

Music learning for fun and wellbeing at any age!

Bronwyn Ellis

University of South Australia

Abstract

Music has long been shown to have diverse benefits for all age groups. Music therapy has been used in a variety of situations involving both physical and mental health issues. A report of a United Kingdom study on the benefits of older people's participation in community music activities prompted an investigation of the benefits of a new initiative in an Australian regional city – a ukulele group formed by members of the local branch of the University of the Third Age (U3A). Data-gathering materials comprised a questionnaire completed by voluntary participants early in their involvement, a second questionnaire six weeks later, and a focus group near the end of the year, as well as participant observation. Both questionnaires incorporated Diener and Biswas-Diener's Flourishing Scale (Diener et al., 2009) and questions on the physical aspects of playing the ukulele. The first also sought details of demographics, motivation for learning, musical preferences and any previous experience in learning a musical instrument. The second asked for highlights and challenges and whether the experience could be recommended to others of their age. Responses indicate enjoyment in learning something new, despite some challenges, and in

being part of the group. This is supported by the fact that most original members are still attending, and many new ones have joined them.

Keywords: *Third age learning, arts and health, rural and regional, active ageing*

Introduction

A sense of wellbeing is surely something desired by most human beings. Ideas differ as to what contributes to it, and what it consists of – perhaps a sense of contentment, finding meaning in life, and a feeling of value and being valued by others are part of it. Wellbeing is not equivalent to happiness, which may be a more changeable state. Stanley (2009) recognises the lack of consensus on what wellbeing is. Her study on how wellbeing is understood by older people was conducted in response to a gap in the literature relating to older people’s perspectives. Stanley (2009) highlighted the importance of knowing how older people think and feel, given the growing numbers of older people in society.

Wellbeing can be considered as having three dimensions – personal, relational and collective (Prilleltensky, 2005); that is, a person’s own individual wellbeing, wellbeing as manifested in relationships between individuals, and community wellbeing. The arts, in general, have been recognised as contributing to these three dimensions of wellbeing, and in health and healing; “[c]reativity and exercise of the arts that are involved are major contributors to living healthy lives” (Regional Arts Australia, 2011, p. 3).

British studies have concluded that the arts and the cultural experience of children play a key role in determining what their adult lives will be like (Stone, 2017). Recent Australian research highlights the association between mental wellbeing and the time spent engaged in the arts (Davies, Knuiman, & Rosenberg, 2016). A report, from Western Australia, has recommended that each hospital and health service should have an arts plan (Watts, 2016; Gibson, & Goedhart, 2016). Various presentations from a 2016 conference on the arts and health add insights on the role of the arts in wellbeing, ageing creatively and in clinical practice (Country Arts SA, 2016). A submission by the

National Rural Health Alliance (NRHA) to the Standing Committee on Communications and the Arts inquiry into broadcasting, online content and live production to rural and regional Australia stresses “the strong relationship and connection between creative involvement in cultural activity and health and wellbeing” (NRHA, 2016, p. 2). It also summarises the potential community functions of art:

- Art in its various forms is used as a means of communication on health and health-related issues;
- Art is itself therapeutic and is widely used to complement treatment and management;
- Art is widely used as a force for community development, to sustain communities and develop their capacity to deliver health-promoting lifestyles (NRHA, 2016, p. 2).

Australia’s National Arts and Health Framework outlines the positive effects of the arts on health, including empowerment through personal development and social engagement involving support networks, a sense of belonging and coping assistance (Department of Communication and the Arts, 2014). It is therefore important that steps be taken to ensure that people in rural and regional areas have equitable access to arts experiences.

In this article, the focus is on music and its effects on wellbeing, specifically with regard to older people.

Recognition of the potential influence of music on one’s mental state is not new. As told in the Bible (1 Samuel 16: 14–23), King Saul, about 3,000 years ago, suffered from a troubled mind – his attendants encouraged him to let them find someone skilled in playing the lyre (called a harp in various translations) to play for him and calm him. That is how David, the future king, came to serve in Saul’s court. As the playwright Congreve later wrote (1697), “Music has charms to soothe a savage breast” (often misquoted with “beast” instead of “breast”).

Today, music therapy is used in many situations. It has been found helpful for people with dementia. Recently a man with Alzheimer’s, who had found that singing helped him with his disease, gained a recording contract – previously he had become increasingly aggressive, but his

singing took him back to positive times in his life as an entertainer (ABC News, 2016). The role of personalised playlists in helping people with dementia and also those with Parkinson's has been demonstrated – allowing the former to reconnect with those close to them as old memories resurface and the latter to unfreeze and move more freely (ABC TV, 2016). Music therapy is now being prescribed by doctors for a range of conditions (Block & Liura, 2016). Bright (1997) draws on her considerable experience as a music therapist and in aged care to discuss ways of providing such therapy for older people. This involves both individuals and group situations, in the context of a range of physical and psychosocial needs. A Victorian initiative has turned hospital patients with cancer, stroke and various other conditions into singers/songwriters, lifting their spirits and giving them new energy and purpose (ABC TV, 2015). Music also has a role to play in palliative care – in music thanatology harp music helps bring peace to patients and others present and singers also have a soothing effect (Fyfe, 2006; Rule, 2006; Chatterjee, 2009; Cardozo, 2017a; Cardozo, 2017b).

Music may be used as “a form of recreation, as lifelong learning and education, for social contact, and as a form of emotional expression, self-therapy and spiritual expression” (Harris et al., 2005, p. 233). It has also been identified as a means of promoting positive ageing (Harris et al., 2005). A study relating to music in older people's lives revealed the following benefits for older people for whom it gave meaning. It offered “ways of understanding and developing their self-identity, connecting with important life events and other people, maintaining wellbeing, experiencing and expressing spirituality, and enhancing cognitive and physical functioning” and also contributed to improved quality of life, self-esteem, sense of competence and independence, and counteracting isolation and loneliness (Hays, 2002, as cited in Harris et al., 2005, p. 236).

Australians who engage in musical activities – dancing, attending events, playing an instrument and singing – scored higher on wellbeing scales, particularly when these activities were in the company of others (Weinberg & The Australian Unity Wellbeing Research Team, 2014). Group singing has been shown to be good for health and stress reduction as well as building community; a Victorian study investigated the effect of singing on wellbeing (Gadd, 2013). This is something also supported by neuroscience – singing has been found to stimulate the right side of the brain to release endorphins, which lower stress and heighten

happiness; an increase in levels of the hormone oxytocin has also been identified, with consequent greater pleasure and bonding (Sheppard, 2016; de Jong, 2014).

The Music for Life Project in the United Kingdom (UK) investigated the wellbeing benefits of participation in community music activities by older people and found that participation in group activities brought numerous perceived benefits, with higher levels of enjoyment reported by those participating in choirs, instrumental music and other music activities (Hallam et al., 2011; Hallam, Creech, Varvarigou, McQueen, & Gaunt, 2014). An Australian study found that a group of older people belonging to a University of the Third Age (U3A) choir gained enjoyment and connectedness. Along with their new musical skills, they were able to “form connections with like-minded people and gain from their social and musical engagement a sense of accomplishment and pride from being part of a successful choir” (Joseph & Southcott, 2015, p. 344). Another Australian study, which included more dependent people, including in aged care facilities, identified various motivating factors for their participation in community singing groups, and the benefits this provided for their quality of life. These included the importance of singing in their lives, the pleasure, challenge, achievement and sense of purpose it provided, as well as good fellowship, lifting their spirits and assisting in overcoming negatives in their lives stemming from health conditions and financial hardship (Lee, Davidson, & Krause, 2016).

The benefits for wellbeing gained by some older people through participation in a ukulele group are revealed in this study into the psychosocial and physical benefits of music learning.

The music and wellbeing study

Background

The research project is set in Whyalla, a regional South Australian city of about 22,000 people, the second largest outside of the capital Adelaide (Mount Gambier being the first). The Whyalla U3A Branch was formed in 1996. Over these two decades a wide variety of courses have been available to members, presented by both members and guest lecturers – languages, historical topics, discussion groups, scientific topics, one-off

sessions on various topics, games and social activities, including visits to interesting places. For most of that time the U3A has enjoyed a close relationship with the local campus of the University of South Australia, which has provided a rent-free meeting space for U3A activities.

While classes have included musical appreciation sessions, a new initiative at the beginning of 2014 enabled participants to take a more active role and produce music themselves through learning the ukulele (Davis, 2014). Inspired by the British project mentioned above, it was decided to conduct a small study involving the ukulele group members, most of whom were beginners.

Aims and objectives

The study investigated the effects on participants' wellbeing of taking part in the ukulele sessions. It aimed to identify both psychosocial and physical benefits of these music learning activities for this regional city group of active retired people, for whom the variety of opportunities can be more limited than for their metropolitan peers.

Methods

Approval was gained from both the University of South Australia's Human Research Ethics Committee for this extension to an existing project relating to older learners and from the U3A Committee. Early in their involvement in the ukulele classes, participants who were willing to take part in the study were surveyed via an anonymous questionnaire seeking both quantitative and qualitative data. The survey incorporated Diener et al.'s Flourishing Scale (formerly called the Psychological Well-being Scale with its questions about general wellbeing (Diener et al., 2009). It also contained questions about physical abilities that were relevant for playing the ukulele, and questions relating to demographics, motivation for learning the ukulele, musical preferences and previous experiences of learning to play a musical instrument. Open-ended questions allowed a deeper gathering of individuals' feelings about their music learning experience. A second questionnaire was administered six weeks later. This contained some of the same questions on wellbeing and abilities, and also asked respondents to identify the highlights and challenges of their musical learning, and whether they would

recommend that others in their age group take up such activities. While the questionnaires were anonymous, a number was allocated to the first one submitted by each respondent. They were asked to put this same number on the second questionnaire so that changes over time could be pinpointed. A focus group was also conducted near the end of the year; this involved class members staying after class for a short discussion – those taking part signed consent forms. Researcher participant observation also contributed to the data collection.

Findings

The initial survey was completed by most of the group (21: 9 males, 12 females; mostly aged 65 and over; all residents of Whyalla for at least 10 years, except one; 3 with a first language other than English). Fifteen of those responded to the follow-up survey: 5 males, 10 females.

Responses concerning the physical aspects of playing the ukulele revealed the following: all could move each of their fingers independently, though there was some variation in strength of fingers (one who had lost a left thumb did not need it for this instrument, but had given up keyboard because of this loss); almost all could sit comfortably for up to 20 minutes, but some had difficulty in standing for that long. Over half (12) rated their hearing as either “good” or “very good” (6 for each), two rated theirs as “adequate”, and five chose “sometimes I have difficulties”; four needed an aid (including one under each of the previous two categories). Sight (with glasses, if needed) was rated as “very good” (9) or “good” (10), with one “adequate” and one having difficulties.

The Flourishing Scale formed the first part of both surveys. Adding the ratings for each participant gave scores for wellbeing, a high score (maximum 56) indicating psychological resourcefulness and strength. One female participant in the first survey (only) has been excluded from the reporting of the Flourishing Scale results, as there was simply a tick on that part of the questionnaire. The total of each person’s scores on the first survey ranged from 40 to 56, indicating that the group in general had fairly positive feelings about themselves. For most of those who completed the second survey there was little change evident, the range of totals being from 43 to 56. The two group members who exhibited the greatest improvement increased their score from 45 to 54

and 40 to 48, respectively. The small numbers were a limitation, and the high starting point made it less likely that this scale would indicate the sort of improvement in wellbeing that some of their comments indicated had occurred. However, it provided a framework for participants to reflect on the aspects of life covered by the statements.

Participants had wide-ranging musical tastes and showed a willingness to learn new things. All except five expressed willingness to learn a few songs in other languages. Approximately half of them had previously learned one or more other musical instruments. Seven took the opportunity to provide additional comments. One commented that participation in this activity gave *“Better respect for artists that play”*. While three respondents were not eager to perform in public, there were expressions of enjoyment in this new learning in the following statements:

“Very happy to have the opportunity to learn to play the instrument”;

“I am enjoying learning to play ukulele very much”;

“I wanted to learn to play the ukulele for my own pleasure and a ‘challenge’”;

“Joining the group has been quite a life-changing experience, meeting wonderful and fun-loving people.”

Seven members of the group took part in the focus group conducted by the researchers (who were also part of the group), and an absent member provided responses to the focus group questions via e-mail. The following findings are drawn from both the second survey and the focus group notes.

Regarding physical aspects, some participants had noticed an increase in dexterity and flexibility, while others found arthritic fingers a continuing challenge. *“My finger control has improved as I have remembered a lot of the chords. I do have arthritis in my little finger left hand, but at this stage I am not too restricted.”*

Some participants found that they were better able to distinguish particular sounds, recognising clear chord changes in songs to which they were listening and anticipating when a chord change was needed in what they were playing.

While highlights included gaining musical skills, learning chords and new songs, and improved singing, the social aspects and associated enjoyment were important and are reflected in the statements from the participants listed below:

“I like the company.”

“It’s fun being part of the group.”

“Having a go and doing something new, people are helpful and I find the class goes fast.”

The “*joie de vivre’ of others participating*” was commented upon, along with “*the group’s enthusiasm and patience*”. Occasional visitors to the group added to the social interaction. It was affirming to receive genuine applause from an audience at a “gig” and to receive feedback that showed that the performance had been appreciated. They enjoyed being in a group with so many others interested in the music, and where people had the opportunity to share their ideas about possible additions to the repertoire. One participant said: “*The highlights for me are that I have been able to go home and confidently learn more songs that I like to play myself.*” The fact that the ukulele was a small, light, inexpensive instrument was appreciated. The session was “*always good*” and helped with learning “*something new every day*”.

Challenges included learning the chords, distinguishing differences in sound, getting fingers to do what they were supposed to, battling arthritis, and being able to sing in tune with sufficient volume. Some found it difficult at first when presented with an unfamiliar song, and found playing smoothly with fast rhythms challenging. Some chose to contribute in other ways – as strong singers or by playing a tambourine to keep the rhythm and help the others, which was an asset in public performances. Differing expectations of how leaders should be directing the group at times became an issue, but in due course procedures evolved that satisfied participants. On the other hand, one described “*unity within the group*” as a highlight.

Several participants indicated that they could be happy to play to family and friends, but this was something they would need to build their skills and confidence in as they learned more. One said: “*I would be drowned out by my grandson’s electric guitar!*” There was a willingness to play

for community events. Several participants had spoken enthusiastically to friends about how they were having fun learning the ukulele, and that it was good to see other people enjoying themselves. One or two had tried to encourage others to take it up as well. All agreed that they would recommend that others of their age group learn the ukulele.

Other comments, including some from people who joined the group after the surveys had been administered, included the following from a wheelchair-bound man who had been rather doubtful that he would enjoy it when people told him that he should join this group of mostly retired people. He said: *“Now I go and thoroughly enjoy it. I love being with people. People were only too willing to invite me into the group.”* He had found taking part in the U3A twentieth birthday celebrations a *“wonderful”* experience (despite the flies!): it was *“incredible to be able to be there”*. Another participant who had had depression issues found that making the effort to take part in these activities had provided enjoyment. He commented that he was sometimes reluctant to attend because of other things cutting across the time slot, but he always felt better after he had gone to the class. A former member who has not been attending recently was wondering whether to return: *“I did enjoy it – I think I will go back.”*

In general, although the ukulele learning experience had sometimes presented challenges and occasional frustration, participants rated it overall as something positive in their lives.

Discussion

The group’s satisfaction with this music learning activity, even with some challenges, is demonstrated by the continued attendance of the majority of the original group. While others have discontinued for a variety of reasons – some have moved from Whyalla and two have passed away, new members have been attracted by the enthusiasm of the longstanding members to join the group since the study. Participation has enabled the group to socialise with others, sharing in a common interest, and making a contribution, not only by supporting their fellow ukulele players, but also through playing at community events such as musical evenings and a festival held over a long weekend. Other contributions have been at aged care facilities on occasions such as a Mother’s Day lunch.

Some performances have included making a contribution to events raising funds for various local causes. Invitations for the group to be involved in future community events continue to arrive.

Despite this being a much smaller study than the United Kingdom research that led to our undertaking it (Hallam et al., 2011). It is evident that there have been similar positive outcomes for these older ukulele players, demonstrating that such activities are worthwhile and should be encouraged. As well as experiencing a sense of achievement in the new learning involved, for some there have been therapeutic advantages. All of the participants agreed there have been the positives of being involved with others pursuing common interests, and enjoying the companionship provided, just as Joseph and Southcott (2015) found in their U3A choir study.

Further research could investigate the levels of wellbeing experienced by participants in other music activities in the same locality and farther afield. While this ukulele group is for people of U3A aged 50 and above, there are other musical groups in Whyalla that do not have a minimum age for membership and yet have a predominance of people in the older age group: for example, the Whyalla Community Brass, the City of Whyalla Pipe Band, and the Whyalla Singers.

Current interest in the ukulele in some primary schools (including in Whyalla), where it seems to have supplanted the recorder as a first musical instrument, indicates that intergenerational interaction and learning opportunities are worth considering (Lambert, 2013). The United Kingdom study referred to previously found benefits for both primary school children and older people in intergenerational activities, with both groups finding that they were “fun and enjoyable, challenged stereotypes, and facilitated peer learning and the sharing of expertise” (Hallam et al., 2011, p. 4).

For this group, participation in this form of learning has contributed to breaking down social isolation, particularly for those living alone. They have received pleasure from their musical achievements as well as enjoying the company of their fellow musicians. The Council on the Ageing SA’s October 2017 “ZestFest” (formerly the Every Generation Festival) had the theme “Celebrate Connect Challenge” – these are aspirations also for this band of older musicians <https://zestfests.org.au/>.

Conclusion

This study makes a small contribution to research that fits under the second of a list of National Research Priorities – Promoting and Maintaining Good Health (Australia’s National Research Priorities). One of the priority goals under this heading is “Ageing well, ageing productively”, which involves “Developing better social, medical and population health strategies to improve the mental and physical capacities of ageing people.” Health in the later years of life will enable continued contribution to our communities and nation; engaging in activities that promote social engagement is a vital part of a healthy lifestyle.

It is important that local, state, and national goals for active ageing take into account the positive outcomes of the fostering of lifelong learning in older individuals and groups. This should include ensuring that there are appropriate pathways for seniors to continue learning in a variety of areas, that acknowledge their diversity, and that recognise that their experience can contribute to social equity and prosperity.

Acknowledgments

The input of U3A members who participated in this project is much appreciated.

Noelene (Bella) Bishop, one of the original tutors of the ukulele group, suggested that this research be done, contributed to the formulation of the survey questions, and assisted with the focus group.

References

- ABC News. (2016). *Songminute Man: elderly man with Alzheimer's scores record deal after 'car karaoke' goes viral*. Retrieved from <http://www.abc.net.au/news/2016-09-17/man-with-alzheimers-scores-record-deal-after-viral-car-karaoke/7854772>
- ABC TV. (2015). Musical healing. *Compass*. Retrieved from <http://www.abc.net.au/compass/s4332138.htm>
- ABC TV. (2016). Music on the brain. *Catalyst*. Retrieved from <http://iview.abc.net.au/programs/catalyst/SC1502H006S00> Transcript retrieved from <http://www.abc.net.au/catalyst/stories/4421003.htm>

- Australia's National Research Priorities*. (n.d.). Retrieved from http://www.significanceinternational.com/Portals/o/Documents/nrps_and_goals.pdf
- Block, A. J., & Liura, G. (2016). Doctors now prescribing music therapy for heart ailments, brain dysfunction, learning disabilities, depression, PTSD, Alzheimers, childhood development and more. *Didge Project*. Retrieved from <http://didgeproject.com/therapeutics/doctors-now-prescribing-music-for-heart-ailments-brain-dysfunction-learning-disabilities-depression-ptsd-alzheimers-and-more/>
- Bright, R. (1997). *Wholeness in later life*. London and Bristol PA: Jessica Kingsley Publishers.
- Cardozo, G. (2017a). Heavenly sounds bring comfort. *The Senior*. May, 21.
- Cardozo, G. (2017b). Songs to ease the dying of the light. *The Senior*. October, 21.
- Chatterjee, T. (2009). A comforting note. *Australian Doctor*. 13 March.
- Country Arts SA. (2016). Arts & health: making the connections. Forum, June 1, Adelaide. Retrieved from <https://www.countryarts.org.au/events/artsandhealthforum/>
- Creech, A., Hallam, S., McQueen, H. & Varvarigou, M. (2013). The power of music in the lives of older adults. *Research Studies in Music Education*. 35: 1, 83–98.
- Cuthill, M., Buys, L., Wilson, B., Kimberley, H., Reghenzani, D., Kearns, P., Thompson, S., Golding, B., Root, J., & Weston, R. (2016). Ageing and learning in Australia: Arguing an evidence base for informed and equitable policy. *Current Aging Science*. Retrieved from https://www.researchgate.net/publication/302032793_Ageing_and_Learning_in_Australia_Arguing_an_Evidence_Base_for_Informed_and_Equitable_Policy
- Davies, C., Knuiman, M., & Rosenberg, M. (2016). The art of being mentally healthy: a study to quantify the relationship between recreational arts engagement and mental well-being in the general population. *BMC Public Health*. 16 [BMC series – open, inclusive and trusted]. DOI: 10.1186/s12889-015-2672-7
- Davis, K. (2014). Uni3A students do the ukulele. *Whyalla News*. Retrieve from <http://www.whyllanewsonline.com.au/story/2516709/uni3a-students-do-the-ukulele/>
- De Jong, T. (2014). The neuroscience of singing. Ockham's Razor, ABC Radio National, 23 June. Retrieved from <http://www.abc.net.au/radionational/programs/ockhamsrazor/the-neuroscience-of-singing/5543898>
- Department of Communication and the Arts. (2014). *National Arts and Health Framework*. Retrieved from <https://www.arts.gov.au/national-arts-and-health-framework>

- Diener, E., Wirtz, D., Biswas-Diener, R., Tov, W., Kim-Prieto, C., Choi, D., & Oishi, S. (2009). New measures of well-being. *Assessing well-being: the collected works of Ed Diener* [Social Indicators Research Series 39]. Dordrecht: Springer, 247–266. DOI: 10.1007/978-90-481-2354-4 12
- Fyfe, M. (2006). Music and love help dying defy the doctors. *The Age*. Retrieved from <http://www.robertsmusic.net/wp-content/uploads/TheAgeArticle.pdf>
- Gadd, J. (2013). The joy of singing. *Shine Magazine*. January, 30–31.
- Gibson, K., & Goedhart, L. (2016). *Examination of the use of the arts to improve health and healing in Western Australian hospitals*. Perth: WA Arts and Health Consortium, The Chamber of Arts and Culture. Retrieved from <http://www.cacwa.org.au/documents/item/504>
- Hallam, S., Creech, A., Gaunt, H., Pincas, A., Varvarigou, M., & McQueen, H. (2011). Music for Life Project: *The role of participation in community music activities in promoting social engagement and well-being in older people*. Retrieved from http://www.newdynamics.group.shef.ac.uk/assets/files/NDA%20Findings_9.pdf
- Hallam, S., Creech, A., Varvarigou, M., McQueen, H., & Gaunt, H. (2014). Does active engagement in community music support the well-being of older people? *Arts & Health: An International Journal for Research, Policy and Practice*. 6:2, 101–116. DOI: 10.1080/17533015.2013.809369
- Harris, J., Hays, T., Kottler, J., Minichiello, V., Olohan, I., & Wright, P. (2005). Vehicles to promote positive ageing: natural therapies, counselling, music and the creative arts. In V. Minichiello & I. Coulson (Eds.), *Contemporary issues in gerontology: Promoting positive ageing*, 215–240. Sydney: Allen & Unwin.
- Joseph, D., & Southcott, J. E. (2015). Singing and companionship in the Hawthorn University of the Third Age Choir, Australia. *International Journal of Lifelong Education* (pp. 334–347). 34:3. DOI: 10.1080/02601370.2014.991951
- Lambert, C. (2013). Ukulele now top choice as musical instrument for school students, *Herald Sun*. Retrieved from <http://www.heraldsun.com.au/news/victoria/ukulele-now-top-choice-as-musical-instrument-for-school-students/news-story/8cdf5c84570310b5c9d7759d4f617f52>
- Lee, J., Davidson, J. W., & Krause, A. E. (2016). Older people's motivations for participating in community singing in Australia. *International Journal of Community Music* (pp. 191–206). 9:2. DOI:10.1386/ijcm.9.2.191_1
- National Rural Health Alliance. (2016). *The common wealth of arts and health*. Submission to the Standing Committee on Communications and the Arts Inquiry into broadcasting, online content and live production to rural and regional Australia. Retrieved from <http://ruralhealth.org.au/sites/default/files/documents/nrha-policy-document/submissions/common-wealth-arts-and-health-final.pdf>

- Prilleltensky, I. (2005). Promoting well-being: time for a paradigm shift in health and human services. *Scandinavian Journal of Public Health* (pp. 53–60). 33(Suppl. 66).
- Regional Arts Australia. (2011). *Seeded: Great arts and health stories grown in regional Australia*. Port Adelaide: Regional Arts Australia. Retrieved from http://westerndesertkidney.org.au/wp-content/uploads/2011/11/RAA_seeded.pdf
- Rule, B. (2006). Harpist bridges the gap between life and death. *The Melbourne Anglican*, 438: 1.
- Sheppard, C. (2016). The neuroscience of singing. *Uplift*. Retrieved from <http://upliftconnect.com/neuroscience-of-singing/>
- Stanley, M. (2009). *Older people's perceptions and understanding of well-being: A grounded theory*, Saarbrücken, Germany: VDM Verlag Dr Müller.
- Stone, D. (2017). Proof arts make kids smarter, healthier and better adults. ArtsHub. Retrieved from <http://www.artshub.com.au/education/news-article/news/arts-education/deborah-stone/proof-arts-make-kids-smarter-healthier-and-better-adults-253461>
- Watts, R. (2016). Arts plan for every hospital recommends WA report. ArtsHub. Retrieved from <https://www.cacwa.org.au/documents/item/513>
- Weinberg, M. & The Australian Unity Wellbeing Research Team. (2014). *The wellbeing of Australians: The happiest days of life, and music*. Australian Unity Wellbeing Index Survey 31.0. Melbourne: Australian Centre on Quality of Life, Deakin University.

About the author

Bronwyn Ellis is an Adjunct Research Associate with the University of South Australia. Her research interests include adult education, international education and language education.

Contact details

Bronwyn Ellis
University of South Australia
101 Currie Street
Adelaide SA 5001

Email: bronwyn.ellis@unisa.edu.au