and health responsibility ($\alpha=.81$). The alpha for the stress management subscale was $\alpha=.62$, just below the usual .70 acceptability level.
Results and discussion

Analysis was undertaken using a repeated-measures analysis of variance (ANOVA) across the three groups: (i) music-learning lower (lower SES), (ii) music-learning higher (higher SES) and (iii) comparison (higher SES). ‘Time’ (i.e. pre- and post-intervention) was the within-subjects variable and scores on the Short-WEMWBS and the HPLPII (total and five of the six subscales, excluding stress management for lack of internal reliability) were the between-subject variables.

Independent of group condition, the results show that scores on the Short-WEMWBS increased significantly from time 1 (pre-test) to time 2 (post-test) for participants in all groups: F(1, 95)=24.02, p<0.01. Additionally, there was a significant increase over time for participants in all groups in overall health-promoting behaviours, F(1,95)=15.22, p<0.01, as well as in the subscales of interpersonal relations, F(1,95)=8.31, p<0.01, spiritual growth, F(1,95)=11.01, p<0.01, and physical activity, F(1,95)=7.86, p<0.01 (see Table 2).

[Insert Table 2 around here]

While there was no significant interaction between time, group and Short-WEMWBS scores, F(2,95)=1.32, p>0.05, there was a significant interaction between time, group and two of the HPLPII subscales: physical activity, F(2,95)=3.51, p<0.05, and spiritual growth, F(2,95)=3.91, p<0.05. With reference to Figure 1, the results indicate that while mean scores for all groups increased over time, the rate of increase was steepest in music-learning participants with higher SES. While this group had significantly lower baseline spiritual growth scores than lower SES music-learners, therefore carrying more scope for improvement, neither group was approaching the ceiling of the measure at either pre- or post-test.
Having ascertained significant increases in HPLPII physical activity and spiritual growth among higher SES music-learners, one further analysis was undertaken to investigate differences according to the nature of the music-learning context (i.e. one-to-one, small-group or workshop). The analysis was undertaken using a repeated-measures ANOVA, with the same within- and between-subject variables as above, across four groups: (i) one-to-one higher SES music-learners (n=11), (ii) small-group higher SES music-learners (n=12), (iii) workshop higher SES music-learners (n=9), and (iv) a randomly selected group of 10 higher SES comparison learners (n=10). Results indicated no significant interactions between time, group and Short-WEMWBS scores, $F(3,38)=1.44$, $p>0.05$, overall health-promoting behaviours, $F(3,38)=0.93$, $p>0.05$, or any of the HPLPII sub-scales: nutrition, $F(3,38)=1.09$, $p>0.05$, physical activity, $F(3,38)=1.55$, $p>0.05$, spiritual growth, $F(3,38)=1.54$, $p>0.05$, interpersonal relations, $F(3,38)=0.12$, $p>0.05$, health responsibility, $F(3,38)=0.20$, $p>0.05$.

These results do not paint an entirely straightforward picture. While we see significant increases in Short-WEMWBS and HPLPII scores across all three groups, the differences between and within the music learning groups and comparison groups remain less clear. Where significant differences between groups did emerge, these are only in certain health-promoting behaviours rather than the overall measure of wellbeing. Additionally, differences do not appear to be consistent across socio-economic groups, with higher SES music-learning participants seeming to benefit significantly more from their music learning intervention than lower SES music-learners and comparison group members with equivalent SES. These findings do not adequately answer
the guiding research question, neglecting the lived experiences of the older adults and bringing
into question the sensitivity of the adopted measures to capture what it means to begin learning
music. To address this, we turn now to Study 2.

Study 2

Participants
Twenty-one older adults participated in Study 2, representing 31% of the 68 music-learning
participants in Study 1. While sampling was again broadly convenience, in that participants
volunteered to take part in the interviews, care was also taken to seek variation in terms of
instrument, learning context (one-to-one, small group or workshop), age, socio-economic status
and—where possible—gender (see Table 3).

[Insert table 3 around here]

The mean age of participants was 64.38 years (range 50-74 years), and four of the participants
were male. Nine participants learnt keyboard (labelled K), four djembe drum (D), three recorder
(R), two guitar (G) and three participated in the workshops (labelled W).

Recognising the methodological implications of assuming wellbeing to be a subjective
phenomenon, Study 2 assumes that realities are ‘socially and experientially based, local and
specific in nature, and dependent for their form and content on the individual persons or groups
holding the constructions’ (Guba & Lincoln, 1994, p. 110). In other words, the links between
music learning and wellbeing are not expected to reflect one ‘true’ reality, but rather multiple
realities that are specific to individual learners. For this reason, the study allows knowledge to be generated through the understandings that individuals hold of their lives and experiences (Creswell, 2009). The focus of the enquiry thus becomes in-depth exploration of participants’ accounts of beginning to learn music, framed within qualitative inquiry employed to capture the ‘nuance and complexity of the social situation under study’ (Janesick, 2000, p. 380). Complementing the results of Study 1, the qualitative approach seeks to understand what it means to begin learning music, and how this can relate to aspects of wellbeing.

Procedure

At the end of each programme of lessons or workshops, all participants received a written invitation to take part in a semi-structured interview. Participants were informed that the researcher—who was also known to them as the project coordinator—would be interested in confidentially learning more about their experiences of the project. The interviews offered a means of eliciting participants’ viewpoints (Robson, 2002) and of collecting data on inner experiences that may not always be observable (Wellington, 2000). The semi-structured format allowed us to delimit our topics of conversation but also to probe and follow-up points of interest (Fontana & Frey, 2000). The interview schedule was divided broadly into two sections, the first covering the participants’ subjective experiences of learning to make music and the second covering their subjective experiences of the links between learning music and wellbeing. Interviews were conducted one-to-one with the first author, either at the RCM or in participants’ homes. All were recorded with permission and fully transcribed, with participants assured anonymity in subsequent reporting of the data. While the semi-structured interview approach was deemed largely successful for eliciting the required data, the interviewer remained sensitive to the dangers of ‘steering’ participants to focus on the wellbeing effects of their musical
learning. As such, care was taken to ensure questions were open-ended and avoided specifically asking participants to comment on the links between their musical experiences and their wellbeing.

Data were analysed using a thematic approach informed by Interpretative Phenomenological Analysis (IPA). IPA brings into play what Smith and Osborn (2008) describe as a double hermeneutic: ‘the participants are trying to make sense of their world; the researcher is trying to make sense of the participants trying to make sense of their world’ (p. 53). Thus, the researcher takes a central interpretative role in the analysis, working closely with the text to identify themes that appear to capture what is meaningful for the participant. To achieve this, the analysis was guided by the three stages proposed by Smith and Osborn (2008). First, the transcript was read in detail by the first author, with points of meaning relating to participants’ experience of music-making noted in the left-hand margin. Second, these points of meaning were translated into emergent themes, capturing the essence of the experience for each participant, noted in the right-hand margin. Third, the emergent themes were listed in a separate document and clustered together into subordinate themes supported by extracts of participant voice from the transcript. This process was then repeated for each of the participants, before all subordinate themes were clustered together and grouped thematically into the study’s six superordinate themes. Finally, validity was established through a comprehensive check, by the second author, that each subordinate and superordinate theme was reliably extrapolated from the raw data, ensuring that interpretations did not misrepresent the data or the participants’ experiences.

Results and discussion

On the basis of the IPA, six interlinked themes emerged, each of which elucidate the impact of learning a musical instrument in older adulthood on aspects of subjective wellbeing: (i)
subjective experiences of pleasure; (ii) enhanced social interactions; (iii) musically-nuanced engagement in day-to-day life; (iv) fulfilment of musical ambition; (v) ability to make music; and (vi) self-satisfaction through musical progress.

Subjective Experiences of Pleasure. Focusing first on a hedonic understanding of wellbeing as the experience of pleasure, the first theme centres on the participants' reported enjoyment in playing a musical instrument. Typically, this enjoyment was manifested simply in a described feeling of happiness:

“We always seem to be in a really good mood. It just made you feel happy I think being part of something like that” (5K: female, 73 years old, higher SES)

“I would summarize it as to embrace so much to my well-being; it brings happiness, it helped me to look forward to something that I enjoy and I would never like it to finish” (10K: female, 69 years, lower SES)

Indicative of the wider sample, such responses capture immediately the pleasure gained from starting to learn music. What is it, though, that induces such responses? In what ways does learning music facilitate happiness? The following five themes explore answers to these questions, focusing on what it is that appears to link learning music with the subjective experience of happiness.

Enhanced Social Interactions. First, learning music emerged as an important tool in enhancing participants' social interactions. Mirroring other research (cf. Koga & Timms, 2001; Clift &
Hancox, 2010), the opportunity to meet with and mix with other people was perceived as a clear benefit of music participation:

“The thing is, we could help one another and we could actually sort of hear when somebody had gone wrong and you could actually communicate” (5K: female, 73 years, higher SES)

“I know some people, I met people, and you, the teacher and the organizer and the people from your group…maybe I meet them again, I feel that I now know some people in London because before that almost I don't know anybody here, and that is a great positive thing in my life being in touch with other people” (6K: male, 56 years, lower SES)

“These lovely people come into your house and they are so nice and sweet and so on and they light your life as well. It is some kind of joy” (9K: female, 65 years, lower SES)

While participants 5 and 6 explain the social benefits of a group setting, including learning from others (5K) and meeting new people (6K), participant 9 reminds us that the social interaction between learner and teacher, even in a one-to-one context, can also be important.

Delving deeper into this theme, there was evidence that music-learning can impact upon the wider social interactions of participants:

“I have a grandson who is very into it and he wants me to go down with the drums so we can play together” (1D: female, 74 years, lower SES)
“We often, not too long, but often sat outside on the bench practising together…We have a cleaner come three times a week, lovely man, and he is from South America and we were out there with our drum practising one day and he came past, he had a plastic linen basket, linen bin that he was disposing of and he came over, turned it upside down and he joined in with us on the bottom of the bin!” (3D: female, 72 years, lower SES)

“My objective is to play some music to my wife and to sing to my wife. She is in a nursing home and although she has got all sorts of the mental problems about Parkinson’s and so on, the one thing that seems to be ok is her presence and her personality. She is there, she’s not dead in that sense. So, that gives me some encouragement to do something…The good part about the music is that it has the potential to involve not only groups but also, in the particular case of my wife, where I want to be able to give her something and she is able to respond in a certain way to give to me because if she could sing along with me it would be great” (16R: male, 70 years, higher SES)

For all three of these participants, learning music appears to have facilitated meaningful and musical contact with someone beyond the music group. While group-learning settings may offer tangible opportunities to meet and socialise with new people, music-learning also appears to have the potential for facilitating new social interactions beyond the immediate music-learning context.
Musically-Nuanced Engagement in Day-to-Day Life. Linked with the above, the third theme captures the ways in which learning music enabled an enhanced engagement with day-to-day life, manifested firstly in learners’ changing listening habits:

“It wasn’t something that, when you left, you put it out of your mind. You thought about the music and you thought about the rhythm and you started to do it at home, and I hear music now on the television and then I listen for rhythm now” (19W: female, 67 years, higher SES)

“What I found mostly is I started looking out for rhythm around me and listening to beats and it was like, you feel happy, smile on your face, and you start being aware of your surroundings…sound is very important, everything around is frequency, you start being aware of that when you focus on music and instruments, it brings a different, another dimension to everyday routine” (14R: female, 66 years, lower SES)

We see here evidence of both a changing experience of listening to music (19W) as well as a changing experience of listening to the world more widely (14R), both of which appeared to add a level of musically-nuanced engagement to daily life. Furthermore, participants used music to alter their daily lives, creating spaces in which to transcend and be distracted from everyday routines and concerns:

“It is also giving me something else to focus on instead of getting into a rut you know I tend to go to work, come home, after a couple of drinks, go home have my dinner do something on the computer because I do a lot of reading for the overseas students,
proofreading. Do something on the computer and go to bed, boring" (8K: female, 64 years, higher SES)

“I think it makes you feel, also I mean I hadn't been feeling very well in recent times and getting myself out and going to that, it sort of cheered me up, it brings you out of yourself doesn't it. I think if you're ever feeling a bit down or got some problem you forget about it for a little while because you are having a bit of fun” (5K: female, 73 years, higher SES)

“It was a chance for me to switch off from the rest of my world and get into a different world, like a more creative world” (20W: female, 55 years, lower SES)

Learning music, then, can be said to offer a means of (re)engaging with day-to-day life, facilitating new interest in the world through music or generating a new focus to, or relief from, daily routines.

**Fulfilment of Musical Ambition and Desire.** A recurring theme throughout the transcripts was the love of music expressed by participants, indicative in the words of two learners: “I just love music, I want it in my home all the time” (3D); “I have always wanted music around me, I am not happy without music” (7K). Bound up within this seemingly powerful connection with music was the apparent fulfilment of musical ambition that learning an instrument offered:

“This is the chance for me to switch off from the rest of my world and get into a different world, like a more creative world” (20W: female, 55 years, lower SES)
“It’s like giving a new lease of life, that’s what I felt. And it will be something to look forward to, something for yourself that you’ve always wanted to do, but you’ve got the opportunity there, a shack of window being opened” (7K: female, 66 years, lower SES)

“Everybody in the family played an instrument and I was the only one who didn’t and I felt, kind of always felt a little left out. So when this came up I said well maybe I start, this is good” (14R: female, 66 years, lower SES)

Captured here is a sense that learning an instrument had been a long-held desire of these participants; something that had previously eluded them for perhaps financial or social reasons. As participant 7 explained, learning an instrument can be ‘something for yourself’ that reflects both personal interest and musical aspiration, ‘opening a window’ onto a musical world that has hitherto been closed. Indeed, many participants were clear as to which instrument they sought to learn, reflecting specific musical interests and ambitions rather than a more generic desire to engage in music-making. Learning music, then, seemed to offer a specific form of fulfilment to participants, realising long-held and powerful musical ambitions.

*Ability to Produce and Make Music.* Closely linked with the above theme was the participants’ new-found ability to *produce or make* music. Rather than being consumers of music—typically through listening or watching others—participants expressed satisfaction at their ability to be, themselves, the producer of music:

“There is a different experience because you are part of it, you are making it” (3D: female, 72 years, lower SES)
“I think being able to play things is nice and I’ve wanted to do it for some time” (11K: female, 60 years, higher SES)

“I suppose [being part of the project] meant to…use a creative talent that I hadn’t used for a long time, and so therefore, I think, as a person…suddenly, you start to release a part of yourself, and it can help you with things, like say if you’re depressed or whatever. I always remember somebody telling me once I was a frustrated artist, and it’s probably true because, you know, you haven’t had any outlet for these things for years and then…when you do get an outlet, you really enjoy it, and it feels like there’s a part of you that’s grown, that was stifled maybe for a long time” (20W: female, 55 years, lower SES)

This ability to ‘actually produce something’—to be able to make music in a way that has not previously been possible—is important in and of itself, facilitating a forum for expression and ownership. Unpacking this further, however, we see that the ability to make music also has the potential to break down the mystery associated with this pursuit:

“The highlights are seeing these dots on a page, when you are new to music and I have always been intimidated that I can’t read music, this great mystery reading music. But you suddenly find you’ve done it, you’ve been shown how to play something” (18G: female, 67 years, higher SES)

“I’m still in awe of musicians but maybe slightly less because some of the fog has been removed. I realize it’s possible if I did keep at it” (13K: male, 52 years, higher SES)
For these learners, making music appears to have been hitherto associated with mystery, intimidation or awe. The lessons, then, appeared to serve as a form of demystification, allowing participants to enter a new musical world that they realised is open to them and that they can be part of.

**Self-Satisfaction through Musical Progress.** In addition to entering a new musical world, the final theme to emerge from analysis was the participants’ desire to make progress in this world. Similar to the high degree of volition regarding instrument choice, learners demonstrated a strong determination to develop their skills:

“When it comes to something like that [playing the drum], I like to do it properly” (3D: female, 72 years, lower SES)

“I have got to toe the line; otherwise there is no point in doing it” (8K: female, 64 years, higher SES)

Linked with this determination to apply oneself was the satisfaction participants reported from noting their progress, bringing into focus a relationship between achievement and what participant 8 describes as the ‘feel good factor’:

“Well it gives me personal involvement with music and a way of concentrating on certain pieces and the satisfaction of knowing that I am making some progress, however slow, in the special subject of my choice” (15R: female, 73 years, higher SES)
“[It] sort of makes you feel good about yourself because you have achieved it. So even if it is a small piece, you know a short piece, if you can do it right, if you can do it well you feel as if you have achieved something and it makes it, definitely gives you the feel good factor” (8K: female, 64 years, higher SES)

“This is really doing completely different things, new things, and feeling that you can master them, you know. It really is a great feeling” (21W: female, 67 years, higher SES)

Resonating with Taylor and Hallam (2008), these participants appeared to be attaining what Biesta (2008) terms ‘agency’, putting their effort to work in a discipline that is meaningful to them (learning music), seeing the rewards of this effort and, thus, finding satisfaction in their learning.

That working towards this goal also involves a certain degree of vulnerability, however, was captured in the appreciation that participants expressed towards the supportive and encouraging feedback provided by their student-teachers:

“He didn’t discourage me by correcting me and he never made me feel hopeless. But he did correct me and he did try to make me do things properly but at the same time encouraged and complimented” (18G: female, 67 years, higher SES)

“He made you feel as though you were good even if you weren’t” (1D: female, 74 years, lower SES)
Embedded within these examples is evidence of the anxiety associated with learning music, linked perhaps with the sense of awe or intimidation expressed towards music-makers. The ability of teachers to ensure that learners felt supported and comfortable in their lessons appeared to be central to providing an environment in which the adults could progress and meet their aims. *Feeling* good as a musician, and feeling good in the lessons, appeared to be an important part of what learning music meant to these adults.

Drawing Study 2 to a close, then, we see six mechanisms through which learning a musical instrument links with enhanced subjective wellbeing. In the following discussion, we look across the two studies to draw conclusions and implications for the role of music in healthy ageing agendas.

**General discussion**

The two studies presented in this article provide different viewpoints on the links between learning music in older adulthood and subjective wellbeing. Recalling the definition of wellbeing put forward in the introduction, encompassing feelings of happiness, positive psychological functioning and behaviours optimising social, physical and mental health, evidence from both studies point to the role that music can play in healthy ageing. Study 1 indicates a clear improvement in wellbeing across all learners, supporting Field (2009), Biesta (2008) and Withnall’s (2010) assertions that learning has the potential to support and enhance wellbeing in adulthood. Yet, the impact of learning *music*, as opposed to learning in other domains, remains less clear. Nevertheless, among two directly comparable groups—comparison learners with higher SES and music-learning learners with higher SES—those learning music see a steeper increase in the frequency of
behaviours promoting physical activity and spiritual growth. For some music learners, then, music may encourage self-optimisation of important aspects of physical and mental health.

Study 2 elucidates the mechanisms underlying music’s potential impact on older adults, exploring the phenomenon of wellbeing as it is experienced by learners. Here, we see qualitative evidence for the wellbeing effects of the music intervention, with benefits appearing to stem from music-specific themes: musically-nuanced engagement in day-to-day life, enhanced social interactions through music, a fulfilment of musical ambition and desire, the ability to produce and make music and self-satisfaction through musical progress. Learning music appears to catalyse wellbeing benefits in music-specific ways, offering participants an opportunity to realise long-held musical ambitions that transform their participation in music from an ‘outsider’ watching or listening to others to an ‘insider’ creating and playing music. In a link with Taylor (2011), the learners here can be thought of as realising ‘possible musical selves’ (p. 210) as their participation in music shifts and they learn new skills that facilitate a more active engagement. While, over the course of a ten-week intervention, these skills will not lead to mastery, the simple act of participating in music, and being able to do so in a meaningful manner where progress—however small—can be observed, appears to be central to the positive experience of the older adults. Recalling that wellbeing comprises both hedonic and eudaimonic perspectives, learning music appears to offer both immediate forms of happiness and pleasure (hedonism) as well as more long-term feelings of satisfaction, progress and enhancement of daily life and routines, as represented in Figure 2.

[Insert Figure 2 around here]
The research is not without its limitations, however. Importantly, Study 1 was not designed as a randomised controlled trial, and sampling was predominantly convenience. This reflects the nature of the project, which was a new initiative for the RCM and which required pragmatic decisions that reflected real-world practices and naturalistic contexts (Robson, 2002). Following Skingley, Clift, Coulton, and Rodriguez (2011), a randomised controlled trial focused on learning musical instruments is a logical next-step for further exploring the findings outlined here. Additionally, further work to generate larger sample sizes, allowing for investigation of group-differences across learning contexts will be important. The intervention reported here was short (10 weeks), and it may be that differences according to learning context emerge once the initial exposure to music has faded. Such knowledge will be important in terms of ascertaining the cost-effectiveness of one-to-one and group music interventions. Additionally, the use of the Short-WEMWBS requires further consideration, determining the sensitivity of this scale to change over time in relation to music-focused interventions.

Finally, Study 2 focused exclusively on music-learners, and did not include learners from the comparison group. As such, and in light of the somewhat inconclusive findings from Study 1, it becomes difficult to ascertain the extent to which learning to play music, over and above learning in other domains, enhances wellbeing. Indeed, we know that learning to sing and listening to music can also lead to wellbeing and positive health effects (Clift & Hancox, 2010; Gick, 2011; Hays, 2005; Laukka, 2007). While the current article illuminates some of the ways in which actively playing music can contribute to an enhanced experience of wellbeing, further research is needed in order to examine whether playing music offers a more effective learning-invention than other disciplines or forms of engagement with music. Certainly, enquiry should
continue to place emphasis on both numerical measures of wellbeing and the lived experiences of those who undertake learning in older adulthood.

Turning finally to the implications of the research, there are several points to note in regards to provision of music learning for older adults. First, Study 2 highlights the importance of offering learners choice, in terms of instrument and learning context, in order to recognise adults’ often long-held ambitions for particular forms of musical engagement. Further, the findings bring to the fore the need for learners to feel supported and unthreatened as they begin their music learning, with teachers fostering an environment in which adult learners can make progress while not being afraid of mistakes. Additionally, it is important for teachers to facilitate music-making from the very first lessons, integrating this alongside more theoretical learning such as reading musical notation. Although arguably important in all music lessons, this has particular resonance for older adults for whom music retains an element of ‘mystery’, and who can benefit from a speedy transition into being a ‘player’ and ‘maker’ of music. Finally, the article lays an important foundation in arguing for the role of learning music in older adulthood as a means of enhancing subjective wellbeing. For policy makers, there is a compelling argument for music provision to play a role in healthy ageing agendas. As Mills (2007) reminds us, ‘the world of playing an instrument is, for many people, one of unrequited dreams’ (p. 2); this article demonstrates that when such dreams become reality the benefits for wellbeing can be pronounced. Further research is necessary to establish more explicitly the interconnection between different forms of music instrument learning and subjective wellbeing.

**Funding**
Rhythm for Life was funded by the Esmée Fairbairn Foundation (grant number 09-1722).

Acknowledgments

We gratefully acknowledge all participants and contributors to the project and, in particular, the University of the Third Age (U3A) for facilitating recruitment of the comparison group.

Note

1 Rhythm for Life acknowledged that teaching older adults was not a common pursuit for RCM students, and took special care to ensure that they were prepared and supported in their role as project teachers. Training was provided in three parts: (i) a pre-programme training day, (ii) regular observation from project leaders and an educational advisor, with formal and informal feedback and (iii) an informal drop-in session with the educational advisor where students were encouraged to share their successes and challenges. The pre-programme training day was delivered in collaboration with the educational advisor and experts from Age Concern, and included topics of (i) working with older adults, (ii) safe and lone working and (iii) instrumental teaching and older adults.

2 Lower SES music-learners were excluded and a random selection of 10 comparison participants undertaken in order to maintain a level of parity, in terms of numbers, across the four groups included in the analysis.

Word count: 7,138 (excluding abstract, notes and references)
References


Tables

Table 1. Study 1 participants

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Mean age (SD)</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comparison Higher SES</td>
<td>30</td>
<td>67.55 (7.40)</td>
<td>F:23, M:5*</td>
</tr>
<tr>
<td>Music-learning Higher SES</td>
<td>32</td>
<td>67.84 (8.51)</td>
<td>F:25, M:7</td>
</tr>
<tr>
<td>Learning contexts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. One-to-one lessons</td>
<td>11</td>
<td>68.55 (9.44)</td>
<td>F: 6, M:5</td>
</tr>
<tr>
<td>2. Small-group lessons</td>
<td>12</td>
<td>68.75 (8.38)</td>
<td>F: 10, M:2</td>
</tr>
<tr>
<td>3. Creative workshops</td>
<td>9</td>
<td>65.78 (8.12)</td>
<td>F: 9, M:0</td>
</tr>
<tr>
<td>Music-learning Lower SES</td>
<td>36</td>
<td>68.14 (10.11)</td>
<td>F:26, M:10</td>
</tr>
<tr>
<td>Learning contexts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. One-to-one lessons</td>
<td>10</td>
<td>66.50 (8.28)</td>
<td>F:7, M:3</td>
</tr>
<tr>
<td>2. Small-group lessons</td>
<td>20</td>
<td>70.55 (10.79)</td>
<td>F: 16, M:4</td>
</tr>
<tr>
<td>3. Creative workshops</td>
<td>6</td>
<td>62.83 (9.35)</td>
<td>F:3, M:3</td>
</tr>
</tbody>
</table>

* F=female, M=male. Two control participants declined to provide their sex. No comparison group participants had lower SES.
Table 2. Short-WEMWBS and HPLPII mean scores (and standard deviations) pre-test and post-test for all participants (music-learning and comparison groups combined)

<table>
<thead>
<tr>
<th></th>
<th>Pre-test</th>
<th>Post-test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-WEMWBS**</td>
<td>22.94 (4.11)</td>
<td>24.61 (4.32)</td>
</tr>
<tr>
<td>HPLPII Total**</td>
<td>2.54 (0.40)</td>
<td>2.65 (0.44)</td>
</tr>
<tr>
<td>HPLP Nutrition</td>
<td>2.82 (0.52)</td>
<td>2.88 (0.56)</td>
</tr>
<tr>
<td>HPLP Physical Activity**</td>
<td>2.30 (0.65)</td>
<td>2.41 (0.67)</td>
</tr>
<tr>
<td>HPLP Interpersonal Relations**</td>
<td>2.81 (0.58)</td>
<td>2.93 (0.61)</td>
</tr>
<tr>
<td>HPLP Spiritual Growth**</td>
<td>2.71 (0.58)</td>
<td>2.86 (0.62)</td>
</tr>
<tr>
<td>HPLP Health Responsibility</td>
<td>2.21 (0.58)</td>
<td>2.28 (0.62)</td>
</tr>
</tbody>
</table>

** Represents a significant difference between pre- and post-tests at p<0.01.
Table 3. Study 2 participants

<table>
<thead>
<tr>
<th>Participant</th>
<th>Instrument</th>
<th>Lesson context</th>
<th>Age*</th>
<th>Gender</th>
<th>SES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1D</td>
<td>Djembe drum</td>
<td>Group</td>
<td>74</td>
<td>Female</td>
<td>Lower</td>
</tr>
<tr>
<td>2D</td>
<td>Djembe drum</td>
<td>Group</td>
<td>50</td>
<td>Male</td>
<td>Higher</td>
</tr>
<tr>
<td>3D</td>
<td>Djembe drum</td>
<td>Group</td>
<td>72</td>
<td>Female</td>
<td>Lower</td>
</tr>
<tr>
<td>4D</td>
<td>Djembe drum</td>
<td>Group</td>
<td>60</td>
<td>Female</td>
<td>Lower</td>
</tr>
<tr>
<td>5K</td>
<td>Keyboard</td>
<td>Group</td>
<td>73</td>
<td>Female</td>
<td>Higher</td>
</tr>
<tr>
<td>6K</td>
<td>Keyboard</td>
<td>Group</td>
<td>56</td>
<td>Male</td>
<td>Lower</td>
</tr>
<tr>
<td>7K</td>
<td>Keyboard</td>
<td>Group</td>
<td>66</td>
<td>Female</td>
<td>Lower</td>
</tr>
<tr>
<td>8K</td>
<td>Keyboard</td>
<td>One-to-one</td>
<td>64</td>
<td>Female</td>
<td>Higher</td>
</tr>
<tr>
<td>9K</td>
<td>Keyboard</td>
<td>One-to-one</td>
<td>65</td>
<td>Female</td>
<td>Lower</td>
</tr>
<tr>
<td>10K</td>
<td>Keyboard</td>
<td>One-to-one</td>
<td>69</td>
<td>Female</td>
<td>Lower</td>
</tr>
<tr>
<td>11K</td>
<td>Keyboard</td>
<td>One-to-one</td>
<td>60</td>
<td>Female</td>
<td>Higher</td>
</tr>
<tr>
<td>12K</td>
<td>Keyboard</td>
<td>One-to-one</td>
<td>62</td>
<td>Female</td>
<td>Lower</td>
</tr>
<tr>
<td>13K</td>
<td>Keyboard</td>
<td>One-to-one</td>
<td>52</td>
<td>Male</td>
<td>Higher</td>
</tr>
<tr>
<td>14R</td>
<td>Recorder</td>
<td>Group</td>
<td>66</td>
<td>Female</td>
<td>Lower</td>
</tr>
<tr>
<td>15R</td>
<td>Recorder</td>
<td>One-to-one</td>
<td>73</td>
<td>Female</td>
<td>Higher</td>
</tr>
<tr>
<td>16R</td>
<td>Recorder</td>
<td>One-to-one</td>
<td>70</td>
<td>Male</td>
<td>Higher</td>
</tr>
<tr>
<td>17G</td>
<td>Guitar</td>
<td>Group</td>
<td>64</td>
<td>Female</td>
<td>Higher</td>
</tr>
<tr>
<td>18G</td>
<td>Guitar</td>
<td>One-to-one</td>
<td>67</td>
<td>Female</td>
<td>Higher</td>
</tr>
<tr>
<td>19W</td>
<td>Workshop</td>
<td>Large group</td>
<td>67</td>
<td>Female</td>
<td>Higher</td>
</tr>
<tr>
<td>20W</td>
<td>Workshop</td>
<td>Large group</td>
<td>55</td>
<td>Female</td>
<td>Lower</td>
</tr>
<tr>
<td>21W</td>
<td>Workshop</td>
<td>Large group</td>
<td>67</td>
<td>Female</td>
<td>Higher</td>
</tr>
</tbody>
</table>

* At commencement of project.
Figures

![Graph showing mean scores for HPLPII physical activity and spiritual growth](image)

**Figure 1.** Mean scores for (i) HPLPII physical activity and (ii) HPLPII spiritual growth divided by three groups (comparison, music-learning lower SES and music-learning higher SES).

HPLPII physical activity scores (mean and standard deviation, pre-test to post-test): comparison group: 2.43(0.63)-2.44(0.67); music-learning lower SES group: 2.20(0.69)-2.27(0.71); music-learning higher SES group: 2.28(0.60)-2.54(0.62).

HPLPII spiritual growth scores (mean and standard deviation, pre-test to post-test): comparison group 2.69(0.56)-2.81(0.61); music-learning lower SES group: 2.88(0.65)-2.90(0.75); music-learning higher SES group: 2.54(0.48)-2.85(0.47).
**Figure 2.** The qualitative impact of learning to make music on subjective wellbeing.