

Examining Music Self-Concept in Older Adults

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ABSTRACT

Examining Music Self-Concept in Older Adults

Mia Saadon

Each person has a unique relationship to music and constructed perceptions of their musical abilities referred to as a 'music self-concept'. There is a gap in the music therapy literature regarding this construct, specifically, for older adults. The purpose of this phenomenological study was to examine the music self-concepts of three older adults through semi-structured interviews. The data was analyzed and coded into three global meaning units: (a) positive music self-concept (b) negative music self-concept and (c) evolving music self-concept. The emergent themes influencing music self-concept included: access to financial means, feedback from significant persons, social comparisons, music in the home environment, self-confidence, interest in music, availability of a support network, and the acceptance of oneself as a musical being. From these findings, practical implications for further research and practice in the music therapy field are presented.

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Chapter 1. Introduction

Significance and Need

It is a commonly held belief in music therapy that most people are born with inherent musical potential (Aigen, 2014; Nordoff et al., 2007). Music therapists help clients to identify, develop, and/or capitalize upon this potential for a wide range of therapeutic purposes (Bruscia 2014). In order for clients to realize the maximum benefits of music therapy intervention, they need to participate in receptive and/or active music experiences that take place in individual or group music therapy contexts. Receptive music experiences are those wherein “the client[s] listen[s] to music and responds to the experience silently, verbally, or in another modality” (Bruscia, 2014, p. 134). Alternatively, active music experiences are those wherein the client[s] is[are] actively making music (Bruscia, 2014; e.g., singing, playing instruments, etc.). It is the music therapist’s role to help facilitate and/or support clients’ participation in these experiences and clients do not need to have any formal musical knowledge, training, or background.

In my experiences of working in long-term care contexts as a music therapy student and, more recently, as a certified music therapy professional in Canada (Music Therapist Accredited or MTA), I have observed situations in which older adult clients were hesitant to participate in active music making due to beliefs they hold about their own lack of musicality. They said things like, “I can’t sing,” “I am not musical,” or “I have no rhythm.” When I asked these individuals why they held these beliefs, they usually indicated that they had received negative feedback in the past about their lack of musical ability from, for instance, teachers or family members. Some also described past music experiences in which they felt embarrassed, humiliated, and/or inferior (e.g., laughed at when singing in front of classmates), and this led to a subsequent decrease in their active music making activities (e.g., they did not sing in front of others ever again). These ‘musical traumas’ often occurred during their elementary school years and the effects continued to resonate throughout the course of their lives. I began to realize that not only were these older adults’ beliefs not necessarily accurate, but they were also inhibiting their level of active participation in music therapy, thus potentially limiting the realization of a full spectrum of therapeutic benefits. A range of health and wellbeing benefits specific to active participation in music and music therapy for older adults has been noted in the scholarly literature (e.g., improvements to self-confidence, social connectivity, and emotional wellbeing; Abbott, 2013; Hillman, 2002). A summary of this literature will be presented in Chapter 2.

A review of the literature revealed scant information on music therapy clients' perceptions of their own musicality and any impact that this might have on their potential to benefit from music therapy. Chong (2010), a music therapist, surveyed 90 adults who identified as non-vocalists in order to examine their attitudes toward singing. Ten of the participants indicated that they did not enjoy singing due to negative perceptions of their own voice and/or being sensitive to others' judgments about their voice. Chong suggested that future research explore how to "ameliorate insecurities" (Chong, 2010, p. 123) so that non-vocalists can learn how to use singing to meet various personal and interpersonal needs that have been noted quite extensively in research literature (e.g., spiritual connection, communication with self and others; Clift, 2012; Gotell, 2009; Norton, 2008). Similarly, two qualitative studies conducted by music educators examined adult participants' *music self-concept* through narrative reporting. Both researchers concluded that early negative experiences with music (i.e., traumatic memories within a school choir or failed attempts at learning an instrument) led to a negative music self-concept in adulthood (Abril, 2007; Ruddock, 2007). In a study conducted by Austin (1990), 252 students in grades 5 and 6 completed a Self-Esteem of Musical Ability scale (SEMA). Results indicated that students with higher music self-esteem scores were more likely to be involved in music activities (Austin, 1990). Hedden (1982), a researcher and elementary school music teacher, was interested in identifying predictors of musical achievement. One-hundred and forty-four student participants in the fifth and sixth grade completed the Self-Concept in Music scale (SCIM), the Attitude Toward Music Scale (ATMS) and a Musical Achievement Test (MAT, Level One). Results indicated that students with both a positive music self-concept and a positive attitude toward music were more likely to succeed in achieving musical goals than children with negative music self-concept and negative views toward music (Hedden, 1982). Collectively, these studies suggest that one's music self-concept can have an impact on whether—and how—one chooses to participate in music making experiences throughout one's life. In other words, people may limit their participation in music making experiences if they believe that they are not musically inclined.

While putting together my research proposal for the current study, I had the opportunity to consider some potential broader implications related to music self-concept. At that time, I was working as a graduate student research assistant on a multidisciplinary team study that was investigating whether differences in basic rhythmic ability in healthy older adults are associated

with the regularity of walking, and how this relationship may change with typical aging. This study was entitled the *Walking and Rhythm* (WnR) study. The overarching long-term goal of this research project (ongoing at the time of this writing) is to develop a sustainable and effective auditory aid to promote safe walking and reduce falls for older adults. As part of the data collection procedure, participants complete a number of tests related to their rhythmic ability. I began to wonder if one's subjective music self-concept could impact their test performance (i.e., if one believes that they are not musical, would this have a negative impact on their test scores and thus not be an accurate measure of their actual rhythmic abilities?). Given the potential relevance of this question to the multidisciplinary team study and its potential implications for other research projects that utilize standardized musical ability measures, my proposed thesis study became an integrated component of this multidisciplinary research.

Purpose Statement

Given the possible impact that older adults' music self-concept might have on their potential to benefit from active music therapy interventions, and the potential relevance of music self-concept for research that utilizes measures of musical ability, the purpose of the present research project was to examine three older adults' music self-concepts, as described by them, in qualitative interviews. Implications of these results for music therapy practice and research, as well as for other types of research projects that utilize standardized measures of music ability, are presented in Chapter 5.

Research Questions

The primary research question was: How do three older adults each describe their music self-concepts? Subsidiary research questions were: What common themes exist across participants' descriptions? What contrasting themes exist across participants' descriptions? What implications might these findings have for music therapy practice? What implications might these findings have for research that utilizes standardized tools that measure music ability?

Key Terms

There are a number of key terms contained in the research questions that need to be defined within the context of the present study.

Self-concept was defined as one's conception of self, constructed from the combination of internal beliefs and societal feedback from one's environment (Greenberg, 1970; Hash, 2017).

Music self-concept was defined as the conceptualization of one's own music ability. In constructing one's music self-concept many factors may be involved including: exposure to music, interest in music, musical activities involved in now or in the past, musical achievement, self-judgements of musical ability, feedback from others on musical ability, and music-related traumas (Abril, 2007; Austin, 1990; Bruscia, 2014; Hash, 2017; Hedden, 1982; Ruddock, 2007).

Within the general context of this study, *older adults* refers to persons over the age of 60 (World Health Organization, 2017). Criteria for inclusion and delimitations related to participation and age specifically will be further explained in Chapter 3.

Standardized tools are those that have been determined to contain valid and reliable constructs (Salkind, 2013). Tools referred to within the context of this study measure aspects of musical ability. An example of such a tool is the Goldsmiths Musical Sophistication Index (Müllensiefen et al., 2014).

Summary of Chapters

This thesis is organized into five chapters. Chapter 1 describes the significance of and need for the present inquiry. The purpose of the study, the primary research question, and relevant key terms are also presented. In Chapter 2, literature related to my topic is explored through three different, but associated, lenses: (a) music self-concept, (b) music self-concept in music therapy, and (c) the importance of music and music therapy for older adults. Chapter 3 describes the philosophical underpinnings and delimitations of the qualitative research design. It also contains my epoché, ethical considerations, information about the participants, and data collection and analysis procedures. Chapter 4 contains the results of the inquiry. Three narratives are presented, as well as shared and contrasting meaning units and themes that emerged. Chapter 5 discusses the results, identifies limitations of the study, and presents implications for music therapy practice as well as implications for interdisciplinary research projects for music therapists.

Chapter 2. Related Literature

The purpose of the present chapter is to examine and summarize literature in order to reveal what is known and not known in relation to the current research topic: older adults' verbal descriptions of their music self-concepts. I have organized the literature into three overarching topic areas: (a) music self-concept (b) music self-concept in music therapy, and (c) the importance of music and music therapy for older adults.

Music Self-Concept

Origin and Development

Shavelson, Hubner and Stanton (1976) contributed a seminal definition of *self-concept* that has since been embraced by many researchers; they described self-concept as, “a person’s self-perceptions in multiple domains, encompassing feelings of self-confidence, self-worth, and ability” (as cited in Morin et al., 2016, p. 915). Self-concept has been found to have a significant positive effect on an individual (Marsh, 2007; Marsh & Craven, 2006), specifically in regard to participation (Austin, 1990; Demorest, Kelly & Pfordesher, 2017) and achievement (Austin & Vispoel, 1998; Hedden, 1982). Fiedler and Spychiger (2017) recognized that “self-concept is intertwined with the motivational system, and linked with perception and action, learning and development” (p. 168). There seems to be a general consensus among researchers who study this phenomenon that “maximizing self-concept is . . . a critical goal in itself and a means to facilitate desirable [personal] outcomes in a diversity of settings” (Marsh, Craven & McInerney, 2003, p. 3).

So, what is *music* self-concept? As previously noted in the section on key terms (Chapter 1), music self-concept can be defined by one’s personal relationship to music. It represents a person’s perception of their abilities when participating in musical activities such as singing, playing instruments, or synchronizing to a rhythm. This construct is influenced by internal and external mediating factors, such as self-judgement, social comparisons, family musical values, feedback from others, and music-related traumas (Abril, 2007; Bruscia, 2014; Ruddock, 2007). Spychiger (2017) stated that “*musical* self-concept summarizes a person’s answers to his or her inquiries into ‘who-I-am’ and ‘what-I-can-do’ questions with regards to music” (p. 268).

Through the use of narrative inquiry, Ruddock (2007) asked a group of university students if they felt that they were musical. Sixty-nine percent claimed that they were not musical. Findings suggested that early negative experiences with music, such as unsuccessful

attempts at learning the guitar, were significant enough to change perceptions of music ability up until adulthood (Ruddock, 2007). Many people in the cohort spoke about music ability in a conclusive, binary fashion, considering music competence to be related to natural-born talent. Over the years, through socio-cultural feedback or their own personal beliefs, they came to the conclusion that music ability is a talent deep-rooted in a person's hard wiring (Ruddock, 2007). Chad West, a music educator, stated his concern with the *natural talent* ideology: "Society as a whole promotes the use of internal-stable attributions for musical achievement when it portrays musical achievement as being directly correlated with musical ability by referring to the *gift of music* and *musical talent*" (West, 2013, p. 16). He argued that when people believe in these rigid, early-set identities, impetus for growth is slim (West, 2013).

Psychologists Markus and Kunda (1986) proposed that self-concept is flexible, depending on one's social influences; the term they used for this is a "working self-concept" (p. 859). A researcher studying musical identities throughout the lifespan agreed that musical ability should be seen as malleable, not merely inborn talent. In the *Handbook of Musical Identities*, Lamont (2017) concluded that:

For music, there was no convincing weight of empirical evidence to support any talent argument. Rather, the evidence showed that practice and support from others (parents, teachers, and peers) explained most variation in individual achievement in music performance, and so-called talented individuals still required substantial training and support to reach high levels of achievement. (p. 176)

With this knowledge, music self-concept has the capacity to be ever-changing. People's perceptions of their musical ability vary based on experience, training, and social encounters in music (Lamont, 2017).

Music Self-Concept Scales

Music educators and psychologists have designed various measurement tools to evaluate music self-concept in individuals (mainly to discover if one has positive/negative music self-concept). However, if one were to look deeper into the contents of these quantitative scales, examples of thoughts, feelings, and experiences relating to perceptions of musical ability are found. By reading through established scales, one can gain a basic understanding of what music self-concept entails.

Responding to the lack of existing self-concept scales in the art world, Walter P. Vispoel became the founder of the original arts-based self-concept scale. He created the Arts Self-Perception Inventory (ASPI) in order to measure self-perceptions of ability in regard to the main artistic domains: *dance*, *music*, *visual arts*, and *dramatic arts*. Initial respondents were adolescents in elementary school (Vispoel, 1993a), and later, adults in college (Vispoel, 1996). To determine music self-concept, he asked participants to rate how they viewed themselves when “singing, instrument playing, music reading, composing, listening, and creating dance movements” (Vispoel, as cited by Hash, 2017, p. 204). Responses to statements were recorded with a six-point Likert scale, with *True* and *False* at opposite ends of the spectrum (Vispoel, 1993a). Some examples of statements that were rated include: “I am confident in my ability to perform music,” “People like to hear me perform music,” and “Learning music is harder for me than other people” (Vispoel, 1993a, p. 1026). During the same year, Vispoel created an 84-item scale, solely focused on perceptions of musical skills, called the Music Self-Perception Inventory (MUSPI). This measured both domain-specific music self-concept (e.g., “I am better than most people my age at singing” or “I am good at identifying characteristics of music by ear”), as well as global music self-concept (e.g., “I am good at doing most music-related activities”; Morin et al., 2016, p. 5).

In the 1990s, the term *music self-esteem* was commonly used to examine perceptions of self in music (Austin, 1990; Sanders & Browne, 1998). Sanders and Browne (1998) explained that “although the two terms are defined differently, tests of self-concept and self-esteem seem to measure similar constructs” (Sanders & Browne, 1998, p. 75). In 1979, Schmitt built a quantitative scale created to test “music self-esteem” called Self-Esteem of Music Ability scale (SEMA). Interestingly, to the present day, the SEMA scale is the tool most used to measure music self-concept (Austin & Vispoel, 1998; Hash, 2017; Laycock, 1992; Randles, 2010). Researchers seem to accept these two constructs as interchangeable. In replicating the constituent components involved in the SEMA to create a music self-concept scale, music education researcher Hash (2017) proposed that the phenomenon is constructed with influence from these three sources: “(1) support and recognition of others, (2) personal interest or desire, and (3) perceptions of music ability” (Hash, 2017, p. 213). These themes are evident in the questions he includes in his Music Self-Concept Inventory (MSCI scale). Participants fill out the MSCI by rating themselves on claims such as “Learning new musical skills would be easy for me,” “I have

a good sense of rhythm,” “I like to sing or play music with other people,” and “Teachers have told me I have musical potential” (Hash, 2017, p. 212). In 2010, German music educator Maria A. Spychiger created another scale on music self-concept called the Musical Self-Concept Inquiry (MUSCI). This scale considered generational change, as Spychiger responds to technical and computer-related interests in the digital age. Statements in the MUSCI include: “The technical options to produce music are fascinating to me” and “I pay a lot of attention to the technical quality of my music reproduction devices” (Spychiger, 2017, p. 272).

The statements used to construct these scales (ASPI, MUSPI, MSCI, SEMA, and MUSCI) shine a light on the feelings people have about their musical selves, providing *preliminary* insight into the multifaceted construct that is music self-concept. At this point in time, very few studies have examined music self-concept from a qualitative methodological perspective (i.e., with the exception of the use of narrative inquiry in a couple of studies; Lamont, 2011; Ruddock, 2007). Therefore, when attempting to understand the intricacies of music self-concept, one must look primarily to quantitative studies that test the validity and reliability of relevant measurement tools. In order to uncover the various layers of the phenomenon and how it manifests, one must sink deeper into the detailed narratives of the individuals being analyzed. The gap in the literature in this regard continues to highlight the need to examine individual narratives and experiences under a qualitative paradigm.

Constructing Music Self-Concept

The pathways that lead people to develop their music self-concepts are varied and multidimensional (Bruscia, 2014; Spychiger, 2017). According to McCullough et al. (2000), individuals form their global self-concepts (overall view of self), as well as domain-specific self-concepts (self-perception of musical abilities), through their perceptions of how they may be viewed by others in their social context. In other words, the ‘I’ is influenced and molded by the ‘them’ (Greenberg, 1970). This constructed mentality can be a strong influence on the motivation to participate, and the quality of participation, in an activity involving a particular domain of self-concept. Many researchers have found that feedback from others can have a great impact on the formation of one’s music self-concept. These positive or negative judgements, more often than not, come from important figures in one’s life, such as family members or teachers. In the book *Musical Identities* (2002), the authors emphasized the impact of early social feedback in forming music self-concept, stating, “the school and the family are central reference

points for young people's self-concepts with respect to music" (MacDonald, Hargreaves, & Miell, 2002, p. 2).

Collecting data from three participants, Abril (2007) was determined to learn more about anxiety related to singing and music ability in general. One noteworthy case involved a middle-aged woman, 'Joan' (pseudonym), who experienced a traumatic event while in choir. Her music teacher was viscerally upset about choir members singing off-key, so she knelt down close to every child's mouth to locate the outlier. Joan was so terrified to be the one out-of-tune that she sang with no sound. She immediately left the choir and distanced herself from anything else music-related from that point on, stating, "It was that bad experience that has stifled me. Since then I haven't developed or grown in music. I don't think teachers realize the great impact they have" (Abril, 2007, p. 10). Austin (1990) concurred with the above participant as he expressed the strong influence that teachers have on constructing their students' music self-concept:

numerous explanations advanced by dropouts also point to poor student-teacher relations, loss of interest, or a negative music self-image problem—factors that do fall under the sphere of teacher influence and, more importantly, that often emerge in the early years of instruction. (p. 21)

Austin and Vispoel (1998) tested 252 fifth and sixth graders in music classes on attributing factors to success or failure in music, as "attribution theorists propose that motivation can be understood by examining students' beliefs about why they succeed or fail" (p. 39). The three highest-rated mediating factors for success were: (a) teacher influence, (b) peer influence, and (c) family influence, thus demonstrating the perceived importance of significant others' support when attempting to master a musical instrument, specifically teachers. Conversely, the top-rated reasons for failure when learning an instrument were: (a) family influence, (b) ability, and (c) luck. It seems that family members are perceived to be highly influential for both success and failure in regard to instrument mastery (in the top three for both categories), while teacher and peer influence were of similar importance in order to succeed in music (Austin & Vispoel, 1998). When reflecting on social support and its effect on music self-concept, it is clear that attention and encouragement count, highlighting the importance of being seen and heard to grow and develop. In another study by Davidson et al. (1996), researchers examined how parental involvement affected musical achievement in children ages 3 to 17. Findings demonstrated that the level of interest shown by parents in their child's musical development (e.g., asking for

feedback on instrument lessons, sitting in on lessons with child) was significantly correlated with the level of musical achievement seen in the child (Davidson et al., 1996). It is clear that developing children need to be acknowledged by significant persons in their musical pursuits.

Early adolescent years, between the ages of 9 and 12, are formative for an individual. During this vulnerable time, children are figuring out who they are and what they're good at in order to construct their identities (Brinthaupt & Lipka, 2002). Identity theorist Erik Erikson (1950) labelled this stage *industry vs. inferiority* in his model on psychosocial development (Erikson, 1950; Lamont, 2017). This period is characterized by children attempting to learn and perform new complex skills. Erikson explained that children who feel they lack competence in mastering these skills may emerge from this stage feeling inferior (Cherry, 2020). In *Musical Identities* (2002), arts education professors found that "children's self-concepts become increasingly based on comparisons with others in middle childhood through to adolescence. Their own achievements and attitudes, for example in musical activities, become based on comparisons with their peers" (Hargreaves, Miell & MacDonald, 2002, p. 15). Voice teacher Lynn Maxfield (2020) expressed concern for students who compare their vocal ability with that of their peers. He stated, "if singers can't deny the evidence that their peers have been more successful, then the only other element to change is their perception of their own ability" (Maxfield, 2020, p. 592). It appears that comparing one's own abilities with others can lead to a maladaptive music self-concept, especially during critical adolescent years.

Link to Participation and Achievement

Music self-concept has been found to be correlationally linked to interest in active music participation. Music education researcher James Austin found that *music self-esteem* was a good predictor of participation, as the higher the elementary school student's music self-esteem, the more likely they were to be involved in musical activities in and out of school (Austin, 1990). When checking for validity and reliability for the short form version of the MUSPI (Vispoel, 1993b), Morin et al. (2016) discovered that "MUSPI-S factors showed positive associations with past experiences of involvement in music" (p. 929); demonstrating a clear link between participation in music and positive musical self-perceptions. Junior high music educators discovered that "students who chose to continue elective music instruction after elementary school were significantly more positive about music and about themselves as musicians than were those students who did not choose to continue" (Demorest, Kelly & Pfordesher, 2017, p.

414), further validating that the more one feels positively about one's music self-concept, the more one is participates in music programs. Laycock (1992) found significance for both a link to participation and achievement in regard to music self-concept. He discovered that for high school students, participation in a school band or church choir is significantly correlated with self-concept in musicians as well as compositional abilities when placed under pressure (Laycock, 1992).

Other significant studies outlined the link between music achievement and music self-concept. Hedden (1982) determined that in order for achievement in music to occur in an elementary school setting, significant mediating factors must be present, such as "positive attitudes towards music and positive music self-concept" (Hedden, 1982, p. 68). Another link between achievement and positive attitude can be found in Austin and Vispoel's 1998 study, which revealed a moderate correlation between music self-concept in seventh grade students and parts of Colwell's Music Achievement Test scores (Austin & Vispoel, 1998). Interestingly, Demorest, Kelly & Pfordesher (2017) found that music self-concept was a strong predictor of vocal accuracy in junior high students. More specifically, the researchers found that "for both echo singing and singing a familiar song from memory, musical self-concept was the only unique predictor of singing accuracy" (Demorest, Kelly & Pfordesher, 2017, p. 414), demonstrating the importance of positive judgements of one's musical self in producing favourable outcomes.

To summarize, the *music self-concept* construct that sprouted up in the 1990s was mainly studied by scholars in music education. While the wording of the quantitative scales they designed offers a glimpse into how music self-concept is conceptualized, this information only scratches the surface. To understand the depth of music self-concept, *qualitative* studies involving more descriptive accounts must be utilized to allow for the essence of individuals' narratives and experiences to emerge. In regard to the formation of music self-concept, a variety of factors were found to be influential, including support and feedback from others, as well as social comparisons. Lastly, music self-concept was significantly linked to participation and achievement in music.

Music Self-Concept in Music Therapy

Music self-concept is not a widely used term in the music therapy literature, however, music therapy pioneer and scholar, Kenneth Bruscia (2014), wrote about mediating factors that

influence a person's relationship to music. These are similar to many of the concepts cited in the previous section but are defined specifically within the disciplinary context of music therapy. Bruscia stated that one's personal relationship to music is "composed of many enduring ways in which a person participates in, enjoys and values various kinds of musical experiences, both past and present" (Bruscia, 2014, p. 162). These mediating factors include: (a) aspirations, (b) studies, (c) involvement, (d) proficiency, (e) self-confidence, (f) personal significance, (g) memories, (h) family musical background, (i) motivators, (j) community music participation, (k) musical aversions, (l) preferences, and (m) favourite works (Bruscia, 2014, p. 168). A selection from this list of dimensions will be compared and contrasted with the findings of the present study in Chapter 5.

Some music therapists assert that music self-concept is ever-changing and multidimensional. Bruscia emphasized that "one's personal relationship to music is unique and dynamic, and it continues to evolve and change throughout the life span" (Bruscia, 2014, p. 162). Community music therapy scholar, Even Ruud (2017), had similar sentiments, stating: "There are *four dimensions* or strategies of identity construction through music—our past and our future, and our inward reflection and outward relations" (Ruud, 2017, p. 589). Both theorists agree that musical identities are all-encompassing and have the potential to transform over time.

In 2019, Canadian music therapist Elizabeth Mitchell was one of few (if any) researchers in the field to consider *self-concept* in relation to clients' musical identities. In her doctoral dissertation, she focused her research on the effects of participating in *Coffee House*, a community music therapy event she facilitated at an adolescent mental health facility for many years. Community Music Therapy (CoMT) is a clinical approach that expands beyond the therapy space and into the sociocultural environment. It "encourages musical participation and social inclusion, equitable access to resources and collaborative efforts for health and wellbeing in contemporary societies" (Stige & Aarø, 2012, p. 5). Involvement in CoMT programs that are structured with a *music-centred philosophy* in which "the client's motivation is primarily to make music rather than to achieve a nonmusical goal" (Aigen, 2014, p. 20) can have a positive effect on an individual's perception of self, particularly with regard to their musical competencies. In Mitchell's 2019 study, she was specifically interested in participants' music self-concepts (what she referred to as *musical self-efficacy*) and how they changed with participation in the CoMT program. She found that "as youths experienced their musical

capabilities, their musical self-efficacy increased, and their musical-identities expanded, encompassing new beliefs about their abilities to play, sing, and perform” (Mitchell, 2019, pp. 128-129). The three prominent themes that arose from the data were: “*I am capable, I can contribute, and I am whole*” (Mitchell, 2019, pp. 175-177).

Musical Autobiographies

Most music therapy researchers have used the term *musical identities*, rather than music self-concept, when attempting to understand or coin a term that identifies a person’s relationship with music (Ruud, 1997; Bonde, 2013). According to what was found in the literature, music therapy researchers tend to use music (and how it relates to the self) to explore music self-concept, as opposed to quantifiable scales used by music educators or psychology researchers. This may be because these researchers define knowledge within an interpretivist paradigm that values multiple perspectives rather than a more reductivist, singular truth (Wheeler & Bruscia, 2016). Additionally, music is often linked to historical or personal events in meaningful ways that tend to be emotional and may hint to greater understanding of the self (Dassa, 2018).

In the context of music therapy research, supervision, and practice, there is an established self-reflection exercise called the *musical autobiography* (e.g., Bonde, 2013; Dassa, 2018), which can be informative in relation to examining one’s personhood and unique life experiences through their interactions with music. This reflective process allows one to look deeper into one’s relationship with music, one’s experiences of active and receptive participation in music, and which musical pieces one finds meaningful, and why. Crafting a musical autobiography can be a meaningful experience for clients, music therapy students, and practicing music therapists alike (Bonde, 2013; Dassa, 2018).

The impact of musical autobiographies on music therapy students will be discussed first. Ruud (1997) published an article entitled *Music and Identity* in which he examined the intricacies involved in forming musical identities. His music therapy students were asked to bring in 10–15 musical pieces on cassette that were significant to them throughout their lives. As well, Ruud asked them to write a musical biography in order for him to determine the dimensions involved in constructing their musical selves. This “musical memory work” constituted four themes that mediated musical identity: (a) music and personal space, (b) music and social space, (c) the space of time and place, and (d) the transpersonal space (Ruud, 1997, pp. 3–4). In analyzing the first category, how music affects the personal space, the researcher

concluded that “positive experiences [in music] empower the person, lay the ground for agency, achievement and mastery, key concepts in the formation of identity” (Ruud, 1997, p. 8). In describing how music relates to social space, Ruud found that “children seem to share the musical values of their parents into the early school years” (Ruud, 1997, p. 9), thus demonstrating the importance of the family musical environment. When explaining musical identities relating to the space of time and place, he posited that music acts as a time stamp; memories are attached to songs from significant periods or events in our lives. Conversely, Ruud’s last category discusses how music has the ability to transcend time and space and become an otherworldly experience, contributing to an “altered state of consciousness” (Ruud, 1997, p.11), as some consider musical experiences as spiritual in nature with therapeutic benefit. Ruud believed that “methodologically we may gain access to the meaning of how this ‘musical map’ is linked to the construction of identity by studying the local discourses that take place around musical practice” (Ruud, 1997, p. 4). Ruud’s work has helped to make clear the relevance of examining one’s musical identity in depth, especially for music therapists in training who may be unaware of how they project aspects of this identity onto their work, which may or may not be helpful.

Danish music therapy professor, Lars Ole Bonde (2013), was so taken with Ruud’s ideologies that he created an entire course centred around musical identities for his graduate music therapy students. Similarly, he asked students to put together musical autobiographies and participate in interviews to better understand their unique relationship with music. In-depth analyses of students’ musical histories provided important insights which prepared them to be more effective music therapists (Bonde, 2013). The researcher found that “the students all reported a strongly personal, changing and, for some, at times difficult relationship with their first instrument” (Bonde, 2013, p. 322). Interestingly, “for a surprisingly large number of informants, learning an instrument was strongly inspired by—or, alternatively, inhibited and even severely damaged by—a teacher” (Bonde, 2013, p. 317); these results were reminiscent of findings described in the above subsection on Constructing Music Self-Concept (see p. 9). With the completion of Bonde’s assigned project, these newly practicing music therapists were expected to have more empathy for clients who have been through challenging or traumatic musical experiences, especially if they had been through similar circumstances themselves. In outlining competencies for a music therapist, Wigram et al. (2002) also made it clear that there

needs to be “an integration of personal musical autobiography and preferences” (Wigram et al., 2002, p. 276) as music therapists must understand their own experiences of music in order to best support the music therapy experiences of their clients.

Israeli music therapist Ayelet Dassa (2018) was interested in an assessment tool that used music to connect older adults with their personal narratives. She stated that “music is used as a symbol for defining a sense of self and identity” (Dassa, 2018, 420). Music therapy students, along with students from other related fields (e.g., dance therapy, social work, etc.) who were enrolled in her courses pertaining to music and the elderly, were asked to conduct Music Auto-Biography Interviews (MABIs) with an older adult they knew (e.g., a grandparent or an elderly acquaintance). Interviewers asked participants to prepare a list of musical works that were meaningful to them. During the MABI, they engaged with the selected pieces by listening, singing, playing instruments, dancing, and discussing associated memories. Afterwards, interviewers (students) wrote essays about their experience with the elderly participants. Dassa acknowledged her potential biases and limitations, having worked with the elderly population for many years so, instead, two music therapy colleagues coded and analyzed the data (four essays chosen randomly). Results showed that the MABI participants gained a better sense of their identity, had the opportunity for reminiscence through life stages, and were helped to process certain emotional moments (Dassa, 2018). The researcher stated that in the future, the MABI could be a useful, comprehensive intake procedure for older adult clients (Dassa, 2018). Though it used music as a tool to gain further knowledge of the individual, Dassa’s research was more concerned with self-concept in general than with music self-concept specifically. Thus, this brings further attention to the gap in the music therapy literature in regard to music self-concept.

Music Therapy Interventions

Music therapist David Aldridge and his colleagues (2005) conducted a study on persons with multiple sclerosis and their experiences with music therapy treatment. They were interested in the benefits to physical functioning and identity/sense of self when engaging in regular music therapy sessions involving the Nordoff-Robbins approach. Nordoff-Robbins is a music-centred approach to music therapy where “clients take an active role in creating music together with their therapists” (New York University, 2020, para. 1). While there were no significant changes to motor functioning, participants were surprised by “their own previously undiscovered musical skills” (Aldridge et al., 2005, p. 31). It appears that their music self-concepts developed as they

became more conscious of their musical capabilities. Aldridge explained that “an aesthetic therapy offers the opportunity to experience the self not as solely degenerative but also as creative” (Aldridge et al., 2005, p. 31). Gaining a newfound musical identity can help persons struggling with a neurodegenerative disease to discover personal resources within themselves.

There was a similar study done by Daykin et al. (2007) on music therapy (referred to as MT) in cancer care. After analyzing structured interviews with the 23 cancer patients involved in music therapy treatment, “the researchers found a wide range of psychological states related to music-making: joy, power, freedom, fascination, love, community, regret, loss, and isolation” (Lawendowski & Bieleninik, 2017, p. 95). The most notable theme was the presence of an “emergent musical identity” for many of the participants (Daykin et al., 2007, p. 362). One participant reported on the change he saw in some of the members of the music therapy group: “People surprised themselves...[they] insisted that they weren’t musical but you know...found that they in actual fact made some quite good sound” (Daykin et al., 2007, p. 362). Reviewers of this study noted that “on the other hand, defining oneself as ‘not being musical’ became a barrier in experiencing fulfillment in MT. Musical identity, defined in the context of either latent or overt musical knowledge or skills, turned out to mediate the effectiveness of MT” (Lawendowski & Bieleninik, 2017, p. 95).

In music therapy literature, the construct of music self-concept is rarely cited. However, there has been sufficient research done on musical identities, which could be considered as a similar concept. Additionally, through the use of self-reflection experiences such as musical autobiographies (designed by music therapists), one can gain a better understanding of one’s musical and personal identities. Interestingly, evolving perceptions of musical competence within clinical music therapy treatment contexts has been found to deepen understanding and enrich one’s music self-concept. More research needs to be done on music self-concept by music therapists to better understand the phenomenon within the field, and to offer a unique music therapy perspective for other related fields studying the construct. The final section of this chapter will provide a brief summary overview on the importance of music and music therapy for older adults.

The Importance of Music and Music Therapy for Older Adults

The literature contains many examples indicating how various music experiences (including music therapy) may contribute to the health and wellbeing of various populations of

older adults (e.g. Barbeau & Cossette, 2019; Clements-Cortés, 2014; Hillman, 2002; MacAulay et al., 2019). I will delimit my current review to salient examples relevant to healthy older adults and also to older persons living with dementia. Although the present study only includes healthy older adult participants, it is important to also consider persons living with dementia, as changing one's music self-concept prior to the onset of dementia could have implications for levels of future engagement in potentially beneficial music experiences.

Healthy Older Adults

Literature suggests that music can prolong successful aging in older adults. Dabback (2010) indicated that “successful aging depends on the development of strategies to offset the inevitable physical, mental, and social changes that come with time” (p. 60), and he continued with, “for those individuals fortunate enough to discover a means of music participation, such activity provides unique prospects for growth and identity development in later life” (Dabback, 2010, p. 61). Erikson (1950) theorized that in order to feel positive at the *generativity vs. stagnation* stage of identity, one must remain active in mind and body. Dabback (2007) found that a band for seniors “helped participants stave off feelings of stagnation and facilitated their development of identities as healthy older adults” (Dabback, 2010, p. 63). To maintain wellbeing in older adults, common music experiences (some of which take place in music therapy contexts) include seniors' choirs, instrument ensembles, and group music making (Barbeau & Cossette, 2019; Clements-Cortés, 2014; Dabback, 2007; Hillman 2002; Teater & Baldwin, 2014; Wong & Matsunobu, 2019).

Playing musical instruments can be highly beneficial for seniors in cognitive, social, emotional, and physical domains. In a community-based participatory research design, researchers found that 12 weeks of group recorder training for a diverse population of older adults demonstrated global cognitive improvements. Furthermore, participants reported that they valued the connectedness that they felt with others (MacAulay et al., 2019). Within the context of a quantitative research study, Barbeau and Cossette (2019) facilitated a community concert band for eight elderly individuals aged 60 and above, who met consecutively for 15 weeks. The experimental group (members of the band) played woodwind and brass instruments including flute, clarinet, oboe, trombone, trumpet, and saxophone, with varying degrees of musical training (mostly beginner musicians), while the control group was not involved in any musical activities at the time. No statistical significance on measures of quality of life, anxiety and depression,

blood pressure and respiratory function were found, due to the small sample size; however, the experimental group reported perceived improvements in breathing, physical endurance, cognitive functioning, social interactions, feelings of belongingness, sense of purpose and identity, overall enjoyment, and wellbeing (Barbeau & Cossette, 2019).

Community choirs can bring about tremendous benefit for older individuals. Hillman (2002) created a participatory singing community for older adults (aged 60 and above) that gathered on a weekly basis. She eliminated any performance-related activities that elicit fears commonly felt in singing groups, due to auditions or the need to have a particular level of musical training. After 12 years of facilitating this choir, named *Call That Singing?*, Hillman implemented a mixed methods study (qualitative interview, quantitative questionnaire, and evaluation form) to understand the benefits perceived by members of the singing group. Participants reported feeling improvements in physical health, emotional wellbeing, social life, self-confidence, knowledge related to singing, and quality of life (Hillman, 2002). Similarly, Teater and Baldwin (2014) focused on supporting successful aging in older adults through a choir called the *Golden Oldies Community-Arts Programme* that consisted of one-hour weekly singing sessions for older persons. Though interviews and surveys, participants indicated that they had a new lease on life, that they were less socially isolated and felt that the program was therapeutic (Teater & Baldwin, 2014). Likewise, music therapist Clements-Cortés (2014) conducted a mixed-methods study on the perceived benefits of the weekly *Buddy's Glee Club* program that involved healthy older adults as well as those with mild to moderate dementia (aged 72–103) at a long-term care facility. Data was collected using participant intake forms, pre-and-post choir session Likert scales filled out by participants, observation notes made by the research assistant on each choir session, and individual interviews after the program was complete. Valuable outcomes such as friendship, positivity, physical and emotional wellness, distraction from the anxiety of daily living, feelings of self-efficacy in music, positive attitudes towards singing, and increased mood, energy, and alertness were reported by the participants and observed by the research team involved (Clements-Cortés, 2014).

Older Adults with Dementia

The literature indicates that music and music therapy has much to offer the health and wellbeing of older adults living with dementia. Clements-Cortés (2020) explained that “even though cognitive deterioration is a primary symptom of dementia, the capacity to engage with

music often remains” (p. 6). Clements-Cortés’s statement is supported by the 2013 publication of Canadian music therapist and researcher Laurel Young, who delivered a comprehensive review of the literature pertaining to persons living with dementia and how music therapy has been conceptualized for use in various dementia care contexts. Young highlighted challenges older adults living with dementia often face, including “impairments in memory, executive function, language, judgment, and spatial abilities” as well as lesser-known symptoms including “depression, suicidal ideation or behavior, hallucinations, delusions, agitation, aggressive behavior, disinhibition, sexually inappropriate behavior, anxiety, apathy, wandering, social withdrawal, and disturbances of appetite and sleep” (Young, 2013, p. 719). However, when used with knowledge and intent a wide range of active and receptive music and music therapy experiences can help to address and/or alleviate many of these challenges (Young, 2013).

Trimble and Hesdorffer (2017) stated that “studies of people with memory disorders, such as Alzheimer’s disease, suggest that neuronal memory traces built through music are deeply ingrained and more resilient to neurodegenerative influences” (p. 30). When a person with dementia participates in music (e.g., singing or instrument playing), it activates many parts of the brain and awakens functioning that is otherwise rarely seen. In Clair and Ebberts’ 1997 study, caregivers of advanced dementia patients reported seeing a resurfacing of cognitive abilities and/or interest in bonding through touch while their loved ones were immersed in music. “Many caregivers said they were very pleased that music seemed to ‘bring back’ their loved ones, even if it was just for a little while” (p. 158), and one husband expressed that during music therapy sessions, “he felt his wife was ‘with’ him” (p. 158). Young (2013) stressed that:

As a society, we have a moral obligation to support the unique identity that still exists within each person and help millions of people (who may include our friends, neighbours, community leaders, and loved ones) to maintain their dignity and have a reasonably good quality of life. Music therapy is an essential part of this mission. (p. 720)

Dowlen et al. (2018) completed a review on 18 qualitative studies regarding outcomes related to “musicking” (music making) for older adults with dementia. Four significant benefits were found: “Taking part, being connected, affirming identity and immersion ‘in the moment’” (Dowlen et al., 2018, p. 201). Common goal areas that music therapists focus on when treating older adults with dementia include, participation and reorientation to the present moment; the author has employed these goals in her music therapy practice with this population. Another two

common goals when working with older adults with cognitive decline are to foster a sense of identity as well as to increase social interactions with others. Singing familiar songs from the time when participants were young adults, within a group setting, can help to achieve these goals (Clements-Cortés, 2014). Findings articulated in Dowlen et al.'s (2018) literature review are in alignment with therapeutic goals constructed in treatment plans for clients with dementia (Schaeffer, 2020).

Music therapist and researcher Orii McDermott and her two colleagues (2014) set out to understand *how* and *why* music affects older adults with dementia. The principal researcher collected information from interviews and/or focus groups with (a) care home residents with dementia and their family members, (b) staff at the care centre, (c) day hospital clients with dementia, and (d) music therapists involved. The music therapists facilitated groups that focused on active and receptive music participation such as singing familiar songs, improvisational experiences with percussion instruments, and reminiscing with music. They uncovered and labelled themes such as *Here and Now*, which describes how participants can easily gain access to music and remain in the present as music unfolds; *Connectedness*, which describes feeling connected to other members of the group, and the presentation of prosocial behaviours immediately after sessions; and *Who You Are*, which describes how participants acknowledge their personal identities and histories through cultural or meaningful music. The researchers concluded that “music seems accessible to people at all stages of dementia, has a stimulating effect and improves mood” (McDermott et. al., 2014, p. 714).

Music and music therapy have clear health benefits for healthy older adults and those with dementia (Clements-Cortés, 2020; Dabback, 2010; Young, 2013). Studies demonstrate the need for community music programs to be available to older adults to maintain wellbeing. Aging adults often aspire toward new meaningful experiences during their later years and music is a valuable avenue to this end. During retirement age, new selves need to be formed in order to maintain a sense of identity and purpose (Dabback, 2010; Erikson, 1950). Persons with dementia are most often dealing with progressive symptoms; thus, the goal for health professionals is to create comfortability and focus on quality of life for clients and their families. Older adults with dementia deal with decreased cognitive functioning and increased isolation (Clements-Cortés, 2020). Engaging in meaningful musical experiences or music therapy can be effective to manage these challenging circumstances (Dowlen et al., 2018; McDermott et al., 2014). Caregivers often

experience reminiscent versions of their loved ones while in music therapy sessions and, in the process, report increased feelings of connection (Clair & Ebberts, 1997). Music is an effective and enjoyable approach to promoting health and wellbeing in older adults.

Summary

Currently, there is a lack of research on music self-concept in music therapy literature. However, professionals in other disciplines, such as music educators, have made important discoveries on the phenomenon, such as the impact that a positive or negative music self-concept has on one's musical development and level of engagement in music throughout life. Benefits of music and music therapy for older adults were outlined in order to highlight the importance of having a positive music self-concept in later years. The present inquiry is meant to address a gap in music therapy literature, examine music self-concept in older adults and consider implications of these finding within the discipline of music therapy.

Chapter 3. Methodology

Design

The design of this qualitative study was informed by phenomenological inquiry which is intended to “...explore and explicate the nature of a phenomenon through first-person experience” (Jackson, 2016, p. 441). Therefore, this study incorporated semi-structured qualitative interviews where participants were encouraged to describe their music self-concepts in relation to their lived experiences. The epistemological viewpoint is based in constructivism where knowledge and meaning are constructed and reconstructed based on the perspectives of those who are being investigated (Hiller, 2016). The results from this study are not generalizable but information gleaned from each participant and across participants provides insight into the phenomenon being studied. As such, the results of this study may contain elements of transferability in that they may be adapted to apply to relevant contexts and persons outside of the present study (Arnason, 2016).

In order to keep this study within the scope and timeline of a Master’s thesis, some delimitations were imposed. Only three older adult participants were interviewed. These participants were recruited via the multidisciplinary *Walking and Rhythm* study (described in Chapter One) which meant that they met this study’s criteria for inclusion: healthy older adults between the ages of 60-85. Therefore, older adults with physical or cognitive challenges were not included in this study. Finally, only English- speaking participants were included in this study as the researcher is not fluent in any other language.

Epoché

As a researcher working within a phenomenological methodology, I underwent a process of bracketing to acknowledge my own biases, assumptions, prejudices, preconceptions, and/or judgments regarding the phenomenon being studied (Jackson, 2016). I did so by writing an epoché. An epoché is a process where the researcher acknowledges and reports their own perspective on the phenomenon and participants, and then attempts to suspend, ‘bracket’ or hold in abeyance any preconceptions or biases that might influence the gathering, analyzing, or interpreting of the data (Aigen, 1995; Bruschia, 2005; Forinash, 1995).

When reflecting on my social locators, I acknowledge that I am a white, Canadian-born, middle-class woman and am aware of the privilege that I have been granted in relation to this. As

a child and adolescent, I had the opportunity to participate in a number of musical activities that took place outside of a school environment, including vocal lessons and musical theatre productions. Through these experiences, I received a significant amount of positive feedback from professionals on my musical abilities (e.g., choir directors, a vocal coach) which may have contributed positively to my music self-concept as a developing child. My family members were also a large source of positive feedback and encouragement regarding my involvement in music-based activities. There was a general feeling among my family that I was *musical* or *musically inclined*. I also came from a relatively musical environment. My father was a *cantor* (a ritual musical leader in synagogue) and sang often in the home. My mother was a dancer and would chassé from room to room. It was evident that having an interest in the arts was valued in my home.

It was not until adulthood that I developed what I perceived as a lack of musicianship and my music self-concept began to change. I had always wanted to apply to graduate school for music therapy, but after attaining my undergraduate degree in psychology, I felt I lacked the necessary music experience and training. I knew I had a pleasant voice, but I was mostly self-taught on the guitar and had very little piano experience. With those feelings of inadequacy, I thought I would never be accepted into a university music therapy training program. Luckily, the music therapy professors at Concordia University saw potential in me, and I was granted a conditional acceptance into their Music Therapy Graduate Diploma program. The following year I was accepted into Concordia's Master's program in music therapy.

I was elated upon entering the diploma program, but my music self-concept was quickly challenged once again. Many of my classmates seemed to play the piano effortlessly, whereas I felt like a *work-in-progress*. Consequently, I experienced an internal shift in how I viewed my musical competence based on comparisons I made with my peers. I have clear memory of approaching the piano to perform a new improvisational technique we had been working on. I was well-practiced, but I noticeably shook with fear. I was riddled with anxiety any time I was asked to demonstrate my musical proficiency. I was lucky to have support and validation for my efforts from professors and classmates, but I continued to feel insecure and anxious. I was fixated on the fact that I started my formal musical training on piano and theory quite late as compared to most of my music therapy classmates. I questioned my musical competence during my time as a student and at times continue to do so even now as a certified music therapist. Such

internalized feelings as: “I am not musically skilled enough” or “I don’t have enough musical theory training to truly excel in the industry” can emerge when I am working in certain professional environments. Although I have confidence in my singing abilities and have experienced a sense of inherent musicality, there have been times when I felt like I did not have adequate tools to support a client’s musical expression. For example, I was working with an older couple who used to be regular attendees of symphonies and classical music concerts. I felt challenged when they requested that I play an original composition by J.S. Bach on piano. Luckily, these clients were understanding and still responded positively to pre-recorded musical material, but I was embarrassed that I could not confidently perform the live instrumental version of the requested piece. I also considered if my clients were being deprived of some therapeutic benefit. I find it difficult to shake the conditioned belief that an *expert* or *good* musician is one that has been classically trained on an instrument for many years.

As a music therapist, I truly believe that all clients’ musical contributions are *good* in that they can each be considered as personal forms of self-expression, whether or not they adhere to any typical or established music aesthetic standards. I am working toward learning how to accept and value my own musical contributions in the same way. At the same time, I believe that I am an effective music therapist and feel that I am able to be non-judgemental with regard to clients’ music making because I personally understand the kinds of unhelpful feelings that a lack of musical validation can evoke.

Participants

A convenience sampling approach was used for this study. Older adults from the general population who enrolled in the multidisciplinary team study (as described in Chapter 1), indicated on the consent form if they were interested in participating in a qualitative interview portion of the study, where they would discuss their perspectives on their musical abilities (see Appendix A). From those who indicated interest, three were chosen at random by the principle investigator (after they had participated in the first two phases of the larger study) and their contact information passed onto me. I contacted these participants via telephone to set up a convenient interview time. All phases of this study received ethics approval from Concordia University’s Human Research Ethics Committee (UHREC; see Appendix B). My research component was approved as part of an amendment submitted to the UHREC. No data was collected prior to receiving this approval.

Data Collection Procedures

Data collection occurred in June 2019. Semi-structured qualitative interviews were conducted face-to-face with individual participants in person in a private university lab space. Each interview lasted approximately 45-minutes. See template of guiding interview questions in Appendix C.

Other relevant questions and prompts were incorporated based on the responses of the participants. These interviews were audio recorded and transcribed by the researcher. Analytic memos were used to record my thoughts and ideas as they emerged throughout the research process.

Materials

A Sony Audio ICDBX140 Digital Voice Recorder as well as Audacity software were used to audio record participant interviews. The audio files were downloaded onto the researcher's laptop and placed into password protected file folders in order to safely store the data. The recordings were then deleted from the digital voice recorder and Audacity once transcribed.

Data Analysis Procedures

Qualitative analysis procedures consistent with a phenomenological approach were used to analyze the audio recorded interviews (Hannes & Lockwood, 2012; Jackson, 2016). The step-by-step process was as follows:

1. I listened to the recorded material to get a sense of the whole; I also made notes indicating my thoughts, feelings, and responses
2. I transcribed the spoken material into a verbatim written script
3. I created an individual narrative summary for each individual
4. I conducted a cross case analysis, examining these narrative summaries in order to look for emergent common themes and categories as well as identify contrasts among the data.
5. I incorporated participant quotes into the thesis in order to support the analysis process and findings.
6. I submitted the results and written descriptions to my research thesis adviser who provided feedback on their readability, comprehensibility, limitations, and potential areas of bias.
7. I incorporated this feedback into the final thesis document.

Chapter 4. Results

The primary research question of this study was: How do three older adults each describe their music self-concepts? Subsidiary research questions were: What common themes exist across participants' descriptions? What contrasting themes exist across participants' descriptions? What implications might these findings have for music therapy practice? What implications might these findings have for research that utilizes standardized tools that measure music ability? The first two subsidiary questions will be answered in the present chapter whereas the last two will be addressed in Chapter Five.

Individual interviews were conducted with three older adults, two self-identified females and one self-identified male between the ages of 60 and 85 all of whom were residents of a large urban Canadian city. Individual narrative summaries were created from the interview transcripts to represent fundamental components (i.e., the essence) of each participant's music self-concept formed via their described lived experiences. Names of participants have been changed in order to maintain their anonymity. The three narrative summaries are presented below, followed by global meaning units and themes that emerged from a cross-case analysis of the data.

Individual Narratives

Gerald

Growing up, Gerald considered his home environment to be a musical one. His mother “always had the radio on” and his father played the spoons. His family often hosted lively musical events at their farmhouse. For these events, individual family members, including Gerald, would sing French songs that they had spent time practicing. Extended family would eventually join in with their voices and their instruments (e.g., violin, accordion, etc.). Gerald enjoyed these special gatherings as it was a supportive environment filled with joy. He explained that, “[At] family gatherings...people are positive. And just trying to encourage you on.”

From an early age (preteens), Gerald had been interested in participating in extracurricular music activities. He yearned to own a guitar and take private lessons like some of his friends. His dreams did not come to fruition as his parents did not have the money to fund his interests. However, in an effort to provide a musical activity for his two sons, Gerald's father bought them a used accordion. The two brothers took lessons as a dyad for a couple of years. However, upon entering his teen years, Gerald began to consider the accordion to be “passé” as “people were [now] playing the guitar.” He also found it difficult to practice, having to share the

instrument with his brother. In reflecting upon this in the interview, Gerald said, “I guess if I would have been motivated enough, I would have continued on.” He expressed that he did not think he had been very good at the accordion, which may have contributed to his lack of motivation to learn the instrument. Gerald described himself as being a “one-trick pony” in that he remembers only being able to play a couple of standards, such as, *Mary Had a Little Lamb* or *When Irish Eyes Are Smiling*. Gerald also compared himself to his sister, who was able to play “by ear”, a skill he had found difficult to master.

Gerald also described how he led sing-a-longs on long bus rides with his school sports teammates: “[They were] nice moments. You don’t remember the game that you played or the mistakes that you made but I remember... the bus trips.” He recounted that his teammates had commented positively on his ability to remember lyrics.

When asked how he felt about his singing voice, he responded, “I have a positive feeling about my voice, I guess...” adding, “I can fairly well follow a tune.” He did not recall receiving any negative feedback about his voice from family members or others, including his teammates: “nobody said they didn’t like listening but [*laughter*] maybe they were too shy.” Gerald clarified that the feedback he received was: “positive ...more or less. I can’t remember anything negative, no.” He stated that “it [singing] would always put me in a more positive mood.” In fact, during the interview, Gerald expressed interest in potentially joining a choir in the future, stating that “it may be on the bucket list” [if they need more] “tenors!”

Gerald also shared memories related to dancing. Towards the end of the musical family get-togethers, they would push the furniture aside and start to dance. When asked about his rhythmic ability, his initial light-hearted response was: “Well, I don’t usually step on the women’s toes!” He then expressed that when it comes to dancing, he tends to be shy at first but when fully “enveloped in the moment”, he is able to enjoy himself and forget that anyone is watching.

Cindy

As a child, Cindy expressed interest in music activities but did not recall participating in any, which she attributed to a lack of support from family and teachers. She stated, “my parents weren’t the type to encourage us, necessarily...not that they *discouraged* us...they just didn’t know.” Cindy also explained, “we had a lot of kids in our family. We didn’t have any money for any extracurricular activities.”

During her youth, Cindy had a particularly impactful negative music experience. In the sixth grade, she had auditioned for the school choir and was not accepted. “They basically told me I didn’t have a good voice. I don’t know...I don’t remember *what* she said.” After this incident, she did not have the confidence to join her church choir. “But that was it. I was terrified to sing. And my whole family was in the choir at church. All my brothers...my sisters, and, *I* didn’t join, because I thought I couldn’t sing.” As a result, Cindy did not sing for many years. She reflected upon this: “I just know that it made a very big impression, and not a good one on my life... ‘cause things would’ve been different.” At around 60 years of age, Cindy was encouraged by friends who belonged to a chorus to audition. Although she was reluctant at first, she went ahead with the audition and was pleasantly surprised with the positive feedback she received regarding her voice. Concurrently, she felt sad as she realized how many years were lost when she could have been singing. She continues to be a regular member in the chorus with her friends and proudly expressed that she had once directed a song. When asked how she currently felt about her voice she responded: “I’d say it’s good.” Furthermore, feeling more confident in her own musical abilities, Cindy has found herself whistling familiar melodies at her local pool and has been complimented by strangers on her pitch accuracy.

At the time of our interview, Cindy was 71 years old and retired from her job as a helping professional. She has taken this opportunity to engage in leisure activities including learning guitar and piano through online videos, and line dancing. Cindy takes line dancing very seriously and participates five days a week in this activity. She expressed confidence in her skills: “I think I have good rhythm...I am usually on the beat.” She enjoys the challenge of dancing to fast songs and expressed that she needs a partner that can keep up with her during the couple dances. Once a male partner was slowing her down and she politely said: “I have to turn many times in this dance, so [I] can’t dance with [you].”

Cindy has also placed special attention on providing positive musical experiences for her grandchildren. They enjoy singing popular songs together while Cindy accompanies them on acoustic guitar. She also choreographs dances for them. She emphasized the importance of encouraging her children and grandchildren to be involved in music-based activities because she did not receive this encouragement as a child.: “So, this is why, with my grandkids, I’m trying to give them every opportunity... if they want to do something, you know, I do it!” She also said:

"sometimes, I'll jam with the family. We'll all get together and jam. And they've all done a lot more than me. But it's fine...I don't care, we have a good time."

Angelina

Angelina is originally from an eastern European country and immigrated to Canada as an adult. Although she started taking group accordion lessons at age 10 and continued on for three years, she expressed that she did not come from a very musical environment; no one in her family played an instrument or danced along to music at home. Angelina playing the accordion but did not feel that she was very good at it. She recalled her instructor as being a "very strict...older man" and she had once overheard him speaking about her to his colleagues "...the parents pay, but she isn't so talented." She felt uninspired by her instructor's rigid teaching styles and boring choices of music. During the interview, Angelina impersonated her instructor: "these are the rules and you have to practice this and this...and you have to move your fingers like this." She felt that he did not nurture a love for music in his students. "I think that the *art* of the teacher is to find pieces of music that have [a] nice melody and [music that] the child likes...and then it evokes more interest."

Angelina indicated that: "I think that my performance as [a] dancer or...or playing...playing instrument is... not very great." She also claimed that her singing voice was not good. "Well I must be very, very familiar with a song to be able to sing it, but I am not a great singer and I can't sing." She often referred to the "musical ear" that exists within certain people, implying that some people are born with this type of talent while others are not.

Angela felt that her daughter is one of those persons who possesses an "ear for music", unlike her. Compared to her daughter, Angelina "[doesn't] feel very musical" and expressed that her daughter puts her down every time she attempts to sing out loud and says "please stop it... don't! Don't sing, don't sing." Angelina said, "...it disturbs her." She appeared to internalize her daughter's negative comments about her voice, as she remarked: "I can't sing! Because when I try it's horrible...".

In spite of negative feelings about her own musical abilities, music appears to be important to Angelina's daily life. She enjoys listening to classical or pop music on the radio as she cooks or as she performs household duties. She appeared to have knowledge of famous composers, mentioning classical works of Mozart and Verdi. She attends concerts and operas and watches these types of events on television. Finally, Angelina expressed interest in learning

an instrument such as piano - for *herself*, and not for others: “Even at my age...I would like to...to learn at least something – to play [something] on piano. For...for *my* satisfaction...not for performance...for my satisfaction.”

Shared Meaning Units and Themes

Three global (overarching) meaning units emerged from the above data, each one containing themes that manifested in both similar and contrasting ways for each of the participants. These are presented in Table 1, below. In the section that follows, I have then provided detailed descriptions of the themes (in italics) that comprise each meaning unit, using evidence from the three participants’ narratives to support my interpretations.

Table 1. Global Meaning Units and Themes

Global Meaning Units	Themes
Positive Music Self-Concept	Access to financial means
	Positive feedback received from significant persons
	Music in the home environment
Negative Music Self-Concept	Lack of financial means
	Negative feedback received from significant persons
	Low self-confidence
	Social comparisons
	Music in the home environment
Evolving Music Self-Concept	Unwavering interest in music
	Availability of a support network
	Ongoing constructive feedback from significant persons
	Acceptance of musical being

Positive Music Self-Concept

The analysis indicated that having *access to financial means* enabled some interviewees, to participate in music experiences that had positive impacts on their music self-concept. Angelina appeared to have more access to active music experiences as a child compared as an adult based on perceived *access to financial means*. Her parents provided her with three years of formal musical training (accordion lessons), but due to financial obligations as an adult and mother, she did not have the money to learn an instrument (e.g., piano) at the time of the interview. Interestingly, Angelina reported that she often engages in receptive musical experiences, such as attending operas and classical music concerts; forms of high art that are known to be expensive. Therefore, Angelina appeared to allocate *some* of her available funds to

musical events that are important to her. This form of receptive musical participation may allow her to nurture a particular aspect of positive music self-concept—one where she views herself as a knowledgeable consumer and supporter of the performing arts. Here, she is connecting with music in the way she feels most comfortable. Cindy and Gerald’s financial developments were more similar to one another as they aged, but there were differences in how it affected their music self-concepts. Early on in her life, Cindy revealed that she did not participate in music activities because her family did not have money for extracurricular activities. Similarly, Gerald wanted but could not access guitar lessons as an adolescent (due to his family’s financial constraints). As adults, however, recreational programs became more available to these participants (Cindy and Gerald) due to increased *access to financial means*. Cindy was willing and able to spend money on music activities and instruments. She belonged to a choir and attended line dancing classes, both of which incur some expense; she has a piano in her home and indicated that she “spent a fortune” on an acoustic guitar that she bought on a whim. These instruments and activities all seem to have contributed positively to her music self-concept: she now considers herself to be musical and enjoys “jamming” with her family. She also mentioned a strong desire to ensure that her grandchildren have access to music opportunities that she did not have as a child, including offering them financial and material support (e.g., passing her piano on to them; paying for music or dance lessons)—thus fostering their positive music self-concept. Conversely, with increased *access to financial means* in his later years, Gerald has been inactive in musical pursuits. He considered joining a choir when directly asked about it, but his response was a non-committal, bucket-list consideration. Instead, Gerald’s main focus was on curling (a great passion of his), which he spoke about in depth in the interview, rather than talking about musical endeavours. At the same time, unlike Cindy, Gerald’s music self-concept was not negatively impacted when his family had less access to financial means. This is perhaps because his family context provided plentiful opportunities to engage in fulfilling musical experiences that did not require money. Therefore, it seemed that having *access to financial means* can be a notable contributor to nurturing music self-concept in some people (Angelina and Cindy), but it is less influential for others (Gerald).

Positive feedback received from significant persons (e.g., teachers, family members, or peers) appeared to have positive impacts on two participants’ music self-concepts (Gerald and Cindy) but at different times throughout the course of their lives. As a young person, Gerald

remembered how his relatives at family events tried “to encourage [him] on” as he sang folk songs and square-danced with his aunts and cousins, creating a safe space to explore music-based activities outside of the home. During field trips with his school sports team, Gerald’s teammates showed appreciation when he facilitated sing-a-longs on the bus and commended him on his ability to recall lyrics of songs: “it got started and people would just follow along and just jump in and would positively comment on that. Nobody said they didn’t like listening [to my voice].” Staff members at school maintained a supportive environment for him as well. When asked if he received mostly positive feedback from teachers and coaches, he responded enthusiastically with, “Oh, yes!” Gerald did not appear to judge himself too harshly and was seemingly able to enjoy the musical engagements that he was a part of, thus emulating the accepting, non-judgemental musical environment he grew up in. In contrast to Gerald’s experience, Cindy received *positive feedback from significant persons* later on, in her adult years. Encouraging comments were made about her voice from an audition panel when trying out for an adult community choir: “you have a good voice [with] a big range.” During family jam sessions as an older adult, she also received positive reinforcement from family members; they were “very impressed with the fact that [she] sang and played guitar with them.” Cindy added that passers-by, while “in the pool” or out with her grandchildren, made positive comments about her voice (“sounds beautiful!” or “you have a nice voice!”). Affirming experiences when singing in public contributed to a positive view of her voice. Angelina did not receive positive feedback about her musical abilities in the past or the present, which likely contributed to a lack of exploration and development of her musical skills. Instead, she immersed herself in learning about and listening to music. Her wide-spread music consumption, and knowledge of many genres (e.g., medieval music, popular music, and opera), perhaps allows her to nurture this aspect of her musical self, possibly and contribute to a more positive component to her music self-concept. This interpretation is supported by Rickard & Chin (2017) who indicate: “It is . . . remarkable that research on musical identity has focused so heavily on one form of activity (music-making), overlooking how an individual’s identity might also be shaped by their participation in music reception (music listening)” (pp. 291–292). This result implies that an increased emphasis on the value placed on music listening skills and knowledge could positively impact one’s music self-concept.

Negative Music Self-Concept

All three participants revealed how a *lack of financial means* limited the amount of music instruction they were able to attain when growing up or while in adulthood, which in turn appeared to have direct and indirect negative impacts on their music self-concept. Gerald revealed that his family did not have the money to fund his interest in learning the guitar through private lessons as they “were not necessarily well-off.” Instead, his father bought him a second-hand accordion to share with his brother, an instrument he considered “passé” at the time. They took semi-private accordion lessons with a classmate’s older brother (likely for a cheaper rate). Even though he was given musical instruction, the accordion did not align with his musical interests at the time, and thus led to a lack of motivation to develop his instrumental skills. He said, “I guess if I would have been motivated enough, I would have continued on.” Gerald labeled himself as a “one-trick-pony” when referring to his proficiency on this instrument, thus expressing a negative music self-concept in relation to the accordion. Again, if his parents had been able to afford a guitar, it is possible that he would have a more positive music self-concept in regard to instrumental abilities, with a genuine interest in practicing and improving. Cindy talks about how she, too, *lacked financial means* in her household to afford music activities outside of school. Being one of many children in the family, her parents were unable to provide extracurricular activities for their kids: “We didn’t have money to spend on any kind of courses or anything . . . so, that’s kind of sad.” Because Cindy had little opportunity to explore and nurture her musical self, she remained unaware of her musical potential until much later. Angelina, like Gerard and Cindy, had limited access to music activities due to *lack of financial means*. While Angelina did not directly say that she came from a lower-income household, it is important to note that she went to *group* accordion lessons, which were presumably less expensive than private lessons. Thus, her family *may* have had limited resources for her as a child. Her own financial struggles as an adult were more apparent. She expressed that her *lack of financial means* limited music opportunities for herself and her daughter. Recently, she hoped to pay for her daughter’s guitar lessons again, but they became too expensive for her to afford. She revealed that “unfortunately, after half a year, it had to finish. And, then, I never had money for paying [for] any lessons.” Angelina remarked that *she* would like to learn an instrument too (piano), however, “unfortunately . . . you have to live . . . you have to pay your bills . . . you have to go to work,” revealing again how financial constraints impinge on her desire for music

education. Limited chances for development in music due to *lack of financial means* have led Angelina to be quite critical of her own lack of musical ability, fuelling a more negative music self-concept.

Negative feedback received from significant persons regarding musical abilities appeared to greatly affect participants' music self-concept. While Gerald did not report being judged negatively by others regarding his musical competence, both Cindy and Angelina experienced criticism from teachers and/or family members that led to negative beliefs about their musical abilities. These hurtful moments appear to have altered the trajectory of the participants' musical identities. Interestingly, Cindy and Angelina reacted similarly after experiencing different music-related traumas. They both removed themselves from musical activities that caused them emotional and/or somatic pain in the past, presumably to avoid feelings of rejection or discomfort in the future. This is referred to as a "flight" response, and is a common, protective reaction to a traumatic event (Van der Kolk, 2014). As a young person, Cindy hoped to sing in the school choir. Unfortunately, the choir leader did not grant her acceptance based on her judgement of the quality of Cindy's voice. When asked if this memory was in some way traumatic, she responded, "Absolutely. Very negative. It's enough to never let you try . . . very frustrating." Cindy expressed that she was insecure at the time and how even the act of auditioning stretched beyond her "comfort zone": "I was shy . . . I would never join anything. So, the fact that I actually was trying out for it was a big thing. And then, not to have been accepted was just kind of ridiculous in grade six." Cindy did not remember the exact comments made by her music teacher but recalled them having "such a derogatory effect." As such, *negative feedback received from a significant person* in her life (teacher) prevented her from realizing her true vocal potential, contributing to a poor music self-concept that lasted through to her early sixties. Angelina also went through a brief but tough experience that negatively impacted her music self-concept. She overheard her accordion instructor comment negatively on the quality of her playing, which made her feel angry and frustrated. This criticism, along with a lack of encouragement from any other persons, caused Angelina to lose interest in her instrument, thinking she was not good enough to develop her skills further. As an adult, she has had experiences in her own home that have negatively affected her vocal self-concept. Angelina's daughter has repeatedly told her to stop singing as it "disturbs her" and Angelina continues to view herself as someone who "can't sing." She has seemingly internalized *negative feedback*

received from significant persons, expressing that her voice is “not exactly how it should be”; this portrays a belief that her voice must uphold a certain aesthetic standard that is to be judged by listeners. There was a brief instance where she felt that her voice *was* acceptable, but then past negative feedback again began to seep into her mind, making her question her abilities: “I hear that it’s *fine* . . . but . . . it might be out of tune.” Angelina mentioned that she likes to reflect back on the times that she used to sing to her daughter as a baby, when no judgements could be made, and she could experience the joys of singing while fostering a connection with her child. Angelina remarked that this was when she felt the most musical. Gerald, unlike Cindy and Angelina, did not mention a time that he received *negative feedback from significant persons* on his musical pursuits, and was supported and encouraged by his family. Rather, his relatively negative music self-concept regarding his accordion playing came from internal judgements and comparisons with his sister (see also: *social comparisons*).

Some of the participants presented with *low self-confidence* that connected with feelings of inadequacy in regard to music abilities. While expressing her longing to participate in school music programs, Cindy simultaneously acknowledged her lack of self-confidence at the time: “I really wish I would’ve been in music at school ‘cause I would have loved it. I would have absolutely loved it. But I didn’t have any self-confidence then, anyway.” She continued, “self-confidence is a big thing . . . I only started having self-confidence at about 30.” Here, it seems she is either insinuating that a lack of self-confidence stopped her from participating in music programs at school (beyond choir, presumably) or, if she did partake, that her low self-confidence would have affected the quality of her participation. Her sixth-grade teacher’s response to her singing may have been a factor in lowering her self-confidence during her formative years and might have lasted into young adulthood, keeping her from developing musically. Cindy’s case also highlights how low self-confidence may be linked to negative music self-concept, and vice versa. Angelina displayed *low self-confidence*, which was evident in her words *and* behaviours. She spoke in a shaky tone, suggesting insecurity. Angelina often put herself down or deflected questions relating to her abilities, instead discussing others’ capabilities (e.g., her daughter’s or her friend’s son’s innate musicality). When directly answering a question regarding her musical abilities, she seemed to have little confidence in herself, either verbally or non-verbally: “I think that my performance as dancer or . . . or playing . . . playing [an] instrument is . . . not very great . . . so” She often trailed off with what I

perceived as a look of sadness or defeat. One wonders if she has always had low self-confidence, or if her deprecatory disposition is based on the many instances where people have told her she wasn't good enough; in any case, her low self-confidence was on par with negative perceptions of her musical abilities. Conversely, Gerald's self-confidence was evident throughout the interview as he spoke with a loud, clear voice. He appeared sure of himself. Gerald mentioned that his self-confidence grew from the school sports teams he was a part of, as everyone on the team was inclusive and willing to help when learning new skills. Similarly, he presented with self-confidence when it came to his musical abilities: "I have a pleasant feeling towards my voice," stating that whenever he sang, the experience was "always positive." Self-confidence, then, appeared to flourish when linked to positive musical experiences, while *low self-confidence* seemed to result from a lack of support and criticism of musical abilities.

Social comparisons were made by participants in order to conceptualize their own musical skills. Generally, these comparisons perpetuated negative self-judgements about musical competence. For example, Gerald mentioned that his sister could play the accordion easily, without musical training. He appeared to be in awe of her ability to "pick it up and play it by ear." Soon after mentioning this, Gerald declared that *he* was a "one trick pony" when it came to the same instrument. He seemed to align with the belief that if a significant person (e.g., his sister) could become accustomed to an instrument more quickly or organically than him, then he was less skilled in that domain. Similarly, Angelina mentioned that her daughter has a "musical ear" that she does not possess. She also spoke about her friend's son's musical skill at great length, enthusiastically admiring his "natural ability." When asked about her dancing skills, Angelina, instead of focusing on herself, made a comparison between people of specific cultural backgrounds ("Latin" and "African" people) who are born with "rhythm in their blood" and her own skill: "not in my case, unfortunately."

The absence of *music in the home environment* may be associated with aspects of negative music self-concept. Angelina stated that no active music-making occurred within her home when she was growing up: "No, nobody . . . nobody played any instrument." She confirmed that none of her family members danced or sang either. Though the radio or television played music in the background, it did not seem like her family valued music within the home as much as other families did (e.g., Gerald's). It appears that Angelina continues to perpetuate aspects of childhood home environment as she does not sing or dance in her own home. No

instruments were played in Cindy's childhood home however, all of her family members sang. Her mother hummed throughout the home "all of the time." Nevertheless, she did not seem to receive the same supportive encouragement in her childhood home as Gerald. Her siblings would playfully insult one another's singing or instrumental abilities. Cindy felt that "it's OK to be insulted by your siblings, who cares!" However, when asked if she had tested the validity of her sixth-grade choir director's opinion of her voice with her siblings, she responded, "Oh god no. They would have told me I can't sing." As much as Cindy describes her family dynamic (when young) as light-hearted and playful, it does not seem that musical development was supported or encouraged at home in a concrete way, which as a developing young person may have fostered a negative music self-concept.

Evolving Music Self-Concept

The interviews revealed that aspects of all three participants' music self-concepts had evolved over time and/or were continuing to evolve, albeit in varying ways. While Cindy spoke overtly about her growth in music self-concept, the other participants presented with more ebbs and flows in their musical identities. The evolution of Cindy's music self-concept was most apparent. While difficult musical experiences exist in Cindy's past, an *unwavering interest in music* persisted into older adulthood. Active engagement in musical activities did not resume until her 60s; however, she never relinquished her interest in the arts. Around retirement age, she participated in music activities including teaching herself basic skills on the guitar and piano, attending line dancing classes, and joining a singing group. The *availability of a support network* was particularly vital to repair and/or nurture her perception of her musical abilities. Cindy expressed appreciation for the support she received from her family during a recent musical jam. She also highlighted the importance of supportive others when auditioning to sing in an adult choir: "It was pretty scary. But they said . . . you have a good voice. You have a big range." Placing emphasis on the encouraging nature of the choir members, she said, "It was a good group. Very positive . . . very supportive." Acceptance of and interest in her vocal ability from this group was validating, and necessary for her to view herself as musically capable. *Ongoing constructive feedback from significant persons* (e.g., family members, choir directors, and choir friends) was another essential factor in realizing her musical self-worth. After receiving positive feedback on her voice, Cindy reflected on the difficult moment in grade six when she was not let into the choir: "When I think about it now . . . it's kind of like . . . I'm sure you could've worked

with me. I mean, my voice wasn't *that* bad, obviously." Here, it is clear her initially negative concept of her voice has shifted. She has a newfound conception of and appreciation for her vocal potential. Cindy was also awakened to the versatility of her voice: "At one point . . . I was basically a lead. But I could go bass too. But, at one point, she wanted me to do soprano!" It appears that one significant positive event was able to negate her earlier-formed and long held identity as a *bad singer*. Having received encouraging feedback from important figures, she was able to assume a positive perception of her voice and *accept herself as a musical being*. When asked directly if she considers herself to be a musical person at this stage of her life, she said, "I am a musical person, for sure," further exemplifying the growth/shift that she has experienced as an adult in relation to perceptions of her musical abilities that she has held since childhood.

Gerald cannot be characterized as having an *unwavering interest in music* (aside from singing in the shower and dancing at weddings). A better word to describe his attitude might be *fluctuating*. He did not continue to nurture and develop his musical skills, and instead pursued other interests. He had a strong support network for musical endeavours as a child, but did not indicate the *availability of a support network* in relation to musical pursuits at the time of the interview. Gerald pointed out the decline of musical gatherings in his family as he aged: "[Family musical festivities] continued on 'till, well, probably 'till after my 30s . . . then there were less and less family gatherings." This meant he no longer had access to the safe, encouraging musical environment that he had known as a younger man. He was provided with *constructive feedback from significant persons* for musical pursuits growing up, but it was not *ongoing* into adulthood. This could have contributed to a lack of motivation to participate in recreational music programs, or to pursue musical goals that he may have had during childhood (e.g., community choir programs or guitar training, respectively). Gerald had *defined himself as a musical being* early on in his development. He still privately hums or dances at an event, but his current day-to-day affairs incorporate less active music making than in childhood. When Gerald discussed his music self-concept, most of his stories and self-perceptions halted around adolescence. He appeared to accept the positive music self-concept he had as a child and did not make attempts to develop it or consider how it could evolve. It seems that Gerald's music self-concept froze in time in the absence of a musical environment and that he did not seem motivated to seek out a new musical environment in order to maintain or further develop his music self-concept

Angelina was subjected to hurtful comments relating to singing and instrument playing. However, she continued to demonstrate an *unwavering interest in music*, both receptively (e.g., going to concerts and operas) and actively (e.g., wanting to learn piano). When Angelina expressed interest in acquiring basic piano skills, she stated that it would be a personal experience for her and not others: “For *my* satisfaction . . . not for performance . . . for my satisfaction.” Her reluctance to be subjected to other people’s judgements was palpable; she wanted to experience music on her own terms. Going forward, she is able to acknowledge the joy that can come from participating in music, despite her past negative experiences. Angelina does not have the *availability of a support network* nor *ongoing constructive feedback from significant persons*, which makes it more difficult for her to develop musically. Nevertheless, it appears that Angelina is continually looking to evolve in her musical journey.

Summary of Findings

Common and contrasting themes among participants’ narratives were realized within three overarching global meaning units: positive music self-concept, negative music self-concept, and evolving music self-concept. However, the individual narratives also revealed components that cumulatively portrayed each participant’s own unique music self-concept. Furthermore, it appears that the components were malleable to greater or lesser degrees, and that this malleability was influenced by both past and present musical and personal experiences and contexts.

In the following chapter, I will interpret the findings further and review them in relation to relevant literature.

Chapter 5. Discussion

In this chapter, I will make further interpretations of the findings from Chapter 4 by comparing and contrasting the results with select related literature from Chapter 2 and other significant findings. I will also acknowledge and describe the limitations of the current study. From there, the implications of my study for music therapy practice as well as implications for collaborative research with music therapists will be discussed. Lastly, the fourth subsidiary research question will be answered.

Additional Interpretations of Findings

When analyzing my results, I reflected upon how my findings supported and/or deviated from the related literature in Chapter 2. My results were fairly consistent with other music education sources outlined in the Music Self-Concept section (see pp. 6-13). For example, Gerald engaged in social comparisons with his sister's skills which, in turn, made him view his musical skills more negatively. The related literature emphasizes comparisons with *peers* rather than siblings, but tendencies to compare oneself against others to understand one's own skill level were present in the data (Hargreaves, Miell & MacDonald, 2002; Maxfield, 2020), most often contributing to a negative music self-concept. Feedback from significant persons was also a major contributor to either positive or negative music self-concept for all participants, particularly for Cindy and Angelina, who were highly influenced by their teachers' perceptions of their singing and accordion playing, respectively. This was also on par with findings in the literature that demonstrated the strong influence teachers have on students' self-perceptions of musical ability (Abril, 2007; Austin, 1990; Austin & Vispoel, 1998). Due to length limitations imposed upon this thesis, I have delimited remaining comparisons and contrasts to music therapy literature. Any future reiterations of this paper, should include additional comparisons with literature from other relevant fields including music education and psychology.

Bruscia's Dimensions

I will start by comparing and contrasting my results with Bruscia's (2014) dimensions of one's personal relationship to music, to gain further understanding of the global meaning units and themes found in the current study. Out of the thirteen dimensions that Bruscia outlined, five were chosen to be analyzed: (a) self-confidence, (b) memories, (c) family musical background, (d) motivators, and (e) musical aversions (Bruscia, 2014). These five were chosen because they were most obviously aligned with this study's results. However, future reiterations of this paper

should compare and contrast the intricacies of all of these dimensions with the present study's results as this could lead to new and/or enhanced perspectives.

Before going further, it is important to present Bruscia's definition of each dimension. He defined the 'self-confidence' dimension as "whether the person feels confident in his/her musical abilities and talents; whether the person is proud to own musical accomplishments." The 'memories' dimension represents "musical events or experiences in the past that are remembered as significant." 'Family musical background' encompasses "what musical talents are in the person's genetic background; attitudes and values towards music of significant others; musical pursuits and talents of relatives; family music traditions; relationship with relatives built around music; and musical roles taken by various family members." The 'motivators' dimension includes, "significant others, teachers, and/or professional musicians who are musical models, or who encourage and support the person's musical pursuits." Finally, 'musical aversions' include "any kind of music or musical experiences that the person dislikes or has aversive physical or psychological reactions to" (Bruscia, 2014, p. 168).

The 'memories' and 'musical aversions' dimensions corresponded with the theme *negative feedback from significant persons*, which fell under the global meaning unit of negative music self-concept. Musical memories, especially negative ones, can be significant enough to deter a person from participating in music. For example, Cindy did not sing for many years after being rejected from her school choir. Musical aversions can be seen in the adverse psychological response to Cindy's music-related trauma that kept her from singing in public for the majority of her life; she was "terrified to sing." Her frustrations with the negative feedback received from her teacher on the quality of her voice is clear with her remarking: "It's enough to never let you try." Angelina also experienced negative musical memories and musical aversions related to receiving *negative feedback from significant persons* that subsequently discouraged her from both singing and playing the accordion. Angelina originally enjoyed singing and playing instruments, but she experienced unsupportive remarks from family members and teachers regarding both activities. She internalized these hurtful comments and discontinued active music participation, an example of a 'musical aversion' in action. These significant musical 'memories' were impactful enough to seemingly change the course of her musical development throughout her life trajectory.

'Family musical background' and 'motivators' were dimensions that related to the themes *positive feedback from significant persons*, *ongoing constructive feedback from*

significant persons, music in the home environment and *availability of a support network*, all of which fall under the global meaning units of positive music self-concept and evolving music-self-concept. The ‘family musical background’ dimension and the theme of *music in the home environment* can be seen as influences upon the formation of Gerald’s music self-concept as a child. *Positive feedback from significant persons* in Gerald’s early life was commonplace. According to Bruscia’s descriptions, he might describe Gerald’s supportive family members as ‘motivators’, those who encouraged participation in music and dance at family gatherings. Later in life, Cindy had the *availability of a support network* with *ongoing constructive feedback from significant persons* (e.g., choir members) who could be considered as catalysts or ‘motivators’ that helped her music self-concept to evolve.

There was one finding in the present study that seemed very similar to one of Bruscia’s dimensions but, in fact, differed in its definition. My results suggested that global *self-confidence* influenced the *formation* of music self-concept, while Bruscia’s dimension of ‘self-confidence’ focused more on pride that one experiences *specifically* in relation to musical competence or musical achievement. However, the two views of self-confidence being described work bidirectionally. Positive music self-concept elicits self-confidence, while being confident in oneself can help one to nurture a positive music self-concept.

As this is my first foray into qualitative research, it was validating to see how Bruscia’s dimensions aligned with my preliminary study’s findings. I look forward to continued reflection upon this and further development of the potential connections and implications in consideration of all 13 of Bruscia’s (2014) dimensions.

Inequality Contributing to Negative Music Self-Concept

While Bruscia’s dimensions complemented many of the themes that emerged in my research, there was one important finding that was not accounted for – *accessibility to financial means*. This is perhaps because Bruscia’s *dimensions of one’s personal relationship to music* does not address ways in which these dimensions might be inhibited. I incorporated non-music therapy literature (music education literature) here to address this point.

In Lamont’s 2011 article that examined musical identity from childhood to adulthood, she brought to light Bronfenbrenner and Ceci’s (1994) bio-ecological model of development that focuses on the concept of *proximal processes*: “In this model, whether or not an individual realises his or her potential will depend on the opportunity structures provided by others in their

immediate environment” (Lamont, 2011, p. 377). This was true for all of the participants in this study. *Lack of financial means* made it more challenging to form a positive music self-concept for Gerald and Cindy as children. As a mother, Angelina aspired to provide long-term musical opportunities for her child but found it unaffordable. In Albert’s (2006) review on socio-economic status and its effect on music participation, he reflects upon findings from Kozol’s 1991 book, *Savage Inequalities*, where he reiterates that:

Monetary investments necessary to participate in an instrumental music program include obtaining and maintaining an instrument and purchasing supplies such as reeds, oil, strings, and sheet music. Low-SES parents may value school activities such as instrumental music programs, but the associated costs may prohibit their children from participating (p. 39).

With financial challenges being a significant obstacle to forming a positive music self-concept, more could be done by schools and arts organizations to provide children more opportunities for positive musical exploration. Lamont (2011) talks about how in United Kingdom, programs have been implemented to make musical opportunities more accessible and widely available in schools, such as, *Wider Opportunities Whole Class Instrumental and Vocal Tuition* (Lamont, 2011). It is important to see programs such as these employed internationally so that everyone has an equal chance at developing and fostering a positive music self-concept.

Limitations

This study has limitations that must be acknowledged. To start, I am a novice researcher, and this was my first independent research project. Additionally, in my years of study previous to music therapy, I was more exposed to studies situated within quantitative paradigms. I am still in the process of learning how to fully incorporate the epistemologies (ways of knowing) inherent in qualitative paradigms.

Secondly, all three of the participant interviews were completed in one day. The decision to complete the data collection in such a short period of time was an economical one, as I no longer resided in the city where the research was taking place. If this study were to be done again, logistical planning around scheduling would be altered. After the first interview, slight adjustments to interview questions and prompts would have been applied to subsequent interviews, in order to elicit more relevant data. If the interviews had been conducted over a

longer duration of time, there would have been appropriate time for reflection and revision between participants, as is common in qualitative methodologies.

Lastly, participants were all aware that interviews were for the completion of *my* Master's thesis. Because good rapport developed quickly between the interviewer and interviewees, transference may have occurred within interview sessions (i.e., caring relationship between grandparent and grandchild). Often, participants would check in to see if they "gave [me] what [I] was looking for." The participants were conscious of the fact that I was hoping to gain interesting findings and may have embellished or skewed their responses in an attempt to strengthen to my results.

Implications for Music Therapy Practice

There are significant implications from the findings for music therapists working with older adults. Results suggest that it may be important for music therapists to include music self-concept as a component of their assessments with older adult populations. Incorporation of longer assessments (i.e., semi-structured interviews) involving clients' music self-concepts can be more informative to create therapeutic benefit. Music and music therapy have been found to positively affect health and wellbeing as we age (see The Importance of Music and Music Therapy for Older Adults section, pp. 18-23), therefore, having an understanding of one's relationship to music is imperative to acquire the most benefit.

For some older adult clients, achieving a more positive music self-concept could be a music therapy goal in and of itself. Music therapists who work from person-centred and music-centred philosophical stances can help to foster and nurture a person's music self-concept. This might be especially important for older adults because of long-standing views they hold about their musical abilities. These beliefs potentially inhibit them from engaging in therapeutic interventions that can benefit them in many different domains. One of the participants (Cindy) demonstrated malleability that can exist with a person's music self-concept. With the appropriate support, she indicated an ability to transform a negative music self-concept (held for many years) into a positive one when she received positive feedback on her singing voice. Within the non-judgmental, supportive environment created by music therapists, elderly clients would be in the optimal space to work on developing or improving their music self-concepts.

Alternatively, working to enhance one's music self-concept could be the *starting point* in a music therapy process that gradually increases levels of active music making needed to achieve

the identified therapy goals. For example, in the case of someone who had negative views of their music making abilities but who enjoyed listening to music (like Angelina), a music therapist might first use music listening experiences to develop rapport with the client and build upon this positive aspect of their music self-concept. Once therapeutic rapport, safety, and trust are established and the client's music self-concept has been enhanced by various music listening experiences, the client may feel confident enough to engage in other types of more active music experiences, which in turn may have positive impacts on their health and wellbeing.

With regard to vocal self-concept, Chong (2010) stresses how music therapists can help clients to look deeper into their discomfort with their singing voice which can help to bring about changes in their music self-concept and their overall self-concept. As the voice is the body's instrument and closely tied to the self, people can feel self-conscious about their voice and can be particularly vulnerable to criticism. Cindy and Angelina expressed insecurity and disappointment with their vocal ability at different points in their lives based on negative feedback they received about their singing. Creator of the music therapy approach 'vocal psychotherapy,' Diane Austin, explained that "we are intimately connected to the source of the sound, and the vibrations... we make the music, we are immersed in the music and we *are* the music" (Austin, 2016). Music therapists have a unique opportunity to work with clients in supportive ways that can heal past musical hurts and elicit positive changes in one's vocal self-concept, which for some might be a very personal and transformative experience.

Music Therapists Collaborating with Music Educators

The current study focused on the experiences of older adults; however, music self-concept first develops in childhood. Thus, we should consider this stage in the developmental process. It is important for teachers to nurture positive music self-concepts during this impressionable period. Music therapists are trained to work with various forms of creative music expression, some of which may not adhere to traditional notions of music aesthetics. Music therapists in conjunction with music educators may be well-positioned to collaboratively nurture unique music potentials in students thus ensuring that all creative expressions are valued.

In 2018, Clements-Cortés, a music therapist, and Chow, a music educator, co-authored an article about how music therapy ideologies and interventions can positively affect the music classroom when looking at regulation of emotion, resilience, identity, and self-image

(specifically for those who are participating in group music making). Their recommendation was for the teacher to

focus on fostering a safe space for students to learn music in a positive and meaningful way, in which students are not criticized for their “mistakes”, but rather are given opportunities to improve and to view these “mistakes” as learning opportunities that contribute to their resilience in attaining goals... (p. 25)

Music therapist Megan Steele and coauthors (2020) collaborated on a literature review that examined outcomes of music therapist teacher support programs in schools (where music therapists are brought in as consultants for teachers). They found that

[these programs] exposed staff members to other ways of seeing and being with students. Some authors reported that music therapist teacher support programs provided an alternative framework for understanding a child with additional needs and showed teachers about specific talents of students. (para. 52)

Psychologist John Pelletteri (2000) who often focuses his research on educational and clinical settings, examined the significance of having music therapists as consultants in the special education classroom. He stated that, “To some extent music therapy consultants can assist teachers in creating therapeutic conditions in the classroom.” Pelletteri asserted that “each [professional role] has its value and appropriate place in the special education setting, and teacher and therapist can mutually benefit from collaboration and discussion of approaches” (pp. 389-390).

Implications for Future Research

For future studies on music self-concept, I would recommend repeating this study to add to and refine the knowledge gleaned thus far. Upon reflection, this study lacked diversity (all participants were white). To learn about the impact of cultural underpinnings in musical identities, further research should focus on recruiting a more diverse sample of participants

The fourth subsidiary research question of this study was: What implications might these findings have for research that utilizes standardized tools that measure music ability? In his new book *Successful Aging: Getting the Most Out of the Rest of Your Life*, neuroscientist Daniel Levitin (2020) says that existing tests of musical ability are “useless” because “they don’t measure anything relevant to real music in the real world” (p. 127). I interpret this to mean that current quantitative tools used to measure music abilities are inadequate. Thus, the current

qualitative inquiry is the start of more qualitative research that needs to be done in order to try and understand the authentic essence of music self-concept. With the construct validity of music self-concept scales being called into question, further qualitative research might help to better define and refine constructs that comprise music self-concept as it relates to real music in the real world.

Finally, in the main WnR study (described in Chapter 1), the results of music competence tests utilized with participants in Session 1 and 2 (e.g., Goldsmiths Musical Sophistication Index, Beat Alignment Task, etc.) could be compared with the results in the current study (Session 3). Comparing individuals' scores on these music and rhythm-based tests with this study's qualitative findings could reveal important information such as whether perceptions of our own musical abilities correspond with measured musical competence.

Results could implicate a future role for music therapists to work more collaboratively with multidisciplinary research teams, where music tasks are being used to help develop assistive devices (similar to what is being done in the WnR study). In these situations, the music therapist (clinician and/or researcher) may work with study participants to understand if/how their music self-concept plays a role in their music task performance outcomes. Due to time constraints, the WnR study's results were not included in my thesis (as originally intended). However, multidisciplinary research such as this is recommended as part of a future research project.

Closing Thoughts

Before I end my thesis, I would like to share a personal story that is relevant to this research process. I was in a serious car accident in the past year and broke several bones. I had to recover in hospital for three months. During this time, a friend of mine brought his guitar to the hospital on occasion so we could collaboratively play songs we enjoy (him holding the chord shapes, and me, strumming to the beat with my right hand as my left hand was broken). This warmed my heart and made me feel so grateful to even *touch* music, as it had been so long. I am usually so hard on myself for not being as musically skilled as I would like to be, but this experience grounded me and lowered the internal volume on my own negative music self-concept. I was able to feel joy and experience the therapeutic value of the music from the client's point of view and I am truly grateful for this gift.

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Appendix A



Information & Consent Form

Study Title: Walking and rhythm: The impact of rhythmic ability on mobility in older adults

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Source of funding for the study: VPRGS Team Seed Grant

Thank you for coming into the Li Lab at Concordia University for Session 3 of the *Walking and Rhythm* study. I appreciate you lending your time today. Please read this consent form carefully before deciding if you want to participate or not. If you would like more information or need some more clarification on anything, please do not hesitate to ask the researcher.

A. PURPOSE

This portion of the study is to learn more about music self-concept from the personal narratives of older adults. This construct or phenomenon is currently being researched in music education journals at this time but not yet seen in music therapy research. Thus, for my Master's Thesis in Music Therapy at Concordia University, I am looking to understand more about an individual's personal relationship with music and one's views of their musical abilities to help inform music

therapy practice and research. The primary goal is to gain a deeper understanding of one's music self-concept through semi-structured interviews with participants.

This interview concerns how individuals feel about their own musical abilities, which may give us insight into how this may or may not be related to rhythmic task performance. It may also have broader implications for future research in music therapy and/or other disciplines.

B. PROCEDURES

The interview is expected to last approximately 45 minutes. Please note that the interview will be audio recorded, transcribed, and organized into categories and themes. Although direct quotes may be used to support the categories and themes that emerge, they will contain no identifying information. The audio recordings will be used solely for purposes of analysis, and there will be no public presentation or publications using the audio recordings themselves in any way.

In order to analyze the data at a later date, an audio recording device is needed to document the information provided from participants.

Do you consent to having this interview audio recorded?

Circle one: Yes No

Two audio recording devices will be used as a precautionary measure in the case of technological glitches. One will be destroyed immediately if both recordings have recorded the interview successfully. The remaining audio recording will only be listened to by the researcher who is conducting the interview and analysing the data. The audio file will be destroyed after it is transcribed into a written script and the analysis process is complete.

C. RISKS AND BENEFITS

There are no foreseeable risks associated with participation in this study.

This research is not intended to benefit you personally. It is hoped, however, that the information obtained from this study will help to better understand your personal relationship with music and your perception of your own musical/rhythmic abilities.

D. CONFIDENTIALITY

All identifying information will be kept confidential. No names or identifiable traits will be used in the written portion of this study.

The researcher will know your identity, but it will not be shared with anyone. All efforts will be made to ensure that any identifying information contained in your interview transcript is not included in the final thesis or any subsequent publication. Therefore, no link should be possible between the results presented in the research and the research participant in question.

E. CONDITIONS OF PARTICIPATION

You have the right to leave at any time during the course of the interview and will still get paid for your time and travel. It is your decision to participate. There are no negative consequences for not participating, stopping in the middle, or asking us not to use your information. There will be no judgement from the researcher with any decision that is made.

If you have any further questions or concerns, please do not hesitate to ask.

F. PARTICIPANT DECLARATION

I have read and understood this form. I have had the chance to ask questions and any questions have been answered. I agree to participate in this research under the conditions described.

Participant Name: _____ (Please print)

Participant signature: _____ Date: _____

Appendix B



CERTIFICATION OF ETHICAL ACCEPTABILITY FOR RESEARCH INVOLVING HUMAN SUBJECTS

Name of Applicant: Dr. Karen Li
Department: Faculty of Arts and Science\Psychology
Agency: Concordia University
Title of Project: Walking and rhythm: The impact of rhythmic ability on mobility in older adults
Certification Number: 30009612
Valid From: January 28, 2019 **To:** January 27, 2020

The members of the University Human Research Ethics Committee have examined the application for a grant to support the above-named project, and consider the experimental procedures, as outlined by the applicant, to be acceptable on ethical grounds for research involving human subjects.

A handwritten signature in black ink, appearing to read "Shannon Hebblethwaite".

Dr. Shannon Hebblethwaite, Vice Chair, University Human Research Ethics Committee

Appendix C

The central questions asked to all participants were:

- 1) “What is your personal relationship to music? How important is music to you in your life?”;
- 2) “Do you consider yourself to be a musical person? If so, in what ways? If not, why not?”;
- 3) “Can you describe a time when you felt particularly musical?”;
- 4) “Can you describe a time when you did not feel very musical?”;
- 5) “Can you provide one or two examples that stand out for you regarding what others have told you regarding your musical ability?”.

Additional prompting questions:

“What was that like for you?”

“Can you elaborate on that?”