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Sing A New Song: Community Songwriting and Singing to Enhance the Quality of Life and Health of Older Adults

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A Thesis in the Field of Psychology

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Abstract

According to the United Nations, the world population of older adults will surpass 2 billion by the year 2050. These older adults risk a reduction in Quality of Life (QOL) due to chronic illness. The United States government reports, for example, that more that 90% of Americans over 65 live with at least one chronic illness and 80% with two or more. This study, involving 29 older adults, measured the effects of a six-week songwriting and singing intervention on self-perceived QOL and health. Participants were randomly divided into intervention (n = 14) and waitlist control (n = 15) groups. Each participant completed the brief World Health Organization Quality of Life measure (WHOQOL-BREF), the Positive and Negative Affect Scale (PANAS) and the General Self-Efficacy (GSE) scale prior to the intervention, after the six-week intervention and at a six-week follow up. Unscheduled medical visits were also tracked. At the conclusion of the songwriting intervention, participants provided written qualitative comments about their experience.

An interaction was found between group and pre-post intervention scores on the psychological domain of the WHOQOL-BREF. Intervention group scores increased while control group scores decreased. This advantage was maintained at follow-up. Negative emotion scores on the PANAS scale increased for both groups, increases that were maintained at follow-up. Intervention group GSE scores increased, though the increase was not maintained at follow-up. An apparent inter-

group difference in the mean rate of unscheduled medical visits was not significant and may have reflected a disparity in the initial health condition of participants. Written qualitative responses to the songwriting process were highly positive for both groups.

Given the health risks faced by the world's burgeoning older adult population, innovative approaches to maintaining and enhancing QOL and health are indicated. A songwriting and singing intervention like the one studied here offers hopeful possibilities.

Dedication

This thesis is dedicated to my community songwriting colleagues at Yale New Haven Hospital, Yale New Haven Psychiatric Hospital and Musical Intervention, and those at The Seabury Community whose enthusiastic creativity forms the basis of the research presented here.

As well, I offer this work in memory of my mother, Marilyn Bergner, Ph.D., a pioneer in the measurement of quality of life and health.

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I am grateful for…

The residents and staff of The Seabury Community for their support of my creative musical work while I served as Interfaith Chaplain there for several years.

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Chapter I

Introduction

America is aging. According to the U.S. Census Bureau, the number of older adults living in the United States will increase substantially over the next four and a half decades. In 2014, fewer than one in seven Americans was 65 years of age or older. By 2060, that ratio will increase to almost one in four, nearly 100 million people (Colby & Ortman, 2015). Meanwhile, the United Nations Department of Economic and Social Affairs (ECOSOC) predicts a similar global transformation. According to ECOSOC, the worldwide population of people over 60 years of age will double by 2050 and triple by 2100 (ECOSOC, 2015). Furthermore, adults living until 65 in the United States in 2014 could expect to live for an average of almost another two decades and those living until 75 could expect, on average, to live slightly more than an additional dozen years (United States Department of Health and Human Services, 2015).

While enjoying the potential benefits of longevity, this burgeoning cohort of older adults faces the real threat of chronic illness. The United States Agency for Healthcare Research and Quality (AHRQ) reported in 2005 that more than 90% of Americans over 65 years of age were living with at least one chronic medical condition (AHRQ, 2005). In 2010, the AHRQ stated that 80% of Americans over 65 years of age live with Multiple Chronic Conditions, that is two or more chronic illnesses (AHRQ, 2010). The prevalence of chronic illness, in turn, places an important burden on the healthcare resources of the United States, where, according to the 2010 AHRQ report, more than two-thirds of

healthcare dollars are spent caring for people with Multiple Chronic Conditions and almost nine of ten dollars are spent on those with at least one chronic condition (AHRQ, 2010).

As well, single chronic illnesses and Multiple Chronic Conditions threaten the quality of life (QOL) and wellbeing of older adults. Research on the relationship between chronic illness and QOL has established a correlation between chronic disease and diminished QOL with amplified negative effects on QOL for individuals living with more than one chronic condition (Dominick, Ahren, Gold & Heller, 2004; Adriannse, Drewes, van der Heide, Struijs & Baan, 2015; Jia & Lubetkin, 2016). A related effect has also been suggested, with higher levels of QOL protecting against the functional deficits and decline associated with chronic illness (Palgi, Shrira & Zaslavsky, 2015).

Whether intended to improve the wellbeing of older adults whose QOL has already been diminished by the presence of chronic illness or to improve wellbeing as a prophylactic against functional deficits associated with those illnesses, therapeutic interventions designed to increase the QOL of older adults may diminish the burden of chronic disease. Furthermore, raising the QOL of the growing population of older adults in the United States and around the world would appear to be a worthwhile goal in itself.

With these ends in view, the present study investigated the effects on QOL and health of a weekly group songwriting and singing intervention for older adults living in, or members of, a residential life care community. Using self-report scales, the QOL, perceived self-efficacy, and affect of randomly selected participants were measured pre- and post-intervention. Intervention group scores were compared to the scores of an activities-as-usual matched control group. Intervention group post-intervention scores

were expected to be higher for QOL, perceived self-efficacy and positive affect, and lower for negative affect than both baseline and control group scores. In addition, the number of negative health events, as represented by unscheduled health-related visits made by study participants to the community's on-site health clinic, or to study participants' off-campus healthcare provider, were recorded. It was expected that intervention group participants would make fewer unscheduled visits to the health clinic than control group participants.

Definition of Terms

Chronic Illness

A disease or health condition requiring long-term medical management and care, care that may last from diagnosis until death. Common chronic illnesses include heart disease, cancer, diabetes, stroke, arthritis, depression and chronic obstructive pulmonary disease. (CDC, 2016; Larson, 2016; Egger, 2014)

Life Care Community

A residential community for middle-aged and older adults, commonly 55 years old and above, that provides independent living quarters for healthy residents, as well as assisted living, skilled nursing and memory support for those residents whose medical condition requires increased levels of care. These medical services are provided without extra charge beyond a resident's initial entrance payment and monthly maintenance fees. In some life care communities, such as the one studied here, members can enroll in the

community health coverage plan while still residing at home. (Snyder, 2015; Cannaday, 2015)

Older Adults

The cut-off age for this category varies. In the United States, the Centers for Disease Control and Prevention consider adults over 65 years of age to be "older adults" (CDC, 2015). The United Nations identifies adults over 60 years of age as "older persons" (ECOSOC, 2013).

Perceived Self-Efficacy

A measure of a person's beliefs about their ability to successfully address challenges of living**.**

Quality of Life (QOL)

A multidimensional construct indicating an individual's subjective sense of life satisfaction and wellbeing. Physical health, psychological health, social connection and environmental factors are among the life domains that may be included in a measure of QOL. (Adriannse, et al., 2015; Deiner, Eunkook, Lucas & Smith, 1999; Johnson, et al., 2013; WHO, 2016)

Background of the Problem

About 40 years ago, health science researchers began to expand their focus from compiling data on levels of morbidity and mortality to developing ways to measure the

impact of illness and impairment on human behavior, function and subjective wellbeing. From this effort, and from within the broader construct of Quality of Life (QOL), emerged the concept of Health Related Quality of Life (HRQOL), representing the effects of disability and disease on an individual's physical, psychological and social wellness (Carlozzi et al., 2016; The WHOQOL Group, 1993). In turn, HRQOL assessment has become a valuable tool in disease prognosis and treatment, and in the allocation of medical resources (Diouf et al., 2016; Gálvez et al., 2016; Hutchinson et al., 2015).

The three health-related aspects of QOL (physical, psychological and social) were the primary focus of the present study on the effects of a creation-focused, participatory music intervention for older adults. Environmental QOL factors, such as perceived financial security, access to necessary information, and availability of transportation, were also assessed as part of the measure used in this study.

Over the past decade, research on the effect of participatory music interventions on the QOL and health of older adults has received growing attention. In a groundbreaking study, Cohen (2006) compared the self-reported health and wellbeing of participants in a 90-voice community chorale in Washington, D.C. with that of 76 members of a control group. The mean age for both groups was 79 years (minimum age: 65 years). The chorale met for 30 weekly rehearsals and an unspecified number of public performances. At baseline and at a 12-month follow-up, when 77 participants remained in the intervention group and 66 participants in the control group, participants completed self-report measures of their overall health, mental health, doctor visits, over the counter medication consumption, falls, and other health problems. Study participants also

reported their involvement in activities beyond those of the study itself and provided qualitative commentary on their study experience.

Cohen reported differences between the intervention and comparison groups in self-reported overall health, participation in extra-study activities, and falls. Compared with baseline, at the 12-month follow-up intervention participants reported improved overall health (mean at baseline = 7.88 of 10, mean at follow-up = 7.97 of 10) while control participants reported reduced overall health (7.63/7.25). Intervention participants showed increased overall activity (activities at baseline = 8.61/activities at follow-up = 10.55) while control group participants reported a decline in overall activity (9.09/8.02). And, intervention participants reported a reduction in falls (average falls per person in the preceding year at baseline = .40 /average falls per person in the preceding year at follow-up = .23) while control group participants reported an increase (.36/.55). Differences between the two groups in doctor visits, medication usage and mental health were less clear-cut, but continued to favor the intervention group. Finally, qualitative responses to the singing intervention suggested a positive effect on participant wellbeing. As one 94 year-old participant stated, “I’m so glad I decided to take a chance and join the chorale. This has been one of the most important experiences of my life. I hope it will never end” (p. 728).

A number of more recent studies from around the world support Cohen's findings relating singing to health and wellbeing among older adults. In Finland, Johnson (2013) used a cross-sectional approach to study the relationship between the QOL of older participants in already existing amateur choirs and the self-perceived benefits of their participation. One hundred and seventeen choristers took part in this study (mean age =

71 years; age range: 58-93 years). The WHOQOL-BREF was used to assess participant QOL. QOL scores were then compared to scores on a 36-item Benefits of Choral Singing measure that the authors adapted from a longer questionnaire. The Benefits of Choral Singing measure asked participants to reflect on possible benefits of choral singing, including emotional and artistic expression and social connection. Correlations were found between higher psychological, social and environmental QOL and higher scores on the Benefits of Choral Singing scale ($r = .25$ to $.27$), but no correlation was found between physical QOL and scores on the choral singing measure. Higher overall QOL was related to higher Benefits of Choral Singing scores ($r = .28$).

Davidson (2013) reported the effects of an 8-week community singing program on the health and wellbeing of 29 adults over 70 years of age (mean age = 77.3 years). Participants included clients of an Australian home health aide provider and readers of a Perth, Australia newspaper living without assistance in the community. Both groups participated in the study's weekly 90-minute singing sessions. Sessions included a physical and vocal warm-up followed by the singing of songs that had been popular in Australia over the preceding six decades. Health and wellbeing were assessed using the UCLA Loneliness Scale Version 3, the Geriatric Depression Scale and the Medical Outcomes Study Short-Form (SF-36). Little change took place in any of these measures between baseline and the end of the 8-week intervention. Nevertheless, in follow-up interviews, all participants reported that the choir activity had had a positive impact on their lives. Furthermore, participants decided to prolong their choir experience beyond the 8 weeks of the study protocol, paying the salary of the choir director from their own resources.

In Japan, Sakano (2014) used a Visual Analog Scale that assessed six aspects of perceived psychological wellbeing (refreshment, comfort, pleasure, light-heartedness, relief and relaxation), the Profile of Mood States self-report questionnaire, and measures of salivary stress markers to assess the relationship between singing and health and wellbeing in adults over 60 years of age (mean age = 64.1 ± 3.9 years). The authors reported positive changes in study participants' mental and physical condition after a brief session of solo singing (average singing session length = 3'50"). Among other results, Sakano reported pre- to post-test improvement on all Visual Analog Scale measures; reductions in confusion, tension and total mood disturbance on the Profile of Mood States scale; and reductions in salivary cortisol and immunoglobulin A, suggesting, according to the authors, lower levels of stress.

Coulton, Clift, Skingley and Rodriguez (2015), working in Southeast England, compared QOL measures of randomly selected adults over 60 years of age (mean age = 69 ± 7.14 years) in five weekly singing groups to those of non-singing control group participants. The singing groups met for 90 minutes once per week for 14 weeks. Meetings followed a standardized protocol. Self-report measures of mental and physical health-related QOL of all participants were obtained at baseline, 3 months and 6 months using the York SF-12 questionnaire. The Hospital Anxiety and Depression Scale was also administered at those intervals. No differences were present between intervention and control groups at baseline for any of the health measures. At 3 months, the intervention group showed better mental-health QOL (mean difference = 4.77; higher scores from 0 to 100 indicate better health) and less anxiety (mean difference = -1.78, lower scores from 0 to 21 indicate less distress) and depression (mean difference = -1.52,

lower scores from 0 to 21 indicate less distress). At follow-up, the difference in mean scores for mental health QOL was maintained, but between-group differences for anxiety and depression were not. In interview and open-ended questionnaire responses, participants reported improvements in psychological health, wellbeing and social connection. This positive response to the singing intervention was confirmed by the fact that four of the five choral groups were reestablished after the 6-month follow-up. These reestablished groups expanded and continued to meet at the time of publication.

Other researchers have focused their attention on non-vocal, participatory music interventions targeting a variety of health outcomes among older adults. Sung, Lee, Li and Watson (2012) found that a semi-weekly, six-week long intervention using percussion instruments with familiar music lowered anxiety scores among residents of a long-term care facility living with dementia when compared with anxiety scores of other residents of the same facility also living with dementia (mean age = 80.4 years; minimum age: 65 years). Agitation scores were not affected.

Seinfeld, Figueroa, Ortiz-Gil & Sanchez-Vives (2013) provided four months of weekly piano lessons to 13 musically naïve older adults (age range: 60-84 years) identified as motivated and able to attend lessons and practice regularly between lessons. The authors reported that mean raw scores for the WHOQOL-BREF domains of physical and psychological health increased for this piano playing intervention group (physical: +1.00 on a scale from 7-35/psychological: +.49 on a scale from 6-30) while mean scores for 16 members of an other-leisure-activity control group declined (-1.31/-.23). Scores for the social and environmental domains did not differ between the groups. Both groups' scores on the Beck's Depression Inventory decreased from pre- to post-test, but

improvements were greater for the music group than for the control group (intervention group: -3.23 on scale from 0 to 63 with lower scores indicating less distress; control group: -1.57).

Despite this variety of encouraging research on the positive effects of community and individual music making on the QOL and health of older adults, few studies have investigated the QOL and health effects of *creation-focused* musical interventions. Silber and Hes (1995) conducted a songwriting intervention with a group of Israeli older adults living with Alzheimer's disease (mean age = 75 years; age range: 62-84 years). Twenty-five minutes of their weekly hour-long music therapy sessions were dedicated to song and poetry writing. (The authors did not distinguish between these two written forms because the same Hebrew word, *shir*, is used for both.) Song lyrics were based on a theme suggested by the music therapist who led the group and were written to match either an existing melody or a new melody created by the therapist. Poems were also based on a theme suggested by the therapist and were written and recited with background musical accompaniment. The authors reported that the song/poem writing process allowed participants to express and discuss important emotions and ideas with each other and was a catalyst for heightened social interaction. Song/poem writing also provided participants with the goal of correcting and improving texts already written. Further, through the creative writing process, participants expressed a sense of dignity and hopefulness regarding themselves and their lives.

Using an ethnographic research approach, Allison (2008) described a group songwriting process in a long term care facility for 430 residents in San Francisco, California. Between 30 and 40 residents participated in songwriting groups at any one

time and the groups met for intensive sessions every four to six weeks. Songwriting sessions were professionally led and the participation of all group members was encouraged and welcomed. The goals of individual self-expression and community building across functional and cultural barriers were as valued in the songwriting process as musical and lyrical aesthetics. The author reported that two of the songs created by the songwriting groups became important touchstones within the larger community of the long term care facility and that six original songs were included in a ceremony of dedication for a new community worship space. A professional quality compact disc was released of original songs and a film was made of the songwriting process. "The singer-songwriting groups," the author wrote, "receive rave reviews from their participants and the songwriters eagerly anticipate the arrival of...the composer who runs the groups" (p. 221).

Hong and Choi (2011) assessed the effect of a 16-week, 60 minutes-per-week songwriting intervention on the cognitive function of older adults with dementia in a residential setting (mean age = 78.3 ± 6.3 years). Participants were living with Alzheimer's disease (n = 26), vascular dementia (n = 3) and Parkinson's-related dementia (n = 1). The intervention included singing, discussing personal experiences related to cognitive function, fill-in-the-blank lyric generating exercises, rewriting songs using lyrics associated with cognitive function, and rehearsing the songs created. Cognitive function was measured before and after the 16-week intervention for both the songwriting group and a control group using the Korean version of the Mini Mental State Examination (MMSE-K).

Hong and Choi (2011) reported intra- and inter-group differences between pre- and post-intervention MMSE-K scores. For the intervention group, overall mean MMSE-K scores, which can range from 0 to 30 with higher scores indicating better cognitive function, increased by 3.80. As well, scores increased for three of five of the measure's domains: orientation (+1.27 of 10), memory (+.80 of 6) and language function (+1.13 of 7). There were no effects on the domains of attention and calculation or comprehension and judgment. Although the mean MMSE-K score for the songwriting group remained within the dementia range (< 20) after the intervention, scores for 6 of 15 individual songwriters moved into the doubted-as-dementia category (20 – 23). Overall, mean MMSE-K scores for the control group decreased (-.87), although the decrease in four of the five MMSE-K domains did not reach significance. Between-group differences in overall mean MMSE-K scores, scores that had been nearly identical at pre-test (intervention: 14.60; control: 15.00), were manifest at post-test (intervention: 18.40; control: 14.13). Post-test differences were found in the specific MMSE-K domains of memory (intervention: 5.87; control: 4.73) and language function (intervention: 3.93; control: 2.73).

In Manchester, England, Habron (2013) analyzed the responses of six older adult amateur musicians to an intervention in which they composed music in collaboration with a professional string quartet. Habron reported that the composition process elicited strong emotions in study participants and provided a structure within which they could consider and reframe important life challenges while reimagining their sense of self-identity. Participants were able to discover and develop both new and dormant creative

and musical skills, thereby increasing self-confidence, and were eager for this project to continue beyond its original protocol.

Finally, Baker and Ballantyne (2013) examined the effect of a group songwriting intervention on the wellbeing of older adults (mean age = 80.5 ± 12.3 years) living in a retirement community in Brisbane, Australia. The community of 600 people included independent, assisted living and skilled nursing residents. All eight self-selected, volunteer study participants were living independently. Seven of the eight participants had some musical background and several had formal music training. None of the participants had a diagnosis of dementia. The songwriting intervention included five 90-minute creative sessions over the course of three weeks with a performance for the other members of the retirement community at the intervention's conclusion. Four music therapy students and four music education students facilitated the songwriting process. Creative techniques used included replacing the lyrics of existing songs with original lyrics, often called song parody, group brainstorming, and the identification of central emotions and ideas.

After compiling transcripts of the songwriting process, as well as song lyrics, student journals, focus group reflections and participant responses to a written questionnaire, Baker and Ballantyne (2013) realized that participant experience could be meaningfully mapped onto Seligman's (2002) three types of happy human life: the pleasant life, the engaged life and the meaningful life. The authors observed that study participants experienced elements of all three of these types of life in the course of the intervention. Later, taking note of Seligman's expanded theory of human wellbeing (Seligman, 2011), Baker and Ballantyne (2013) added that study participants also showed

evidence of a sense of personal accomplishment and of positive social relationships in their songwriting activities.

The present study built on the promise of the participatory and creation-focused music studies described above, studies that suggest the positive QOL, cognitive, social, emotional, psychological and physical health benefits of group and individual musical activities for older adults. In a setting similar to the retirement community described by Baker and Ballantyne (2013), the present intervention had a general arc similar to theirs. That is, residents and members of a life care community were invited to take part in research to assess the QOL and health effects of a multi-week songwriting and singing intervention, culminating in an informal performance of the songs they created for other members of the community. However, by working with a more statistically appropriate number of participants (n = 29 rather than n = 8 as in Baker and Ballantyne's study, for example); by randomly assigning those participants to intervention and control groups, rather than working only with self-selected, volunteer intervention participants; by using an experienced, professional facilitator, rather than eight student intervention leaders; and by using pre-determined measures of QOL and health rather than mapping experimental results *post hoc* onto theoretical frameworks still in development; the present study achieved a level of rigor and insight not offered by either Baker and Ballantyne or the majority of other existent studies on the possible effects of creation-focused music interventions for older adults.

Chapter II

Method

This study employed a 2x2 design with experimental and waitlist control groups completing a set of assessments at baseline (pre-intervention) and at completion of the designated program (post-intervention). An additional follow-up assessment was completed approximately six weeks post-intervention.

Participants

Study participants were recruited from among the approximately 450 at home, independent living, assisted living and skilled nursing members and residents of the Seabury Life Care Community in Bloomfield, Connecticut. All independent and assisted living residents received a single sheet flier announcing the study in their intra-community mailbox. The same flier was sent to at home community members by electronic mail. Skilled nursing residents received a flier in their rooms. The study was also announced on Seabury's closed-circuit television channel and by posters placed around the Seabury campus.

Fliers and announcements stated only that a study of the relationship between music and QOL and health was planned. Intervention and control group details were not disclosed until a meeting of all potential participants took place one week prior to the beginning of the songwriting and singing intervention. This precaution was intended to prevent potential participants from excluding themselves because they believed that they

were not musically inclined, could not sing or write well, or were not creative in general. One advantage of a songwriting and singing intervention is that a wide range of skills and abilities are valuable in the creative process. Participants who do not wish to actively sing, compose music or create lyrics can nevertheless express their preference for certain types of thematic material and certain creative choices.

Thirty-six Seabury community members initially volunteered to participate in this study. Five of these potential participants withdrew from the study before the beginning of the songwriting intervention due to planned summer vacations, family visits or medical appointments, leaving a cohort of 31 study participants. While perhaps smaller than ideal, a power analysis indicated that this sample size would be sufficient to detect significant differences in pre- and post-test means and between-group means on the QOL, self-efficacy and affect measures using repeated measures paired and independent sample t-tests, and repeated measures ANOVA, anticipating a medium effect size (.5) with an α of .05 and a power of .90.

The cohort of 31 Seabury songwriter-singers was equally divided between an intervention group and a waitlist control group by blindly drawing white or blue marbles from a container. Members of the intervention group took part in a six-week songwriting and singing process. Control group members pursued activities-as-usual and were given the opportunity to participate in the six-week songwriting and singing process once the study intervention had been completed. Seabury on campus residents and at home members were invited to participate in this study regardless of their musical experience or lack thereof. There were no exclusion criteria.

Measures

Quality of life, perceived self-efficacy, and positive and negative affect self-report questionnaires were used for this study. In addition, the number of unscheduled health care visits made by study participants was tracked.

Quality of Life

The QOL measure used for this study was the WHOQOL-BREF, a self-report QOL measure developed by the World Health Organization (The WHOQOL Group, 1998). The WHOQOL-BREF is a shortened version of the original WHOQOL-100 questionnaire. The measure includes 24 specific questions with Likert-type responses scored from one to five. The 24 questions are divided into four domains that explore physical (7 questions, raw score: 7-35), psychological (6 questions, raw score: 6-30), social (3 questions, raw score: 3-15) and environmental (8 questions, raw score: 8-40) aspects of QOL. Raw scores in each domain can be transformed into either domain scores from 4-20 or into scores from 0-100 to match scores on the original WHOQOL-100. Higher scores on either raw or transformed scores indicate higher levels of perceived QOL. In addition, two general questions, also with Likert-type responses scored from one to five, begin the questionnaire. One of these general questions addresses overall QOL while the other addresses overall health. (WHO, 2016; von Steinbüchel, Lischetzke, Gurny & Eid, 2006).

In a study of 262 older French-speaking, Swiss adults (mean age = 73.4 ± 7.6 years; age range: 60-90), von Steinbüchel et al. (2006) found the WHOQOL-BREF to have good convergent and discriminant validity when scores on that scale were compared

to scores on the Medical Outcomes Study Short form (SF-12) and the Geriatric Depression Scale. The authors found a high test-retest correlation for the WHOQOL-BREF and stated that the scale could reliably measure QOL in older adults. Lucas-Carrasco, Laidlaw and Power (2011) corroborated these findings in their study of older Spanish adults reporting that the WHOQOL-BREF, when applied to older adults, had high face-validity and that the internal validity of the overall measure was good (Cronbach's $\alpha = .90$).

Positive and Negative Affect

Developed by Watson, Clark and Tellegen (1988), the Positive and Negative Affect Scale (PANAS) consists of twenty individual words, ten of which are markers for positive emotion and ten of which are markers for negative emotion. The respondent completes the scale by identifying the extent to which she or he is experiencing those feelings at the present moment (or, potentially, within a variety of longer time frames) using Likert-type responses from one to five. The scale is then scored by summing responses, with separate totals produced for the two categories of emotion ranging from 10 to 50.

Watson et al. (1988) found that the PANAS had high internal reliability when testing their scale on cohorts of 660 university students (Cronbach's $\alpha = .89$ for positive affect, $\alpha = .85$ for negative affect), 164 university employees (.86/.87) and 61 psychiatric inpatients (.85/.91). Comparing these results with longer measures such as Zevon and Tellegen's (1982) sixty adjective mood checklist, the authors found that the PANAS had high convergent and discriminant validity. More recently, Buz, Perez-Arechaederra,

Fernández-Pulido and Urchaga (2015) tested the validity and reliability of the PANAS on a cohort of 585 Spanish adults over the age of 60 and found good reliability ($\alpha = .93$ for positive affect, $\alpha = .83$ for negative affect) and good convergent and discriminant validity ($p < .01$) for this population as well.

Perceived Self-Efficacy

The General Self-Efficacy Scale (GSE; Schwarzer & Jerusalem, 1995) asks the respondent to rate her or his ability to cope with the challenges of daily living. Ten statements are presented that evoke aspects of these life challenges (i.e. "I can always manage to solve difficult problems if I try hard enough.") Four possible responses are provided, ranging from "Not at all true" (1) to "Exactly true" (4). Scores are computed by summing the value of responses to the 10 statements and, therefore, can range from 10 to 40.

The psychometric properties of the GSE have been assessed among a variety of populations across health status, age, language and culture. Nilsson, Hagell and Iwarsson (2015) found high internal consistency ($\alpha = .95$) and good test-retest reliability (between .69 and .80) for the measure among 336 Swedish older adults (mean = 71 years, sd = 9 years) living with Parkinson's disease. Schwarzer, Mueller and Greenglass (1999) reported high internal consistency for the measure among 1,314 Internet users ($\alpha = .87$), 290 Canadian college students ($\alpha = .89$), 274 German grade school and high school teachers ($\alpha = .86$), and 3,077 German high school students ($\alpha = .78$).

Health Care Visits

The number of unscheduled visits made by intervention and control group participants to the Seabury community health clinic, or to off-campus health care providers, were also counted and compared. Community health clinic records were tracked for each participant during the six weeks of the study and participants were asked at the end of the study if they made any unscheduled off-campus health care visits. Differences in number of unscheduled health visits for each group during this period were assessed using, as with the other measures, two-tailed paired and independent sample t-tests, anticipating a medium effect size (.5) with an $\alpha = .05$ and a power of .90.

Procedure

Two introductory meetings took place during the week prior to the beginning of the study's songwriting and singing intervention. Members of the Seabury community who attended one of these meetings and were interested and able to participate in the study completed the WHOQOL-BREF, PANAS and GSE measures and were then randomly assigned to intervention and waitlist control groups, as described above.

The songwriting-singing intervention for this study included five weeks of a once-per-week, 75-minute group songwriting and singing session and an informal presentation for other members of the Seabury community at the end of the sixth week. Intervention sessions were led by the author of the study, Seabury's former interfaith chaplain, who is also a professional musician and experienced group songwriting leader. Each songwriting and singing session began with a 10-minute vocal warm-up, including breathing exercises and the humming and vocalizing of simple melodic patterns based on

major and minor scales and chords. Five to ten minutes were spent singing participants' favorite songs chosen from a compilation of 60 hymns and popular songs already used for group singing at Seabury. Forty-five to fifty minutes of each session focused on song creation with the remaining 10 minutes dedicated to reviewing the songs created to date. After the regular 10-minute vocal warm-up, the final session was divided equally between a rehearsal of original material created during the preceding sessions and a presentation of that material to other members of the Seabury community.

Techniques for group song creation included brainstorming for thematic material; rewriting the lyrics of existing songs; setting lyrics created by the group to original melodies and harmonic accompaniment created within the group sessions; setting lyrics created by individual group members outside of the group sessions, as well as pre-existing texts, to original and pre-existing melodies and harmonic accompaniment; and, in three cases, developing musical arrangements for texts that had been set to melody by participants outside of the group sessions. Creative decisions were made through informal consensus. Ultimately, the group facilitator determined when a consensus creative decision had been achieved.

WHOQOL-BREF, PANAS and GSE measures were distributed to all study participants immediately after the completion of the songwriting and singing intervention, either in person or, for the control group, via their Seabury campus mailboxes or by email. All questionnaires were completed and returned before the waitlist control group began their own iteration of the songwriting and singing process.

The waitlist control group then followed a songwriting and singing protocol similar to that of the intervention group. Differences in the details of this second

songwriting and singing process arose due to inevitable differences in the creative interests and process of the two groups. Thus, for example, where the intervention group began by writing a wistful, yet ultimately hopeful, ballad about the emotional challenges of aging titled "Sing A New Song", the waitlist control group initiated their process by creating a joyful, if somewhat silly, ode to the many things in life that make group participants happy called "What Do You Love?". And, where the intervention group devised the rhythmic "Seabury Construction Blues", the control group wrote a gentle, sung blessing simply called "Blessing" (see Appendix C for all song lyrics). Once this second songwriting and singing process was complete, all participants again received the WHOQOL-BREF, PANAS and GSE measures either in person or by real or virtual mail and all questionnaires were completed and returned within one week. This set of questionnaires represented a six-week post-intervention follow-up for the original song-writing group.

Finally, six weeks after the end of the second songwriting and singing process, 24 study participants presented all of the songs that had been created by the two groups to an audience of approximately 100 members of the greater Seabury community. Audience members received copies of song lyrics and were encouraged to sing along, as those who attended each of the two earlier song presentations had been. At the end of this presentation, study participants and audience members were invited to submit written comments about their experience.

Chapter III

Results

Random selection of the 31 initial study participants into intervention and control groups produced 15 intervention (Group 1) members (n = 15) and 16 control group (Group 2) members (n = 16). Questionnaire responses of one member of Group 1, particularly on the WHOQOL-BREF survey, were consistant outliers from the group mean and were as much as three times the interquartile range from the mean on the WHOQOL-BREF Domain 2, measuring psychological quality of life. This participant's scores were excluded from the statistical analysis. One member of Group 2 began the study, but did not attend any of the creative sessions provided for that group and did not complete the final set of questionnaires. This participant's scores were also excluded from analysis. Thus, for the purpose of final data collection and analysis, Group 1 had 14 members (n = 14) while Group 2 had 15 (n = 15).

Data were coded, scored and analyzed using the SPSS statistical program. Because missing data points comprised less than 5% of the total data and were considered to be random (Schaffer, 1999) missing data were imputed with the mean score for each variable. When more that 5% of data were missing for a particular participant, that participant's measure was omitted from the statistical analysis. For the WHOQOL-BREF, 3.4% of the data points were replaced with the mean. For the GSE, 3.6% of data points were replaced and for the PANAS, 1.5% were replaced.

The education level of Group 2 participants appeared somewhat higher than that of Group 1 participants, though this difference did not reach statistical significance ($t_{(27)}$ = 1.98, p = .059). Group 1 included three participants who had completed high school, four who had completed college and seven participants with master's degrees, while Group 2 included four college graduates, 10 participants with master's, medical or law degrees, and one Ph.D. The two groups differed in the amount of musical training reported. This difference (Group 1 mean = 5.86 years, sd = 7.03, range 0-20; Group 2 mean = 17.80, sd = 26.76, range 0-80) may have resulted from different interpretations of the question "How many years of musical training have you had?" Some participants, particularly in Group 2, may have interpreted this question as referring to the number of years involved in any sort of organized musical activity such as church, school, university and community choirs, and therefore responded "since childhood". Given the age of study participants, this figure ran as high as 80 or more years and was recorded as 80. Other participants, reported only the number of years spent in formal instrumental, vocal or music theory training.

Effects of the Songwriting Intervention on QOL

Three QOL domains were of interest in this study: physical, psychological, and social QOL as measured by the WHOQOL-BREF. A repeated measures analysis of variance of *physical* QOL showed no significant main effects for group condition ($F_{(1, 26)}$ = 0.07, p = .798), for pre-post intervention changes ($F_{(1, 26)}$ = 0.42, p = .521), or for the interaction between groups and pre-post intervention scores ($F_{(1, 26)}$ = 0.24, p = .630) (See Table 1 for mean scores and standard deviations).

Table 1

Comparison of group pre- and post-test means on principle measures of QOL, affect and self-efficacy

Measure	Pre-test Mean (sd)	Post-test (sd)	Follow-up mean (sd)
WHOQOL-BREF Domain 1[a]			
Group 1	15.18 (3.08)	15.47 (2.84)	15.78 (2.60)
Group 2	15.55 (2.07)	15.59 (2.23)	....[e]
WHOQOL-BREF Domain 2[b]			
Group 1	15.00 (1.63)	15.93 (1.70)	15.59 (1.42)
Group 2	15.95 (1.58)	15.67 (2.21)	....
WHOQOL-BREF Domain 3[c]			
Group 1	14.95 (2.30)	14.76 (2.80)	15.28 (2.34)
Group 2	14.58 (2.34)	14.31 (3.00)	....
WHOQOL-BREF Domain 4[d]			
Group 1	17.14 (1.90)	17.13 (2.22)	17.21 (1.69)
Group 2	17.26 (1.94)	17.33 (1.94)	....
WHOQOL-BREF General QOL Item			
Group 1	4.29 (.726)	4.00 (.877)	4.31 (.480)
Group 2	4.36 (.497)	4.43 (.646)	....
WHOQOL-BREF General Health Item			
Group 1	3.50 (.941)	3.50 (1.09)	3.69 (.751)
Group 2	4.07 (.616)	3.64 (1.01)	....
PANAS Positive Affect			
Group 1	29.92 (3.55)	30.88 (3.17)	29.42 (4.80)
Group 2	27.92 (4.84)	28.00 (5.26)	....
PANAS Negative Affect			
Group 1	18.87 (2.98)	21.27 (1.82)	20.25 (2.30)
Group 2	17.46 (3.76)	19.23 (3.27)	....
GSE Total			
Group 1	31.57 (3.41)	32.68 (3.79)	32.65 (4.84)
Group 2	30.27 (3.49)	31.60 (3.29)	....

a. physical QOL
b. psychological QOL
c. social QOL
d. environmental QOL
e. Follow-up means for control group members were not analyzed due to differences in the songwriting protocol that they experienced as compared to the original intervention.

While there were no main effects for group condition ($F_{(1, 26)} = 0.30$, $p = .588$) or for pre-post intervention changes ($F_{(1, 26)} = 1.60$, $p = .217$) for *psychological* QOL, there was a significant interaction between groups and pre-post intervention scores ($F_{(1, 26)} = 5.72$, $p = .024$). (See Figure 1.) A paired t-test indicated that the advantage was maintained at six-week follow-up ($t_{(13)} = 1.74$, $p = .053$ *one-tailed*).

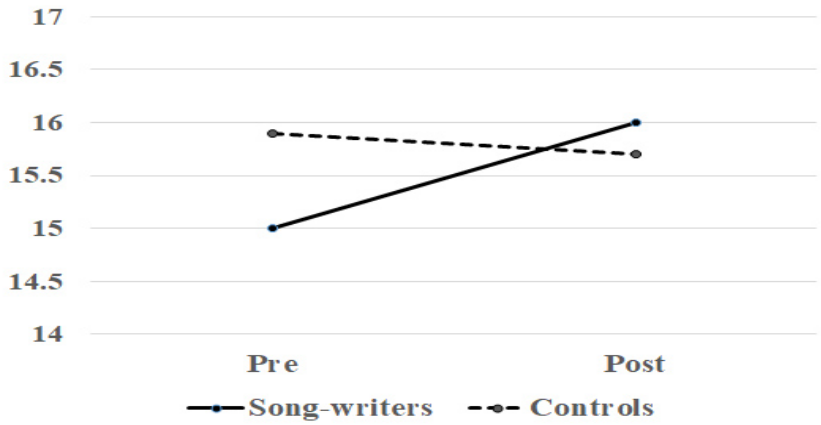


Figure 1. Change in psychological quality of life scores before and after the songwriting intervention.

A repeated measures analysis of variance indicated that there were no main effects for group condition ($F_{(1, 27)} = 0.200$, $p = .658$) or for pre-post intervention changes ($F_{(1, 26)} = 0.52$, $p = .477$) in *social* QOL. Equally, there was not a significant interaction between groups and pre-post intervention scores ($F_{(1, 26)} = 0.14$, $p = .905$). Similarly, there were no main effects for condition or pre-post intervention, and no significant group*pre-post intervention interaction for either the WHOQOL-BREF general QOL question ($F_{(1, 26)} =$

1.16, p = .291; $F_{(1, 26)} = .71$, p = .407; $F_{(1, 26)} = 1.97$, p = .172) or general health question ($F_{(1, 26)} = 1.31$, p = .263; $F_{(1, 26)} = 1.72$, p = .201; $F_{(1, 26)} = 1.72$, p = .201)

Effects of the Songwriting Intervention on Positive and Negative Affect

Repeated measures analysis of variance for *positive affect* as measured by the PANAS scale showed no significant main effects for group condition ($F_{(1, 24)} = 2.42$, $p = .133$), pre-post intervention ($F_{(1, 24)} = .56$, $p = .464$), or interaction between group and pre-post intervention changes ($F_{(1, 24)} = .40$, $p = .532$). Likewise, there was not a significant main effect for group condition in *negative affect* as measured by the PANAS scale ($F_{(1, 24)} = 2.36$, $p = .138$) or the interaction between group condition and pre-post change ($F_{(1, 24)} = .32$, $p = .575$). There was, however, a significant pre-post intervention increase in negative emotion for the two groups ($F_{(1, 24)} = 11.05$, $p = .003$). This increase was maintained at follow-up ($F_{(1, 23)} = 6.27$, $p = .020$).

Effects of the Songwriting Intervention on General Self-Efficacy

Although repeated measures analysis of variance showed no main effect for group condition on the GSE ($F_{(1, 27)} = .98$, $p = .331$) and no significant interaction between groups and pre-post intervention GSE scores ($F_{(1, 27)} = .05$, $p = .820$), GSE scores did increase significantly pre-post intervention ($F_{(1, 27)} = 6.18$, $p = .019$). Taken on their own, Group 1 GSE scores increased significantly pre-post intervention ($t_{(13)} = -2.13$, $p = .027$ *one tailed*). This increase was not maintained at follow-up ($t_{(13)} = -.892$, $p = .185$ *one tailed*).

Effects of the Songwriting Intervention on Unscheduled Medical Visits

The mean rate of unscheduled medical visits during the first six weeks of the study was higher for the intervention group (mean = .53, sd = 1.06) than the control group (mean = .13, sd = .352), though not significantly so ($t_{(27)} = 1.48$, $p = .151$). Considering only participants living independently either on campus or at home, however, this difference almost entirely disappeared (Group 1 mean = .13, sd = .354; Group 2 mean = .15, sd = .379). Similarly, this between group difference in unscheduled medical visits paralleled a non-significant group difference in initial self-perceived health quality (WHOQOL question 2: Group 1 mean = 3.50; Group 2 = 4.07; $t_{(26)} = 1.90$, $p = .068$).

Qualitative Effects of the Songwriting Intervention

At the end of each six-week songwriting process, participants in that process were given the opportunity to provide written feedback on their experience in the study. Participant comments were coded for positive and negative feedback by the author and checked for accuracy by an additional rater. Comments were considered positive if they contained the following words or derivatives of these words: "good/great," "fun," "interesting," "engaging," "creative," "joy/enjoy," "meaningful," "learn," "inspire" and "like/love." These words were chosen for their connection to positive emotions and psychological resilience characteristics. In addition, several other phrases not on the list of positive words, including "life-giving," "left on a high," and "time seemed to fly by" were judged by both raters to be positive. Comments were deemed not positive if they paired any of the positive words with a negative modifier (e.g. "not good" or "not

interesting"), contained one or more of a list of words, or their derivatives, that are considered negative on their own ("boring," "anxious," "depressing," "stress," "ashamed," "embarrassed," "upset," "irritable"), or contained phrases such as "waste of time." This list of negative words and phrases was gleaned from typical negative words and phrases such as those listed by authors of the PANAS (Watson et al., 1988).

Of the 29 participants in the study, 23 provided comments that were coded positive, five failed to provide a comment, and one provided a comment that was coded as not positive. For the purposes of analysis, all participants who failed to provide a comment were deemed to have had a not positive qualitative response, yielding 23 positive and 6 not positive responses. A chi-square analysis comparing this result to a chance 50/50 split between positive and not positive responses suggested a strongly significant positive response to the intervention ($X_2 = 7.06$, $p = .008$, $eta = .49$).

Chapter IV

Discussion

The *Sing A New Song* study measured the effects of a six-week community songwriting and singing intervention on the self-perceived quality of life, wellbeing and health of older adults. Due to the intervention's creative, physical, expressive and social components, it was expected that participation in the songwriting and singing process would enhance scores on the WHOQOL-BREF measure of quality of life (QOL), the General Self-Efficacy scale (GSE) and the positive aspect of the Positive and Negative Affect Scale (PANAS), while scores on the negative aspect of the PANAS would decrease. As well, the number of unscheduled medical visits of intervention participants was expected to decrease.

The two statistical results most in line with this original hypothesis were an increase in the intervention group's self-reported psychological QOL (WHOQOL-BREF Domain 2) and an increase in that group's sense of self-efficacy over the six weeks of the songwriting and singing intervention. Of these increases, only the augmentation in psychological QOL was maintained at follow-up. Nevertheless, these increases, along with a significant group*pre-post intervention interaction for the WHOQOL-BREF Domain 2, do suggest that the intervention had a positive effect on the wellbeing of study participants. Notably, when the two groups' GSE scores were combined, a significant increase was observed. This combined effect may imply that simple involvement in this study, whether as a member of the intervention or the waitlist control group, had an

energizing and empowering effect on participants living in a close-knit community like Seabury's.

Unexpectedly, both groups saw a significant increase in negative emotion reported on the PANAS scale. This increase may have been related to annoyances arising from a major construction project taking place at Seabury. Throughout the study, construction disrupted normal community activities and may have had a particularly deleterious effect on enjoyment of Seabury's normally serene and expansive campus, both indoors and out.

In fact, construction related disturbances became the theme of an entire song created by Group 1 ("The Seabury Construction Blues") and were mentioned, with similar pointed humor, in a song created by Group 2 ("A.C. Peterson Had A Farm"). And it may have been, in part, the release of emotion and the perception of mutual social support generated by the songwriting process that allowed participants in both groups to maintain predominantly stable levels of self-perceived quality of life, wellbeing and health throughout the study despite both construction related disruptions and whatever other positive or negative events may have taken place in their lives over the course of a summer.

Written comments by study participants were overwhelmingly positive and offer another view of the real, lived effects of the study intervention (see Appendix A for participant comments). Comments highlighted pleasure in participation, the discovery of previously dormant or unsuspected creative talents, deepened social connection, and an appreciation for the musical and leadership skills of the intervention facilitator. Similarly, positive written comments were offered by those who attended a community-

wide presentation of songs created by both groups a few weeks after the completion of the study (see Appendix B for post-presentation comments). Again, comments were made on a variety of topics, including enjoyment of the event, the creativity of the songwriting participants, a sense of community, and the talents of the intervention leader.

The number of unscheduled medical visits spiked, though not significantly, for intervention group members during the songwriting portion of the study, but decreased again during the second half of the study. This early increase in unscheduled visits may have resulted from an enhanced sense of agency to address personal concerns among intervention group members. A similar, though smaller, rise in the number of unscheduled medical visits made by waitlist control group members during the six weeks when they took part in the songwriting process could be explained by the same mechanism.

Limitations

The principal limitation of this study was that it took place in the circumscribed environment of a life care community. Many study participants knew each other before the study began and interacted outside of the structured intervention during course of the study. These interactions may have affected participant survey responses, thereby compromising the independence of individual observations. Independence of observations may also have been compromised by the nature of the highly interactive group intervention itself (Baldwin, Murray & Shadish, 2005).

As well, study results may also have been distorted by demand characteristics. Study participants may have suspected that the researcher, whom they knew and for

whom they may have felt some affinity, expected to find a positive effect of the songwriting and singing intervention on participant QOL and may have exaggerated survey responses accordingly. At the same time, it seems unlikely that study participants could have remembered what their pre-intervention survey responses had been when they completed post-intervention surveys six or seven weeks later, or still later at follow-up.

The sample size for this study ($n = 29$) was small. Future studies of the effects of songwriting and singing on quality of life, wellbeing and health would ideally include a larger cohort of participants. One challenge associated with this increase in the number of participants, however, will be keeping songwriting groups small enough to permit and encourage the participation of all group members. The groups of 14 and 15 participants that comprised this study appeared to be at or near an effective size limit. A multi-site research model may be indicated to address these issues.

Due to the constraints of the Seabury activities calendar and the professional commitments of the intervention leader, the length of this study was fairly short. More robust results may be found if the intervention were to take place over the course of several months or even a year. This longer duration would allow participants time to deepen their individual and group creative explorations, and to enrich their sense of community appartenance. Equally, greater creative and social depth could be achieved, and results enhanced and clarified, if songwriting groups met two or three times per week rather than once.

The older adult population of this study was relatively homogenous. Most study participants were well educated and, almost as a requisite of membership in the Seabury community, financially comfortable. Future songwriting and singing studies will want to

include older adults of more varied educational background and socio-economic status. Furthermore, Seabury's recent motto "Get Busy Living" is one that is enthusiastically embodied by many, if not all, of its members and residents. Thus, individuals at Seabury may be considerably more active than members of the older adult population in general. Again, a broader sample of the older adult population will enhance the generalizability of study results.

Finally, future studies will want to investigate the QOL and health effects of a similar songwriting and singing intervention on populations other than older adults. Community and individual songwriting is currently used as a tool for healing, transformation and community building in a variety of contexts, including psychiatric and medical hospitals, residential recovery facilities, drop-in community centers, military and civilian trauma treatment programs, out-patient psychiatric clinics, and special needs populations (Baker, Wigram, Stott & McFerran, 2008; Baker & Wigram, 2005; musicalintervention.com; songwritingwithsoldiers.org). All of these songwriting contexts merit study in order to assess the effectiveness, and refine the implementation, of creative music programs.

Conclusion

The *Sing A New Song* study showed songwriting and singing to be a promising approach to improving the self-perceived QOL, wellbeing and health of older adults. The songwriting and singing intervention had a positive impact on the psychological quality of life and sense of self-efficacy of study participants while providing a supportive environment for the expression and release of negative emotion. These results, along

with study participants' highly positive written comments, suggest that creative music activities like this one can have an important impact on the quality of older adults' lived experience. Future development and study of these programs will help to enhance these effects. At the same time, the continued development and study of similar programs among a variety of populations will expand and enrich therapeutic and transformational creative music opportunities for all people.

Appendix A

Participant Responses

The following written comments were offered by study participants within one week of completing their respective songwriting and singing processes.

Group 1

The program was very engaging and a lot of fun. Chaplain Bob's leadership was key to our "success" and his musicianship astounding. The styles of his compositions for each song set the mood and helped us catch on quickly.

It was a good experience for people from all levels of care at Seabury—informal enough but we also could feel we accomplished something pleasurable that we could share with others.

Thank you. I left the concert on a high!

A very interesting concept!

Difficulties lie in getting everyone to participate. Perhaps having partners rather than small groups might be used occasionally. Because music is such an emotional and personal experience, I would suggest encouraging more participants to set words to music. I don't believe many realize their ability to do this and it could encourage creativity and a sense of achievement.

Good luck!

I enjoyed it. Being with people! Also made me feel good.

Fun
Creative
Purpose unclear

Great.

Chaplain Bob, your enthusiasm is inspiring!! Also your talent!!

Creative and interesting. Enjoyed the high level of participation so actively encouraged.

I couldn't imagine that 10-15 creating lyrics together would work—but it did!

The time seemed to fly by in each session.

I enjoyed the project immensely.

I would love to do it again sometime.

Our leader was over-enthusiastic. He played the piano often overpowering the singers. For our age group I don't think he really listened to the tunes we are familiar with.

I appreciated the breathing warm-ups.

With such a diverse group I did wonder how we would meld and work together. But, thanks to the abilities of our "leader" it did work very well. "Hidden" talents were shared with appreciation by the whole group. Lots of fun! Thank you!

The women had [better] voices than the men.

The piano accompaniment was helpful and much fun.

Interesting exercise
Interesting people
Interesting responses from participants

Very good leader!

Thank you, Bob, for your inspiring leadership and amazing piano playing that invigorated us. I appreciated the opportunity to sing with others thereby creating a sense of community. I hope there will be other Seabury sings in the future.

I liked your two or three-minute free writes. Fascinating what we learned about others and ourselves from this exercise.

Having a somewhat familiar tune to work with helped as in *Crazy Bones*.

I did feel we had to lean on you quite a bit to make it work, but maybe with time we would get better at creating.

I'm not sure what the questionnaires can show since there are so many other variables affecting our lives in a two-week period. I will be interested in your findings.

This has been a new experience for me, seeing myself as part of this cross section of Seabury. In some ways it has been a little sobering as well as life giving.

Thanks again for the invitation to participate.

At first I didn't think it was anything I could do but I "stuck it out" and thoroughly enjoyed it!

Group 2

Very excited—opened the "creative" part of my life to new ideas, dimensions. It was fun, enjoyable and "educational" in some areas.

The last time I participated in a songwriting and singing experience was in when I was in college (over 60 years ago!!). Fond memories of those gatherings. I think because of this, I particularly enjoyed the true group collaboration involved in the creation of the "Take Me Out To The Ballgame" and A.C. Peterson. Silly, but fun! "Do be Do be do." We had a good time deciding "What we loved". I was very impressed by the more serious, meaningful contributions, particularly "Music in My Garden".

And thank you, Bob. None of this would have happened without your spirit and enthusiasm!!

I found the experience to be joyful and pleasant and enriching. Time well spent.

It was very motivating and enjoyable, though I usually think better alone.

It has always been a joy to take part in the program.
I am impressed by the talent of our residents.
Thank you for offering these good times for us.

I found that the exercises produced a better singing voice. It's simply good to be in a group.

This has been a very enjoyable experience and I think others would enjoy it too.

Thanks for letting us take part in a creative endeavor.

I truly enjoyed the program and would have gotten more out of the sessions except for my own emotional time personally. However, I think I'm ready now for your sessions again! (smiley face icon)

No comments x 5

Appendix B

Responses to the post-study presentation

The following written comments were offered by attendees at the song presentation that took place for the greater Seabury community after all study participants had completed the songwriting and singing process. The writing prompts respondents were given appear in italics. Post-presentation written comments of study participants are also included at the end of this section.

1) *Did you hear anything about the songwriting project while it was taking place over the summer? If so, what did you hear?*

A good experience and pretty strange, too.

Positive responses. My wife was a participant.

Just that is was taking place.

Yes. Some enthusiasm from participants.

It was well advertised.

Yes. I had enrolled at the start but had to drop out for a health reason.

Yes. That it was fun and creative.

It was well publicized, but I did not feel confident enough to join the group.

I went to the first meeting.

Yes. C. told us what he was doing. Sounded interesting.

I heard about it when it began and it sounded like fun. I did not hear about it over the summer.

Yes, I was offered a place, thought it sounded excellent, but ruled it out because of my lack of strength to take on more.

No x 10

2) Did you enjoy this presentation, hearing and singing along with the original song creations of your fellow Seabury community members? What did you appreciate the most?

Wonderful—very creative and fun.

The spirit and creativity of the songwriters.

Yes, I enjoyed it. The best part was the happy anticipation of the participants inviting us to attend. I like C.A.'s song. It gave her great joy.

I loved it! So refreshing—the words, the music and Chaplain Bob's leadership!

Community singing.

Appreciated the creativity and the experience. I especially liked singing with the sing along.

Yes, people creating together.

Most definitely. Appreciated the creativity.

Very much! I appreciated the individual participation most.
Absolutely [enjoyed]. I was delighted by the creativity, humor as well as the evident good will among the "chorus".

The great diversity.

Originality, voices blending beautifully.

Absolutely. The participation of so <u>many</u>—both the composers and writing teams, <u>and</u> all the audience participating as well!

Absolutely! How clever many people here at Seabury are.

Yes—melodies.

Yes. I was pleasantly surprised to be invited to join in the singing.

Yes. I liked the smiles and participation and enthusiasm of choir facing audience in close proximity.

The variety of words and music was impressive. Learning about the creativity of our neighbors was especially meaningful. Having both presenters and audience sing together after warming up was delightful and gave a sense of great community spirit.

Yes, very enjoyable. It was great to include people from the Views [assisted living]. Your enthusiasm is contagious.

Everything was very soothing to mind and heart!

Yes!! Well done! Kudos for the creative minds that went into it.

Superb. Creative. I liked the first piece the best. The memories were "knock your socks off!"

It was incredible! Fun was an important part of it—for them and for us. Bob, you were also an important part of it—your casual approach, your instructions and introductions, and your foot-tapping piano playing. We were all Seabury people having fun together. I appreciated your telling how the songs came together, who wrote what, and your brief "lessons" so we'd know what to sing when. I wish we could have heard more of the chorus sing <u>alone</u>; we rather drowned them out too often...I hope they realize how much we appreciate them and their hard work and devotion to your project! The variety of songs was astounding.

I did enjoy the program! I appreciated and admired most the concept that participants would choose a subject in which they were interested and would become empowered by having it put to melody.

3) Did you learn anything from the presentation? If so, what?

Talents I hadn't known friends have.

I heard the wonderful spirit of life I love so much about Seabury. The frustration of the construction with its ugliness, but hope. The joys of our gardens, birds, skies, and views. And our joy in friendships and the rich peace of life as lived and in passing.

That the evening could be a good experience.

People are willing to take risks among friends.

The spirit of Seabury—the willingness to participate.

Creativity in us all and sharing it is important.

Yes. We're more wonderful than we think we are!

Being together is a grace.

Lots of talented folks @ Seabury.

How much creativity in one room!

Yes. How much folks care about our country, each other and Seabury.

That we could all enjoy making music together with words—written or voices [sic].

I learned that the general public can write good words and that Bob makes beautiful music to go with songs, making a very pleasurable experience.

We have some talented neighbors!

Loved K.'s poem.

All people who participated were very smart and talented!

Bob is a great entertainer!!

There was a feeling of warmth throughout Heritage Hall the likes of which I haven't felt before.

I learned how songs invoke memories. I loved them all, but spent too much time weeping during the event. There was a lot of sadness in some of the songs—the contrast of what we once were (young) and the slowing down because we're old—and getting older. Some of the songs brought back people we loved but are no longer here, places we've been, things we've done. It struck many minor chords for me. But the Construction Blues helped a lot. I liked the arrangement of the songs in the program.

I hopefully learn from anything where I spend my time. Here, it was how much ability we each have, when we're helped and encouraged by another, beyond what we thought we could do.

4) Do you think you would like to take part in a similar songwriting project in the future?

Sure!

Yes.

The audience.

Yes.

So long as it involves singing.

Singing maybe.

I feel so musically impaired (can't carry a tune in a bucket) but it seemed like fun. I'd be tempted.

Not my forte.

Yes. I would enjoy the challenge.

No thanks—wish I had the ability.

Perhaps. I still have my doubts about bringing a gift to the group.

I don't think so.

I'm not talented as to singing or songwriting.

I don't think I am suited for this.

Nope. Can't sing a note nor write anything worth putting to music. But would like to see another of these.

Wish I could. No time, no talent, no voice.

I would like to, yes.

Probably not x 2

Maybe x 4

No x 2

Additional audience comments:

Our "CEO" should read the construction […] song. I agreed whole-heartedly with this, because I suffered for 3 years!!

Bob, you are the BEST.

Songwriters' comments after the presentation to the greater community:

I thought it was lovely! And fun!

It was a great process both in learning new music and making new friends. I do believe it helped everyone stay happy and healthy. Tonight's performance was a lot of fun and the audience seemed to really enjoy it. Thank you, Bob.

Yes [I heard about it]. I was in it! [I enjoyed] other people's contributions and the fact you chose my lullaby!

Fun. Moving.

First of all it was fun
Brain challenging
Educational
"Fun"
Happy seniors
Great experience!
And did I mention "Fun"?
Thanks for your patience.

Dear Bob-
The whole process, especially your work in preparing, informing, inviting, made all of us enter into the fun, the creativity and the "friendliness" of this songwriting process. Always joyful and positive. I am very happy I was part of it. The "grand finale" in the Heritage Hall was so well attended it was a tribute. Everyone there left with a smile and happy face, some humming, too. Perhaps in the future some other groups may be formed and enjoy this experience. Many thanks for all you have done and contributed to Seabury Life.

Our songwriting journey was different from any experience I have had. Listening to each member give an idea made each song belong to us all. The presentation was such fun and so many friends have told me how much they enjoyed the evening.

This was a very special group bonding experience. The choir, the audience...all enjoyed singing and writing the lyrics. The chaplain pulled everything together so well—Thanks for his efforts.

This was a very enjoyable, creative experience. The main thing I became aware of was the freedom to offer suggestions without being judged by co-participants. It was O.K. To goof-up, sound stupid, etc. Too bad non-judgmental experiences are so rare. Wish it could go on forever! Thank you, Bob!

I thought the participants did real well. You can tell that a lot of thought went into the songs and poems. I do not know a lot about song or poem writing but I really think it

went well. The audience seemed real pleased and commented on how much they enjoyed it. Everyone's participation made it more personal. You deserve A+ for all your effort. P.S. I enjoyed doing it!

The experience started slow but gained speed after the words were put to music. From start to finish it was a community—across communities—experience. Bob, you made it real, serious fun and got things from us that we didn't know we had. You are an exceptional person, leader, teacher, pastor AND musician.

I appreciate Bob's can-do, upbeat spirit very much! The music tonight came together very well. Bob's opening piano playing, a real gift. I liked the songwriting experience. Yet at times it seemed really tough. Nevertheless, meeting new people and being inspired to sing new music was lots of fun—Thanks!

Appendix C

Song Lyrics

(N.B. All lyrics written by study participants except where a specific author is listed.)

AC PETERSON HAD A FARM
AC Peterson had a farm
Rolling hills with grass so green
So many cows gave lots of milk
That made the best ice cream

People would come from miles around
To taste the many flavors
And if they were feeling down
It was a real life saver

With some Moose Tracks here
And Chocolate Chip there
Here a Peach, there a Mint,
Everywhere a...
AC Peterson had a farm
Rolling hills with grass so green

Church Home of Hartford did some browsing
For their brand new housing
John Mobley said, "We've found the space.
Peterson's is the place."

Little white cottages began to appear
On this lovely land
People came from far and near
To find a life so grand

Up went apartments large and small
Life Care to serve all needs
A loving, caring community
Life here is good, indeed

With a happy face here
And a happy face there
Here a smile, there a smile

Everywhere a great big smile
AC Peterson had a farm
Rolling hills with grass so green

Now that building has started again
Stages A, B, C make a din
What keeps us from wanting to scream
Is Peterson's good ice cream

So many new friends to greet
That will be so sweet
Where'er they're from, we'll love them all
And dance to a brand new beat

With a happy face here...

BLESSING
We bless you, we wish you love
We bless you, we wish you joy

We bless you, we wish you health
We bless you, we wish you grace

We bless you, we wish you ease
We bless you, we wish you rest

We bless you, we wish you calm
We bless you, we wish you peace

Salaam, Siochan, Shalom

CREAKY BONES
Creaky bones
Boy, I've got creaky bones
Can't you hear
Them crackin' all over
Doctor says
You're getting older
Too darn bad
'Bout pain in your shoulder

Lift me up
Help me get off this floor
Won't give up

Ain't gonna whine no more
Despite this pain
That's driving me insane
I'm gonna keep on
Keeping on

(Thank God for Medicare!)

HOPE IS THE THING WITH FEATHERS by Emily Dickinson
Hope is the thing with feathers
That perches in the soul
And sings the tune without the words
And never stops at all

And sweetest in the gale is heard
And sore must be the storm
That could abash the little bird
That kept so many warm

I've heard it in the chillest land
And on the strangest sea
Yet never in extremity
It asked a thing of me

LULLABY
Avery Lou, Avery Lou,
Avery Lou Brauninger
We all love you!

MEMORIAL DAY by Kathy Carle
Two red-as-fire engines, immaculately shined,
ladders pointing to a solid blue sky
their chromes gleaming in the sun,
form an arch over the street.

A gigantic American flag is strung between them—
just enough breeze to make it flutter.
Drum beats, flutes and clarinets
Materialize as high school marching bands,

Girl and boy scouts, color guards, even the bank folks,
march proudly down Main St. USA where we,
the black and white of us, wave small donated flags
with pride for our town and ourselves.

One truck, driven by the librarian, becomes a float,
Its sign says READ! Your LIBRARY wants YOU.
Now the long line of vets from four wars—
In the rear, military vehicles and ambulance.

Like our flag we're made of different colors,
yet in our town, our home, we all march
under one emblem, no one below, no one above
Justice, true symbol of love.

METAMORPHISIS
When bitter winds assail you
With the cross that you must bear
The world seems cold and cruel
No solace anywhere.

But there He stands awaiting
With outstretched arms of love
The time of sorrow over
Joyous message from above.

May your days be filled with sunshine
Now troubles mighty small
A gentle breeze reminds you
Of the greatest love of all.

MUSIC IN MY GARDEN
"This is the day that the Lord has made..."

I awoke to the pitter-patter of raindrops
on the window.
Soon, the morning sun made a pattern
of light and soft gray shadows filtered
through the pines.
A chipmunk and a brown bunny are nibbling
the Dianthus and Star flower buds.
Other flowers are spreading their petals
to welcome the new day.
Bees are buzzing around them
eager for their morning meal.
A gentle breeze whispers a quiet melody
through the leaves as small branches
in the tree are brushing a rhythmic tympani.
The garden is a harmony of life and light
and sound.

"...I can rejoice and be glad in it.

SEABURY CONSTRUCTION BLUES
When the sun comes up
I get the Seabury construction blues
When the sun comes up
I get the Seabury construction blues
Everyday there's more
There's nowhere to take a snooze

Used to look out my window
and see that rising sun
Used to look out my window
and see that rising sun
Now it's just flying dirt and beeping trucks
When will they be done

Management says
it's gonna look real fine
Management says
it's gonna look real fine
Though the choices they made
might not have been mine

But when the new friends come
we'll greet them with open hearts
But when the new friends come
we'll greet them with open hearts
We'll all do our part
for it's a brand new start

SING A NEW SONG
A sunny day in the park, children sliding
A sunny day in the park, children swinging
Laughing, skipping rope, playing tag
Hoping the fun can last

We sit watching from a bench
Rememb'ring those carefree days
We too were just like them
Imagining that all of life was play

After sunset, two young lovers holding hands
Dancing to the music from the bandstand
Tenderly embrace in the moonlight

Hoping the night can last

We sit beneath an old tree
We hear the same melody
We too were just like them
Imagining that all of life was love

But now we are singing a new song
Courageously we reclaim our joy
Surrounded and supported by friends
We welcome this bright new day

SUMMER
I'm jealous of every day of summer
Wending its lazy way to fall

I'm jealous of every day of summer
Wishing that winter wouldn't come at all

TAKE ME OUT TO SEABURY
Take me out to Seabury
It's a place to retire
Beautiful sunsets and hills all around
Good food, exercise, friends all abound
Sing or paint or read a book
Your choice is wherever you look
There's a spirit of love
And peace in this place
So, I think I'll reserve me a space!

THE TALE OF ROMEO AND JULIETTE
Come now and listen to my little tale
Of Romeo and Juliette
Ripped out of Shakespeare and reeking with woe
Of Romeo and Juliette

Ne'er was a story as mournful as this one
If you've a tear now prepare to get at one
Romeo's the tall one and Juliette's the short one
Of Romeo and Juliette

I'm the hero of this little tale
I'm Romeo, I'm Romeo

I am that irresistible male
I'm Romeo, I'm Romeo

Ne'er did a lover ere do as I did
When I with my love to eternity slided
I took cold poison and soon suicided
I'm Romeo, I'm Romeo

I'm the heroine of this tale of woe
I'm Juliette, I'm Juliette
I am the lady that dashed Romeo
I'm Juliette, I'm Juliette

Locked in a prison no room to stand or set
Didn't even have a pick axe to force it
I up and stabbed myself right through my corset
I'm Juliette, I'm Juliette

Now this of my tale is the short and the long
Of Romeo and Juliette
This is the moral of my little song
Of Romeo and Juliette

Lovers I warn you always be wary
Don't buy your drinks from the north apothecary
Don't stab yourself in the left pulmonary
Like Romeo and Juliette

WHAT DO YOU LOVE

What do you love
Tell us now
What do you love

I love music and singing a song
I love bluebirds flying along
I love church bells sounding their gong
That's what we love, that's what we love

Blueberry muffins and a pancake or two
Chocolate ice cream, I'll share some with you
Eat it fast or it drips on your shoe
That's what we love, that's what we love

We love all these things
Because they make us happy

We love all these things
Because they give us joy
We love all these things
Because they fill our spirits
They're good for you
And they taste good, too

What do you love...

Sunsets, sailboats, clouds floating by
Cape Cod picnics under blue skies
Lobster rolls, crab cakes, pastrami on rye
That's what we love, that's what we love

Puppy dogs and kittens give us such glee
Children playing, happy and free
Good friends and neighbors, lucky are we
That's what we love, that's what we love

We love all these things...

That's what we love, that's what we love
That's what we love, *that's what we love!*

WITH RUE MY HEART IS LADEN by A.E. Housman
With rue my heart is laden
For golden friends I had
For many a rose-lipt maiden
And many a light-foot lad.

By brooks too broad for leaping
The light-foot lads are laid
The rose-lipt girls are sleeping
In fields where roses fade.

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