

Running Head: INTERGENERATIONAL SUZUKI VIOLIN PROGRAM

EXPERIENCES OF OLDER ADULTS PARTICIPATING
IN AN INTERGENERATIONAL SUZUKI VIOLIN PROGRAM

By

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A Thesis
Submitted in Partial Fulfillment
Of the Requirements for the Degree of
Master of Music
Department of Music Therapy
At the State University of New York at Fredonia
Fredonia, New York

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Abstract

This study involved a combination of older adults and young children learning together and interacting with each other in a musical environment created by the intergenerational Suzuki violin program. As the study progressed, the social aspect of this experience became the most prominent feature of the program. It was an unprecedented program facilitated by a retired professional Suzuki violin instructor and a music therapist. The music therapist was hired to do research within the program while also helping to facilitate each violin lesson. The pioneering aspects of the program and the diverse experience of the program facilitators contributed to making this a unique experience for all involved.

Throughout the first year of the program data was collected by the music therapist/researcher. Data included attendance records, input from the occupational therapist at the facility, and one-on-one interviews with the participants and staff members involved in the program. After the first year of the program all data was reviewed by the music therapist. Anecdotal reviews written by the facilitators of the program as well as participant testimonials were presented to the grant committee and the nursing home administrators.

The staff and participant interviews were transcribed and coded by the music therapist/researcher. There were many similar observations brought up by the participants and staff enabling the music therapist/researcher to identify common themes. The themes were categorized and specific quotes were extracted from the interviews. The quotes chosen best represented each theme. Although the participants and staff were interviewed separately the themes they had in comment depicted the overall experience of the group. The quotes chosen

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from participant interviews best illustrated their perceptions of the program and how they were affected by it.

Based on the attendance rates and the fact that only five participants withdrew over the course of the year, it can be concluded that the program was beneficial to the participant's social and life goals. The weekly attendance percentages indicate that the participants wanted to attend and made an effort to be present at the time of the lessons. The participants experienced many benefits which are measured by the positive statements made by the participants in the interviews done at the end of the study. The coded interviews give the participants' reactions to the experiences that they had within the lessons, and with the children involved in the study. Their perceptions on how they were affected socially, physically, and emotionally are shown in the interviews.

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Chapter 1: Introduction

This study sought to explore the experiences of older adults participating in an intergenerational Suzuki violin program at a nursing home and adult day care facility in Western New York. The intergenerational music program used Suzuki violin lessons to integrate older adults and children in shared experiences. Data collection techniques included one-on-one interviews with the participants as well as observations made by others and attendance kept by the researcher.

In my experience working with older adults in a variety of settings, those who live in nursing homes may experience loss of purpose in their lives. They also lose independence, and they may have more unstructured free time than what they were previously accustomed to. This can lead to boredom, and a lower quality of life. As is sometimes the case, older adults living in nursing homes may not have the opportunity to interact with young children. They are typically surrounded by their peers who live in the nursing home with them. This lack of socialization with younger generations may cause loneliness and feelings of abandonment in older adults.

There are many reasons for a person to live in a nursing home. Some older adults may be in a nursing home because they cannot take care of their own basic living needs. As people age Activities of Daily Living (ADL's) become increasingly difficult due to memory failure, arthritis, lack of motivation, and lack of energy in general. Muscular deterioration, which can be caused by lack of exercise, may also lead to difficulties in self-care (Johnson, Deatricks, & Oriel, 2012). Many illnesses that accompany aging can also affect an older adults' ability to care for themselves independently. Another reason for older adults to be living in a nursing home setting

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is a lack of close family who might otherwise be able to care for them, or a severe condition that makes living at home impossible due to lack of accessible facilities.

One way to counteract loneliness may be intergenerational interaction. Studies have described the benefits of intergenerational programs for older adults (Cottle & Glover, 2007; George, 2011; Armstrong, 2005; Evan-Zohar & Sharlin, 2009). Some studies looked at interactions between generations within families (Armstrong, 2005; Evan-Zohar & Sharlin, 2009). Others looked at interactions between unrelated people of different ages (Cottle and Glover, 2007). From nursing home residents to young children, people of all ages benefit from music (George, 2011). People respond positively to music no matter what age they are (de Vries, 2011). Some studies also looked at the benefits of intergenerational music making in formal and informal settings and also addressed older adult loneliness (Frego, 1995; Conway and Hodgman, 2008; de Vries, 2011; and Belgrave, 2011).

Music is a social function of human nature (Hodges & Sebald, 2011). It is something that inherently connects people; in fact, music is so universal within our species that it is difficult, even impossible to see it as a separate entity from the human experience. “Music is a universal trait of human kind and throughout the ages it has played a significant role in the lives of people in every part of the globe (Cross & Morley, 2009; Hodges & Sebald, 2011, p.47). The way that people interact with each other within music spans generations. Music is a social construct that affects all people at all ages (Gooding, 2001; Hannon, Soley, & Levine, 2011; Trainor, Marie, Gerry, Whiskin, & Unrau, 2012; Walworth, 2009; Loersch & Arbuckle, 2013; Rentfrow, 2012; Coffman, 2008; Lancioni, O’Reilly, Singh, Sigafos, Grumo, Pinto, & Groeneweg, 2013; Zalazny, 2001). This suggests that intergenerational music programs may be an effective way of integrating older adults and children in shared musical experiences.

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This research study involved older adults participating in an intergenerational Suzuki violin program. This research is necessary because there seems to be a lack of specific research concerning Suzuki method, intergenerational music programs, and intergenerational programs in general. This unique and groundbreaking intergenerational Suzuki violin program is specific to the facility where it originated, and there were no studies found in all the literature reviewed for this study that combined the Suzuki method with intergenerational programs.

Overview of the Suzuki Method

According to Bugeja (2009) the Suzuki method is an effective method for young children to learn to play the violin. The Suzuki method was devised by Dr. Shinichi Suzuki (1898-1998) in Japan. His method has also been called the “mother tongue method” because it is based on the way that most people learn to speak their native language. Suzuki created his music learning method after observing and experiencing his own difficulty learning a foreign language. Most young children learn to speak by listening to the people around them speak fluently and practicing speaking with their parents. Suzuki applied the results of these language learning observations, things that humans do naturally, to create his music learning method.

The Suzuki method is geared towards total inclusion. It is based on the idea that anyone can play, and because of the universality of the pieces of music chosen, everyone is playing music that is familiar to them. Each student learns the pieces in the same order, which also contributes to the idea that anyone can play, and everyone can play their music together. The role of parents within the Suzuki method is to recognize their responsibility in the music learning process and to support their children in all the same ways that they did as they were first learning to speak. Parents practice and are totally involved in the process with their children; they encourage and allow them to experiment, and accept all their attempts unconditionally.

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There are ten Suzuki method violin books that were created by Dr. Suzuki in sequential order. He planned out the placement of each song in each book in order to promote success and enjoyment in the learning process. Another key feature of the Suzuki method is the listening assignments. Each student is encouraged to listen to the recording of the pieces in the book they are working on. They are encouraged to pay particular attention to the piece that they are learning and also listen ahead to the upcoming pieces. This ensures familiarity with the music as the process unfolds. The Suzuki method is an aural learning method. Students do not begin reading music until sometime after they begin playing. Suzuki's theory is that spoken language precedes reading. In the Suzuki method, children learn to play the songs in the books by rote memorization. Parents are encouraged to practice, listen, and sing the songs with their children to ensure that the child is surrounded by the music at all times, as is the case with language development.

Suzuki violin lessons are structured in a way that gives each student a chance to perform for three other students and their parents and to listen to what the other students are working on. Each lesson has four students plus their accompanying parents. Each student has the opportunity to play what they have been working on at home with their parents over the past week, and to listen to what their peers have worked on as well. This is beneficial no matter what the student is playing, whether they are working on the same pieces of music or not. Each student is given the opportunity to hear the others' mistakes and learn from them, as well as hearing what they do well and attempting to emulate that. At the beginning and end of each lesson the four students are able to play together. They are often invited to join another group and warm up with them before their lesson. This allows the small lesson group to review what they have learned and

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apply it. It also provides the opportunity to review and participate in good practice habits such as warming up before a lesson and cooling down afterwards.

A large group setting might include an entire Suzuki violin studio. This opportunity allows students of all different levels and capabilities to play together. This gives the more advanced students the opportunity to review what they have previously learned and gives the beginner students a chance to look ahead at what they will be playing in the future. This kind of supportive community playing experience helps solidify the learning that takes place in the smaller lesson settings.

Overview of Music Therapy

According to the American Music Therapy Association (2014), music therapy is defined as:

...the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program. Music Therapy is an established health profession in which music is used within a therapeutic relationship to address physical, emotional, cognitive, and social needs of individuals. After assessing the strengths and needs of each client, the qualified music therapist provides the indicated treatment including creating, singing, moving to, and/or listening to music. Through musical involvement in the therapeutic context, clients' abilities are strengthened and transferred to other areas of their lives. Music therapy also provides avenues for communication that can be helpful to those who find it difficult to express themselves in words.

Research in music therapy supports its effectiveness in many areas such as:

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overall physical rehabilitation and facilitating movement, increasing people's motivation to become engaged in their treatment, providing emotional support for clients and their families, and providing an outlet for expression of feelings.

Another definition of music therapy is “A systematic process of intervention wherein the therapist helps the client to promote health, using music experiences and the relationships that develop through them as dynamic forces of change.” (Bruscia, 1998). The goal of music therapy is to promote an individual’s health in a way that is enjoyable as well as beneficial. In this case health is defined holistically as a person’s social and physical well-being. It has been shown that music therapy is both enjoyable and beneficial to older adults (Zelazny, 2001; Coffman, 2008; Lancioni, et al., 2013, Johnson et al., 2012, Tims, 2010).

Certain aspects of these definitions are of particular importance to this study due to their emphasis on the social aspect of music therapy. As stated by the American Music Therapy Association (2014), “...clients' abilities are strengthened and transferred to other areas of their lives.” This demonstrates that music therapy inherently improves social goals. In Bruscia’s (1998) definition he states that “...the therapist helps the client to promote health, using music experiences and the relationships that develop through them as dynamic forces of change.” The relationships used in therapy vary from the client-therapist relationship to client-client relationships. All are used to promote healthy social patterns that can be emulated in daily life by the client.

Similarly, according to Tims (2010A) it has been found in a study done at Michigan State University, that keyboard lessons improve the quality of life of older adults. He observed that there were significant decreases in anxiety, loneliness and depression following keyboard

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lessons. He cited the reduction of these three factors as being of critical importance in coping with stress, stimulating the immune system and improving overall health. In another study by Tims (2010B), it was demonstrated that Alzheimer's patients who underwent four weeks of structured music therapy sessions showed significant increases in their melatonin levels, a neurohormone that is thought to influence sleep patterns and immune system health.

Music is an age appropriate leisure time activity that is accessible to older adults (Sung, Lee, Li, & Watson, 2012; Johnson, Deatruck, & Oriel, 2012). Playing an instrument is a skill that may be successfully learned over time. Playing an instrument may be considered a lifelong pursuit. This kind of constant activity and learning promotes alertness and self-satisfaction, leading to increased participation due to enjoyment of the music (Cross, Flores, Buterfield, Blackman, & Lee, 2012; Johnson et al., 2012). When involved in any kind of musical practice there are opportunities for community socialization, performances, and solitary practice (Solé, Mercadal-Brotons, Gallego, & Riera, 2010).

According to Bruscia (1998) there are four levels of music therapy practice. The augmentative level, which is the third level, is defined as "any practice in which music or music therapy is used to enhance the efforts of other treatment modalities, and to make supportive contributions to the client's overall treatment plan." There are many benefits of using music at this level to sustain musical involvement in an individuals' relationship with their environment or community. By providing a consistently positive experience music has the ability to provide positive reinforcement naturally. Within the nursing home the intergenerational Suzuki violin program enhanced the efforts of the physical therapists, the occupational therapists, the social workers, the nursing team and the activities staff, making it a program which operated on an augmentative level.

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Bruscia (1998) defines an 'Arts Outreach Program' as "any sustained effort to help persons with health problems be consumers of the arts in the mainstream of their culture, that is, like any other member of the community. This may consist of helping persons who are impaired or institutionalized attend and participate in public or community events in the arts, or bringing artists and performances into institutions or homes where residents cannot leave" (Bruscia, 1998, p.234). A program such as an Intergenerational Suzuki Program may be considered an Arts Outreach Program due to the intensity of its involvement in the lives of the participants and the active participation in community performances as well as performances in the nursing home.

Purpose

The purpose of this study was to examine the integration of young children and older adults involved in intergenerational Suzuki violin lessons and to investigate its impact on the quality of life of residents at a nursing home in Western New York. This was accomplished through interviews with the participants as well as observations by the music therapist/researcher and other staff members including physical and occupational therapists. Attendance was also recorded and used as data. The research done within this program was recommended by the grant committee as well as the nursing home administration. The grants were obtained from the Community Foundation and from Infinity Performing Arts, Inc. The grant committee recommended that the social and physical benefits of participation in intergenerational Suzuki Lessons on older adults in nursing homes be researched.

Theoretical Perspective

As a music therapist, my approach is humanistic (Maslow, 1968) and music centered (Bruscia, 1998). I believe that within the humanistic approach to music therapy the client is able to connect with the music on a personal level and be completely supported by the therapist. This stems from Maslow's hierarchy of needs. For example, a person must meet all of their basic

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needs before he or she is able to advance to a higher level of existence. This concept is reflected in a music therapy session. If a client does not trust his or her therapist on a basic level then he or she will not allow any therapeutic progress to occur. Therefore the client's emotional needs must be acknowledged and supported by the therapist to establish a trusting relationship before the client will be prepared to change in any way. I believe that using music as therapy in a humanistic framework was effective when working with older adults in the intergenerational Suzuki violin program. As the therapeutic relationship is established, the client is able to feel supported and more able to make changes within a musical context. In the present study participants were able to trust that the therapist/researcher would not push them beyond what they could do and they believed that they had the support of the teacher and the therapist. This allowed them to feel comfortable enough to try new things and helped them develop an inner motivation to create an independent relationship with the music.

My work as a music therapist has been equally influenced by Bruscia's concepts of 'music *as* therapy' and 'music *in* therapy'. Bruscia (1998) states that in 'music *as* therapy' "Music is the focus of therapy, thereby serving as the primary medium or agent for the therapeutic intervention, interaction, and change; while the personal relationship between the client and therapist and the use of other arts or therapeutic modalities provide a context which facilitates that focus." Also according to Bruscia (1998) 'music *in* therapy' is different in that, "...in 'music *in* therapy', the focus is on either the personal relationship between the client and therapist, or an experience in a modality other than music, while music provides the context or background which facilitates that focus." I have found that the concept of 'music *as* therapy' provides clients the opportunity to connect with their own music and find what they need within that experience. I also believe that using 'music *in* therapy' is an effective approach while it puts

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a greater emphasis on the relationship between the client and the therapist with the music as an accompaniment to the therapeutic relationship. The intergenerational Suzuki program gave me the opportunity to use ‘music *as* therapy’ in the context of the intergenerational Suzuki violin lessons. This unique way to use music with older adults and children made it so the experience as a whole was therapeutic for those involved in the program.

Personal Context

I was a master’s of music therapy candidate when I was hired by the volunteer coordinator at the nursing home. I was hired to conduct research and work within the intergenerational Suzuki violin program. The Suzuki program was created at the nursing home when a local Suzuki instructor retired after 40 years of teaching in the public school system and began looking for a place to continue teaching the Suzuki method. The nursing home’s music therapist, a longtime employee at the nursing home, saw this as an opportunity to create a new program which would foster more intergenerational interaction within the community. She had already done a great deal of intergenerational music therapy and community music therapy. The nursing home hired me as a second music therapist to do program research and to provide direct support to the Suzuki instructor, who had limited experience in working with older adults.

I was asked to help teach a mixed age group of older adults and children. Introducing the Suzuki method to older adults who have had varied musical experiences, while also incorporating young children, seemed like a daunting task to me. It was my belief that each generation would benefit from the other while seeing the advantages of the shared experience of learning the violin. The universality of the Suzuki method gave the older adults and the children a common experience to share, and both generations were learning the same music. The Suzuki violin music became something the older adults and young children had in common, which

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enabled them to connect with each other in the music at whatever stage of learning they were in at the moment.

My clinical training experiences, for example; working in on the dementia unit of a nursing home, provided the skills needed to best enable the residents to participate in the Suzuki program to their fullest potential. As an in depth study of this nature is a requirement of the masters of music therapy program, this ground breaking program was an obvious opportunity to combine work and school. The program was funded by two different grants, one through the Community Foundation and one through Infinity Performing Arts, Inc. The funders required that research be performed to demonstrate the effects of the program on the nursing home residents involved.

Research Questions

Initial research questions were: 1) Will the older adults involved in the intergenerational Suzuki program see improvements in their quality of life by attending 50% or more of the Suzuki violin lessons offered? 2) Will the participants' range of motion, dexterity and trunk control improve? 3) Will the number of activities that the participants' attend outside the intergenerational Suzuki program increase?

After more consideration, and experience within the program, the revised research questions became: 1) How often will the older adults involved in the study choose to attend the lessons? 2) How does participating in intergenerational Suzuki violin lessons affect older adults' quality of life? 3) Do the older adults/participants perceive that the violin lessons are improving their quality of life? 4) Are there physical benefits to older adults participating in an intergenerational Suzuki violin lesson? 5) How do the older adults involved perceive the social effects of the intergenerational Suzuki violin program?

Chapter 2: Literature Review

The purpose of this literature review is to examine and describe existing research about intergenerational programs and intergenerational music programs, including how participation in these programs benefits the people involved. The social benefits of music will be considered and the implications of music as a social function of human nature will be highlighted to provide context for this study.

Many factors contribute to the quality of life of older adults. Some of these factors include the amount of time spent with young children, the number of musical experiences they are involved in and the amount of intergenerational music experiences they are involved in. Some benefits of intergenerational experiences, shown by Armstrong (2005), Belgrave (2011), Conway and Hodgman (2008), Cottle and Glover (2007), de Vries (2011), Even-Zohar and Sharlin (2009), Frego (1995), and George (2011), are increased positive attitudes towards the younger generation, enhanced quality of life, increased social interactions, a better understanding of others, and acceptance of other people who might be in a different generation.

Music affects us across our lifespan. Our susceptibility as infants to enculturation through music is identified by Hannon et al. (2011) and Trainor, et. al. (2012), while Walworth (2009) and Gooding (2001) look at infant socialization and adolescent socialization respectively. Our adolescence is the time that we will be most attuned to our developing musical preferences and the effects our peers have on our preferences. Loersch et al. (2013) and Rentfrow et al. (2012) address our musical development as a whole on a social level. According to Coffman (2008), Lancioni, et al. (2013), and Zalazny (2001) there are many ways that older adults can benefit from music socially even when the intent of the music experience is not focused on socialization goals.

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The first two studies discussed in the first section literature review show the benefits of experiential and non-experiential interactions between non-related people of different ages. The next two studies examine the ways that non-musical intergenerational experiences with grandchildren and relatives are also beneficial to older adults' quality of life through socialization. The final two studies and article discuss the effects of intergenerational music making between related and non-related people.

In the second section of this literature review the first four studies address how infants are indirectly and directly influenced musically by society through musical enculturation and socialization. The next two studies address our musical development as a whole on a social level throughout our adolescence. The final three studies show the effects of music and socialization on older adults to show how older adults can benefit from music socially even when the intent of the music experience is not focused on socialization goals.

Section 1: Intergenerational Interaction

The Effects of Experiential and Non-Experiential Interactions between Non-Related people

Cottle and Glover (2007) examined the ability of a lifespan course to create positive changes in the attitudes of undergraduate students towards older adults. Students were given surveys at the beginning of the course and at the end of the course to measure their attitudes towards older people. Researchers hypotheses were (1) students attitudes toward younger people would be more positive than their attitudes toward older people at the beginning of the course and demonstrate an increase in knowledge of aging at the end of the course (2) knowledge and attitudes regarding aging would not be associated at the beginning of the course but would be significantly associated at the end of the course, (3) students would vary in their perception of the age at which someone is old and (4) student age and high interaction would be the strongest

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predictors of old age at the beginning of the course. However, knowledge of aging and attitudes towards older individuals were expected to be the strongest predictors of old age at the end of the course.

Students enrolled in five human lifespan and development courses participated in the study as part of their coursework. Researchers used data from a sub-sample of 146 students who participated in both phases of the study. Researchers used three questionnaires: a basic demographic questionnaire, an assessment of knowledge of aging, and an assessment of attitudes toward the elderly. These questionnaires were given twice, once during the first week of the course and once during the last week of the course. Results were that hypotheses three (3), that students would vary in their perception of the age at which someone is old, and hypothesis four (4) student age and high interaction would be the strongest predictors of old age at the beginning of the course were inconclusive. The first hypothesis, (1) students attitudes toward younger people would be more positive than their attitudes toward older people at the beginning of the course and demonstrate an increase in knowledge of aging at the end of the course, had a significant difference. There were no significant correlations found for the second hypothesis, (2) knowledge and attitudes regarding aging would not be associated at the beginning of the course but would be significantly associated at the end of the course. The student's perceptions of old age and at what point someone is considered old did not change significantly during the course. There was mixed support for the hypotheses. The result hoped for was a decrease in ageism. However, only attitudes towards older adults at the end of the course proved to be a significant predictor.

George (2011) investigated whether intergenerational volunteering would enhance the quality of life for people with mild to moderate dementia. Two classrooms of children attending

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The Intergenerational School in Ohio participated in the study (one classroom of 16 between five and six and one class between 11 and 14 years old). Fifteen adults from a nearby assisted living facility also participated (all over 50 years old with mild to moderate dementia). All adults in the intervention group alternated between volunteering experiences with the class of five- and six-year-olds, and experiences with the class of 11- through 14-year-olds. When in the kindergarten classroom of younger children, adults engaged in singing groups, and small group reading and writing experiences. When in the classroom of older children, adults engaged in small groups of 2-3 students and participated in intergenerational life history reminiscence sessions. Each session was facilitated by a teacher and a volunteer coordinator. The control group participated in a peer education seminar called “Successfully aging: Reclaiming elderhood.” Baseline data on cognitive functioning (Mini-Mental State Exam, MMSE), stress (Beck Anxiety Inventory, BAI), depression (Beck Depression Inventory, BDI), and sense of purpose and sense of usefulness (single item questionnaires) were collected from all adult participants before the intervention began. Post intervention data sets were also collected using the same scales. Narrative data were also collected through structured and unstructured interviews before, during and after the intervention. Results indicate a mean decline in stress from the baseline tests to the post tests in the intervention group while an increase in stress was observed in the control group.

In the Cottle and Glover (2007) study there was no practical application of the knowledge the students were gaining in their lifespan course. They were simply asked to learn about older adults and their perceptions were measured by surveys. There was no experiential interaction between the age groups. The attitudes of the college students did change based only on learning more about the other generation. Some limitations of this study are that it does not include comparable research done with older adults. In the George (2011) study the participants were

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actively involved in hands-on activities with the other generation. This study showed that the older adults' stress levels were clearly lower when compared with a control group who were sitting in a classroom setting learning about successful aging. This study seemed more effective because it compared experiential with non-experiential. The results were greatly lowered stress levels of the intervention group.

The Effects of Non-Musical Intergenerational Experiences between Related People

Armstrong (2005) investigated the different ways in which grandchildren affect their grandparents and how it is possible for grandchildren to help their grandparents by being a resource for integration into society. Researchers asked, how do older women in New Zealand view their social roles in the lives of their extended family and those they consider as close as family? The participants were 40 women who collectively had over 200 biological grandchildren and large number of non-biological or fictive grandchildren. Data collection centered on a series of in-depth interviews with a group of 40 women in New Zealand, these women were separated into two categories; New Zealand European and New Zealand Maori women. The data suggests that grandchildren are a huge source of influence on their grandmothers and the evidence of grandchildren helping to integrate their grandparents into modern society is wide spread. Analysis of the study's interview data indicates three recurring and related categories of influence for integration: grandchild-grandparent socialization, social support provision, and social engagement facilitation.

Even-Zohar and Sharlin (2009) investigated the differences between the grandchildren and grandparents groups and their perceived roles based on the differences in their involvement in each other's lives. By studying the grandparent's point of view and the grandchildren's point of view, the researchers provided information about the similarities and differences of each

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generations' views about the other. The participants were 216 dyads of Jewish adult grandchildren (151 women and 65 men) between 18 and 34 years old, most of whom were Israeli born, and their grandparents (135 women and 81 men) between 61 and 95 years old who had been living in Israel for at least 10 years. All completed a series of questionnaires used to determine the effects that grandchildren have on their grandparents. Results suggest that grandchildren have a large influence on their grandparents, and are an important part of their social network.

In both the Armstrong (2005) study and the Evan-Zohar and Sharlin (2009) study participants were related and the data being collected through questionnaires and surveys were primarily about their social interactions and how each generation has a social effect on the other.

The Effects of Intergenerational Music Making Between Related and Non-Related People

Frego (1995) described an intergenerational music program, Interlink. Although this article was not a formal research study it is an important article within the body of literature related to intergenerational music making. It describes how to create an intergenerational choir program and the benefits of creating such a program. De Vries (2011) quotes this article in his literature review stating "Although not a research report, Frego (1995) outlined the benefits of Interlink, an intergenerational choral program in Canada." The Interlink program began in Canada and has been used all over the world. The program encourages a variety of intergenerational and social experiences for the participants such as writing letters, singing in a choir and participating in a party at the end of the program.

Conway and Hodgman (2008) examined and described the experiences of college students and community members involved in a collaborative intergenerational choral project: the Collaborative Intergenerational Performance Project (CIPP). Participants of the study were

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the 103 members of the Adrian College Choir, and 55 members of the Lenawee Community Chorus. The goal of the project was to combine the two choirs and perform the Faure Requiem at Carnegie Hall in New York as well as a hometown performance in Adrian, Michigan. The researcher used a phenomenological approach and interviewed a focus group of 8 college students and 8 community choir members at the beginning of the project and asked them to write two journals during the project, and finally participate in a follow-up group interview at the end of the project. Themes emerging from analysis were heightened performance experiences, a better understanding of others, and no signs of an age barrier in the choir. Some challenges stated by the college students were the importance of preparation for collaboration and issues regarding placement in the choir itself. These researchers provide insight into the positive musical implications of intergenerational choirs as well as documenting some of the challenges experienced when working with an intergenerational group.

De Vries (2011) explored the benefits of informal intergenerational music learning. Researcher questions were (1) do people benefit from intergenerational music making? and (2) were the intergenerational music making experiences a positive social experience for the participants? The subjects involved in the study were three older adults living in Australia who were involved in some way with intergenerational music making. The three subjects were each uniquely involved in intergenerational music making. Irene (67 years old) played piano with her granddaughter, Chelsea (11 years old); Margaret (75 years old) accompanied a school choir and taught one of the students in the choir, Kylie (8 years old), to play the violin; and Bruce (72 years old) invited his friend's son, Josh (15 years old), to play saxophone in his 1950's style rock and roll band.

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The researcher used snow ball sampling to select participants, and collected data via a series of open-ended, one-on-one interviews. Multiple themes emerged from the data: social engagement, positive attitudes about young people, choice, being valued and respected, and reciprocity in learning. All three adults agreed intergeneration music making experiences were positive social experiences, and their attitudes toward and opinions about younger people improved through more exposure to the younger generation. Findings suggest there is a role for intergenerational music making in the wider community and in music education programs. The researcher suggested rather than view the intergenerational music making as “informal” and the school music as “formal” the two settings should work together to benefit everyone involved.

Belgrave (2011) investigated the effect of a music-based program on the interactions and attitudes of elementary-aged children and older adults. The research questions posed in this study were (1) what is the effect of a music-based intergenerational program on older adults’ perceived psychosocial well-being? and (2) what is the effect of a music-based intergenerational program on cross-age interactions and cross-age attitudes of elementary-age children and older adults? Twenty one children and twenty six older adults volunteering for the study self-selected to be in either the treatment or control group. The ages of the participants were not mentioned. The treatment group received intergenerational music therapy sessions once a week for thirty minutes over a period of ten weeks, and the control group did not attend music therapy intergenerational sessions, but they maintained their ordinary routine and attended other non-intergenerational activities.

All intergenerational music therapy sessions took place in the activities room at the nursing home where children were interspersed amongst the older adults. Researchers assigned adults and children to different seats each week of the ten week program to Maximize

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interactions between all participants. Interventions used in the study included singing interventions, structured conversations, instrument playing and moving to music. Several measurement tests were used, such as post-session evaluations taken from Corbin, Kagan, and Metal-Corbin (1987). These were used with the child participants' involved in the study. The post-session evaluations used with the older adults were taken from the work of Marx et. al., (2005).

Regardless of which group the participants were assigned to, their pre-test and post-test scores indicated no significant differences in the control and experimental group participants' views towards the other generation. Neither generation demonstrated high frequencies of helping behaviors towards the other generation, possibly due to dependency issues found in both generations. Each group may have preferred to exercise their independence rather than receive or offer help during the sessions. Although formal measures showed no significant differences in attitudes towards the other generation, the adults' attitudes towards the children improved slightly. Future researchers might consider using a longer treatment period or a different approach to the therapy sessions in order to achieve more reliable results.

These three studies suggest that intergenerational music-based programs are beneficial to older adults as well as being beneficial to the children involved. Many of the studies suggested that children's influences on older adults was beneficial socially and greatly improved the participants' quality of life. When comparing the three studies, the fact that each is a different type of study influences the way they are presented in the literature review. Practical applications of intergenerational experiences are easily accessible in a choral setting. However, more benefits may have been seen from the intergenerational interactions if a more personal setting, such as a small music therapy group session, was used over an extended period of time.

Section 2:

The Social Function of Music Across the Human Lifespan

In this section of this literature review the social function of music across the human lifespan is examined. It might seem obvious that music is a social function of human nature; music might seem like something that connects people inherently. Music is so universal within our species that it is difficult to see where humans end and music begins. It is part of us as surely as we are a part of it. “Music is a universal trait of human kind and throughout the ages it has played a significant role in the lives of people in every part of the globe” (Hodges & Sebald, 2011).

This part of the literature review explores how music is a social construct that affects all people at all ages. Beginning early in our lives we are influenced musically by our parents, who are in turn influenced by society; therefore, we are influenced by society, some suggest, before we are born. Music is a powerful social phenomenon; we are influenced by our peers and often concerned about our appearance in society, which defines our preferences and how music itself evolves in a social manner. Even as we progress into old age our musical engagement is influenced by those around us.

The Effects of Musical Enculturation and Socialization on Infants

Walworth (2009) states in this study, that music effects the social skills of infants. The purpose of this study was to examine what kind of effect music therapy interventions had on premature infants’ and full term infants’ developmental responses and parents’ responsiveness. In this study parents completed a questionnaire on the perception of their infants’ needs, general development and the purpose of using music with their child. The infants attending the developmental music groups with their parents demonstrated significantly more social toy play than infants who did not attend the sessions. The infants and parents participated in three

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developmental music groups for thirty minutes each, followed by a one-time developmental assessment that took place after the first three sessions. The music groups continued to occur once a week for five months after that. Social music interventions used peer modeling and parent training. Seventy parent/infant dyads chose to participate in the study. The results indicated that infants who attended the music groups engaged in more social and less alone behaviors than full term control infants.

According to Hannon et al. (2011) children are less likely to have cultural biases than adults due to their lack of experience in the world. This study explored the effects of culture-specific experience on musical rhythm perception in infants'. It has been previously established that a basic sensitivity to musical rhythm and metrical pulse is present at birth, however this study looked even further into the effect of enculturation on infants and the effect that had on their ability to discriminate simple and complex rhythms. The findings imply that ratio complexity constrains rhythm perception even prior to the acquisition of culture-specific biases. The study used a melody created from a Bulgarian folk melody. The melody was manipulated in different ways to present the infant with three separate interval ratios or meters. Cultural biases are lessened due to the age and lack of experience of the infants, however even at this age when infants are minimally influenced by familiarity and culture-specific perceptions they still have difficulty processing highly complex ratios.

Trainor, et. al. (2012) states that the interaction between children and their parents can be socially influenced by music. This study explored musical enculturation and when it begins. Musical enculturation includes learning the pragmatic uses of music in different social situations. In this study six month old western infants were randomly assigned to either six months of active participatory music class or a class in which they experienced music passively

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while playing. It was found that active music participation resulted in earlier enculturation to western tonal pitch structure, larger and/or earlier brain responses to musical tones and a more positive social trajectory. It was also shown that preference was influenced by early exposure and that active participatory music making in a positive social setting accelerates enculturation. The results showed that the active classes led to more positive parent-infant social interaction compared to the passive classes.

Gooding (2001) shows that music therapy is an effective tool in improving social functioning skills in children and adolescents. This study looked at three studies in three separate programs and the results from those studies. Each study tested the effectiveness of a music therapy-based social skills intervention program on improving social competence in children and adolescents. The same curriculum was used at three separate sites and was adapted at each site to be age appropriate for the three different age groups. At each site clients showed improvement over the course of the study. Data on social functioning were collected before, during, and after the intervention program. Participants took part in five fifty minute group music therapy sessions across a five week period. Social skills addressed were divided into two categories; peer relations and self-management skills. Specific cognitive behavioral techniques were used such as modeling, feedback, and transfer training. Results indicated significant improvements in social functioning due to the music therapy interventions.

The Social Development of Musical Preferences in Adolescents

Rentfrow (2012) suggests that music is a crucial element of everyday life. This article focuses on social identity theory and explores studies that look at music through a social lens. This article synthesizes and interprets other people's research in fields such as sociology and psychology attempting to establish social-personality psychology as its own up-and-coming

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field. This article summarizes and evaluates research and highlights how the study of music can broaden our understanding of social behavior.

In a meta-analysis by Loersch, et al. (2013) the acceptance of music as a social function across time and cultures is looked at and it is given a unique position in the world. It can be considered a form of social communication which has evolved as a tool to pass information about a group's shared mental state to a number of individuals at once without face-to-face interaction. In this meta-analysis several different studies are examined to show that people's responses to music are intricately tied to their social behavior in other non-musical domains. Each study shows the social nature of music and establishes that human musicality is a unique form of social cognition. Seven studies are examined in order to demonstrate that musical reactivity, the extent to which an individual is affected by the music they hear, is directly tied to a variety of other well established group processes that underlie social living. Musical reactivity allowed the level of social belonging motivation endorsed by participants to be predicted. Musical reactivity is also related to basic social motivations. The powerful psychological pull of music in modern life may derive from its innate ability to connect us to others.

The Social Effects of Music and Musical Engagement on Older Adults

In this study by Zelazny (2001) the effects of keyboard playing on management of hand osteoarthritis in older adults is examined. Four women over sixty five participated in the study by playing piano for thirty minutes a day, four days a week for four weeks. Measurements were taken by an occupational therapy student and discomfort indicators were used to chart the level of discomfort at the beginning and end of each session. Zelazny found that additional benefits from the study were improved structure of leisure time and increased socialization for older adults with osteoarthritis who tend to isolate themselves due to disease deterioration. Chronic

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pain, such as pain associated with a pervasive condition such as osteoarthritis can severely impair social and vocational and recreational functioning. The keyboard sessions provided a cognitive challenge and another opportunity to socialize with residents of the facility. Health related conditions and pleasure derived may contribute to efficacy of treatment. Controlling pain, maintaining function, maintaining independence and provision of adequate social and psychological support are all goals that physicians ascribe to successful treatment of arthritis. This form of active music making is beneficial for older adults with osteoarthritis who tend to seclude themselves and hinder management of their disease by being less active.

In the following study by Coffman (2008) survey responses from 1,652 New Horizons International Music Association musicians in the United States and Canada were analyzed. The survey asked six open-ended questions in addition to basic background information questions. The results showed that the musicians participating were typically older college educated adult Caucasians with average health, above average incomes, and previous playing experience on their instruments. The musicians were solicited through email and then mailed surveys. The survey addressed six dimensions of perceived benefits; well-being and relaxation, breathing and posture, social significance, spiritual significance, emotional significance, and heart and immune system benefits. The categorization of responses yielded four large categories which were emotional well-being, physical well-being, cognitive stimulation and socialization. These were categories connected with positive outcomes. The negative outcomes were minimal and associated with discomfort in playing instruments, and stress from not being able to play as well as they wished. For many respondents the groups provided socialization benefits, such as a sense of belonging, camaraderie and new friends. This study reveals that older adult amateur musicians report psychological and social benefits from making music.

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This study by Lancioni, et al., (2013) assessed the impact and social rating of active and passive music condition implemented with six patients with Alzheimer's disease. In the active condition patients used a personally adapted and accessible switch to self-regulate music stimulation inputs. The music used was recommended by family and selected after a brief preference screening procedure. The active condition sessions showed an increase in positive participation compared to the passive sessions where the same music was played in succession on a device in the room without the patient having the ability to control the songs. Social ratings, completed by staff and caretakers working with the patients, indicated that the active condition was favorable. These ratings took into account the condition's suitability, respect of the patients' dignity and independence, and practicality. The positive participation effects produced by an active, self-regulated, stimulation condition tended to be similar or greater than those observed in a passive stimulation condition.

Conclusions

The literature reviewed here shows how people are influenced by music and by other people at all stages of life. People are affected by what others think as well as what others like. The most unique part of engaging in any kind of musical experience is social aspect of the music. Even if you are listening alone chances are you will go and talk to someone about it at another time. Making music together is a powerful experience. Musical socialization is unique to humans and people are affected by it at every age and walk of life.

As mentioned previously researchers who have studied intergenerational programs and intergenerational music programs have found a variety of benefits from participating in intergenerational experiences for all involved. Research suggests that intergenerational experiences combined with music experiences are the most effective way of combining different

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age groups in a social experience. Quality of life for older adults is influenced by many factors. These factors include the amount of time spent with young children, the number of musical experiences they participate in, and the amount of social experiences in which they are involved.

Overall, each of the studies mentioned in the first section relates to intergenerational interactions showing a different facet of this topic and some of the many benefits of combining intergenerational experiences with music making experiences. People benefit from intergenerational interactions as well as music experiences and combining the two creates the possibility of even more benefits. It is suggested that more research be done on intergenerational music programs because few researchers have looked at the benefits of music therapy and intergenerational programs. Future research could address the need for music therapists in the intergenerational field to aid in facilitating interactions between participants. A music therapist would be well qualified for this position due to their experience and training with a variety of populations which is a requirement for all Board Certified Music Therapists.

The literature discussed here informed the current study by providing background information on how other programs have affected people and what challenges they had to overcome to be successful. By providing more insight into the social influences of music across the human lifespan these studies allowed for an in depth look at how the current study might affect those involved. The diverse range of literature makes it possible to address a variety of topics relating to this particular study. Despite the unique quality of the study at hand, the influence of studying other people's experiences made it possible to move forward with confidence, secure in the knowledge that there had been similar research done. It was possible to draw conclusions based on other peoples work and avoid any pitfalls they may have encountered as well as benefitting from the knowledge gained through others' research.

Chapter 3: Methodology

The purpose of this study was to examine the older adults' perspective of their integration with young children into the intergenerational Suzuki violin lessons. These kinds of interactions may have benefits for both parties involved. The intent of the two grants, one from the Chautauqua Region Community Foundation and one from Infinity Visual and Performing Arts, Inc., was to investigate the impact of the intergenerational Suzuki program on the quality of life of residents at the nursing home. The administrators of the nursing home were interested in the effects of the program on the participants and the facility community as well as the larger community.

The Chautauqua Region Community Foundation is a non-profit organization dedicated to providing a bridge between donors and those in need of assistance. They provided assistance to the Intergenerational Suzuki program in the form of a grant. Their mission statement says the "Chautauqua Region Community Foundation is a nonprofit, community corporation created by and for the people of Chautauqua County. We are here to help our donors make a positive impact on their community by establishing a 'bridge' between the donor and charitable activities." (Chautauqua Region Community Foundation, 2014). Similarly, a local performing arts center dedicated to community development and support also provided assistance to the program in the form of a grant. "Infinity Visual and Performing Arts, Inc. is a multifaceted, innovative music and arts education program. The Infinity concept was developed as an opportunity for aspiring young musicians to develop and enhance their creative talents and performance skills under the supervision and guidance of local, professional musicians and educators (Infinity Visual and Performing Arts, Inc., 2014)" The interest and support of these two groups made it possible to develop the intergenerational Suzuki violin program and also to complete the research necessary to provide insight into the benefits of the program.

Participants

The participants involved in the intergenerational Suzuki Violin program included older adult residents (57-84) living in a skilled nursing facility, and adults (55-77) with developmental disabilities attending the facility's adult day care program. The participants living in the skilled nursing unit of the nursing home were recommended to the program by the staff music therapist. There were 22 participants referred to the program who expressed interest in playing the violin. Out of the initial 22 people who were interested in participating, 16 of them continued with the program for several weeks. As the program continued there were extenuating circumstances that prevented some members from continuing to participate in the program. There were five participants who withdrew from the program.

The older adults in the skilled nursing program had lessons with children ages 4-14 on a regular basis. Each week the older adults' would participate in small group lessons with the same children and in a large group experience with the entire program. The adults in the day care program were unable to interact with the children on a weekly basis due to scheduling conflicts. However, they did participate in concerts with the children and at times they would have lessons with several of the children who were homeschooled and had a more flexible schedule than those in the public school system. This caused their experience to be more focused on learning the violin and interacting appropriately with each other rather than interacting with children on a regular basis. This was a beneficial experience for all involved due to the increased socialization and the novelty and excitement of learning something new.

Description of Group Lessons

The intergenerational Suzuki violin program is an ongoing program. Data was collected over the course of a school year from September, 2012 through June, 2013 following the school calendar. As part of the intergenerational program, the older adults in the nursing home and

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daycare program learned how to play the violin alongside children who were taking violin lessons at the nursing home. Each lesson consisted of at least two children and one older adult. Some lessons had as many as three older adults. The lessons were loosely organized by skill level. However, because the Suzuki method is geared towards inclusion and everyone is learning the same music, lessons can be mixed skill levels with the same degree of success. Playing with mixed level groups is advantageous for several reasons. This type of playing provides advanced students the opportunity to review the basic songs and for the beginners to get experience playing with more advanced musicians.

In a typical Suzuki violin lesson there are four children and each child has a parent or guardian with them to help them remember what needs to be worked on and practiced at home. Each student has a notebook that the teacher writes comments and instructions in and this notebook acts as a practice guide for the child throughout the week. Within the lesson each student plays what they have been working on that week and then has the opportunity to play with the other students and with the instructor.

This format was followed to create the intergenerational program. The older adults were integrated into the lessons with the children. They were also given the opportunity to play what they were working on in an informal practice setting with the music therapist/researcher and getting tips and feedback from the instructor in a more formal lesson setting with children present as well. At the end of each lesson they were able to play with the young children in a small group experience. They also had the opportunity to attend a large group experience consisting of a variety of group playing experiences. This was an opportunity for the older adults to be integrated into the group and play as much as possible with the children. This was also an opportunity for the instructor to have the children interact with each other and the residents

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which helping to build rapport between the children and the older adults and allowing them to interact and connect with each other while having fun.

Some musical games were played in the group, such as having the children parade around weaving in and out of the residents' wheelchairs while everyone played a piece together. This game kept everyone involved, the children had a more active role while the older adults stayed involved by playing the same piece of music that the children were playing. Some other games that were played involved having the children and the older adults play cooperatively on one violin; this was accomplished by having the children place their left hand fingers in the appropriate positions and the older adults move the bow and then switching roles. Another game was to have everyone play their violin while holding their bows upside down. This was both fun and challenging for the older adults as well as the children and it provided them with common experiences, the opportunity to communicate with each other, and to laugh together.

Some other examples of activities within the nursing home were performances by the children and older adults for parents and other residents. There were two such performances within the timeframe of this study. The first was a holiday themed concert and the second was a spring concert. Another performance that occurred outside of the nursing home was a performance with the Western New York Chamber Orchestra and a local elementary, middle school and high school at the local area string festival. This was an incredible opportunity for all involved. Playing with a professional orchestra is a rare and special opportunity for any aspiring musician. Another experience at the nursing home was a master class in which a local college professor came to the nursing home and listened to and provided feedback for both adult and children participants. There were also some holiday themed interactive experiences for the participants, one of which was a Valentine's Day card exchange and group lesson. Everyone in

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the program was invited to bring a valentine and their violin; cards were exchanged and musical games were played. These types of experiences allowed the participants to get to know each other and interact with each other in different ways, musically and non-musically. There were also several opportunities for the participants to see professionals play in the nursing home and on trips into the community.

The participants in the adult day care also participated in many of these events and experiences. Going out into the community to perform allowed them to be involved in the intergenerational aspect of the program because at these types of events they were able to interact with the children who were also participating. The Suzuki Program at the adult day care was nominated for, and won, the Adult Day Health Care Innovation Award for Therapeutic/Recreational Activity. An influential part of this was the researcher/music therapist running an improvisation based music group at the adult day care to reinforce the different Suzuki rhythms used in the violin lessons on other instruments such as shakers, drums, and rhythm sticks. By playing the same rhythms in a different modality the participants were able to transfer the rhythms more accurately to the violin. There was also an article in a local newspaper about the program at the adult day care.

Attendance

Attendance was measured by the researcher throughout the course of the study. The data for those involved in the beginning who withdrew from the program is not included in the attendance data. All data was collected by the researcher/music therapist over the course of an academic year from September, 2012 through June, 2013. The intergenerational Suzuki program schedule corresponded with the school calendar and adhered to school holiday breaks.

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Occupational Therapists' Evaluations of the Intergenerational Suzuki Violin Lessons

The occupational therapy department at the nursing home provided the researcher/music therapist with physical measurements routinely collected as part of the nursing home program. Occupational therapists measured the degree of range of motion for the shoulder and arm, dexterity, and trunk control. The researcher/music therapist was provided with measurements taken at the beginning of the program, during week 13 (the midpoint of the program) and week 24 (the last week of the program) for one of the residents who was living on the skilled nursing unit of the nursing home. The rest of the participants involved were given subjective reviews by the occupational therapist. She also included participant self-reports regarding their own perceptions of the physical, social, and emotional benefits of the intergenerational Suzuki violin program.

The researcher interviewed eight of the eleven participants; beginning at week fourteen of the study and continuing through the end of the study (see Appendix I for Resident Questionnaire). Two staff members were also interviewed using a five-question interview guide (see Appendix II for Staff Questionnaire). Participant and staff perceptions of participants' active engagement and quality of life were measured in the interviews. The interviews were audio recorded and the researcher took additional notes during the interviews.

Description of participants

Initially, there were seven females and six males participating in the program. Of the seven female participants, four agreed to participate in interviews and of the six male participants, four of them agreed to participate in interviews. Eight interviews were done in total. Four participants who completed interviews were involved in the day care program and the other four were residents at the nursing home in the skilled nursing facility. Participants had different diagnoses; some had physical complications while others had mental or emotional complications.

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All of the residents interviewed in this study were able to make their own decisions and permission was granted via a signed consent form to participate in the interviews (see Appendix III for Consent Form).

Participants

The following descriptions are of the residents in the skilled nursing unit who attended lessons with the children. All names have been changed for confidentiality purposes. Each lesson was organized by skill level; the older adults were integrated into the lessons as closely as possible. I prefer to look at a person's abilities, not their disabilities. I felt that this keeps with the humanistic approach where emphasis is put on the person not on their diagnosis. This being the case, in each description the participant is highlighted as a person with a diagnosis secondary to their involvement in life.

'Tracey', a woman with multiple sclerosis, had several hobbies in addition to playing the violin. She was an avid quilter and seamstress. She was also involved in the resident council at the nursing home. 'Darlene', a woman with a hearing impairment, also enjoyed playing cards and doing word finds. 'Jeff', also known on his unit as a fun loving gentleman, enjoyed spending time with animals when they came to visit and feeding the fish in the recreation room on his floor. Due to degenerative arthritis, he had little muscle tone. 'Alicia', a fifty five year old woman with physical complications that required her to live in the skilled nursing facility, also enjoyed collecting teddy bears, post cards, and stickers. She often traded homemade cards and drawings with the children in the program. 'Gerry', a woman with severe arthritis in her shoulders and hands, was also known as a woman with a great sense of humor and a creative mind. Gerry was also an avid crafter and was known to keep herself occupied by participating in crafting activities at the nursing home. 'Tony' was a gentleman who had a great passion for

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music. He was active in many aspects of nursing home life despite the severe arthritis in his hands. He was also involved in doing poetry readings throughout the nursing home and singing as often as he was able.

The following descriptions are of the people participating in the program in the day care unit of the facility. They were not able to share lessons with the children regularly due to scheduling complications. The day care program ended at 3:00 pm each day and the children involved in the lessons do not get out of school until that same time. The day care participants did play in the concerts with the children and they were able to attend some lessons with the children who were homeschooled because the homeschooled children were able to come earlier in the day.

‘Deirdre’ was a woman with developmental intellectual disabilities as well as severe contractures who transported herself in a motorized wheelchair. She also enjoyed knitting and playing games with the other day care participants. Tom was a quiet gentleman with flat affect due to his alcohol induced dementia. The day care provided the social support he needed in his day to day activities. ‘Gerald’ was an affable gentleman who seemed to enjoy the novelty of playing a different instrument, he played the guitar previously. He was proud of being a veteran and would often talk about his time in the service and the injuries he sustained at that time. ‘Wayne’ was a gentleman with a visual impairment as well as morbid obesity. He was a former pianist and was enthusiastic about learning a new instrument. ‘Edna’ was a woman with severe asthma who enjoyed knitting and crafts as well as playing games with the other day care participants.

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Data

The data includes measurements of attendance at lessons, small practice groups, and large group playing experiences that were collected at the beginning of the study, the middle, and again at the end of the study. Data regarding the participant's perceptions of the effects of the intergenerational Suzuki violin program were collected through transcribed interviews. Data regarding physical benefits were collected by the occupational therapist for Tracey only. Hers was the only set of data that was able to be included as results due to the collection method used. Data for Tracey collected by the occupational therapy staff included the degree of shoulder and arm range of motion, dexterity and trunk control. The specific data is reported in Tracey's case study. (see Case Study)

The researcher/music therapist also conducted brief interviews, approximately 15 minutes each, with eight participants and two staff members using a five-question interview guide (See appendix I and II for Resident and Staff Questionnaires) regarding the participants' engagement in the program and quality of life during the time of the study. The researcher gained access to staff using snowball sampling. The researcher/music therapist asked participants to identify someone they are close with and have talked to about the program and the researcher then set up interviews with those individuals (see Appendix IV and V for letters of introduction to the participants and their caregivers).

Coded Interviews

The researcher/music therapist transcribed each of the five-question participant interview responses and then coded the information identifying common themes. The interviews were recorded on a voice recorder and then transcribed by the researcher/music therapist. Notes were taken at the time of the interviews as well. After all the interviews were recorded, the researcher/music therapist typed out the interviews. The coding was done by highlighting

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common themes across each interview, each theme in different colors. Two staff members at the adult day care program were interviewed and asked five questions that were similar to the participant interviews (see Appendix II). No staff members were interviewed at the skilled nursing facility due to time constraints and scheduling conflicts.

Chapter 4: Tracey

History

Tracey was a seventy year old married woman with Multiple Sclerosis. She transported herself in her wheelchair by walking with her feet out in front of her pulling herself along. She leaned over when she sat in her wheelchair for extended periods of time. She leaned either to the right or to the left depending on the day. She was able to sit up straight unsupported for short periods of time. She had no cognitive symptoms which would indicate any other diagnoses. However, she often had a negative affect concerning her playing and the sound she was able to produce on the violin. Her self-confidence was low; she was a harsh critic of herself. She reported that she used to play the flute in high school and she had a son who also played the violin in high school. Tracey was an active member of the nursing home community, had several hobbies such as quilting and sewing, and served on the nursing home's resident council.

Playing

Tracey was able to hold the violin and bow with no adaptations to assist her grip. She used a viola chin rest, which sits in the center of the violin rather on the side, to help her keep the violin in the correct position when playing. She had a cloth that she put over her shoulder to keep the violin up in its' proper position. Tracey read Suzuki notation, which was written out for her by the instructor, in a notebook she kept in her violin case. When playing with the group and in lessons Tracey was able to read the notation and play along with what seemed to be little

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difficulty. She turned her own pages by using the tip of her violin bow. She reported that she did this in order to keep her violin up on her shoulder instead of putting it down each time she needed to turn the page.

Results from the Occupational Therapist

The following is a report provided by the occupational therapist that was working with Tracey over the course of the study.

Improved dynamic sitting balance from good- to good. Resident able to maintain midline to play during practice and performances.

This carries over to improving her ability to perform dressing/grooming tasks.

Increased Active range of motion (AROM) Both (B) upper extremities:

Right elbow extension from -40 initial, -35 midterm, -30 current.

Supination from 40 /70/80

Left elbow extension from -30 initial, -15 midterm, -15 current

Supination from 70/70/80 Resident reports less pain in Right elbow

Outcomes: Decreased pain Right elbow, increased trunk stability, increased elbow extension and supination. Improves ability to perform activities of daily living (ADL)/daily tasks.

Tracey is interested in mentoring a child with special needs.

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The report is included here to give an in depth look at Tracey's involvement and how it affected her life outside of the intergenerational Suzuki program. As mentioned previously, Activities of Daily Living refer to daily self-care, for example, brushing teeth and hair, or putting on a sweater and buttoning. Range of motion, also mentioned in this report, can be defined as the degree to which a person can move a particular part of their body, in this case Tracey's arms. Supination is best described as the ability to turn over the wrist so that the palm is facing up and down. Elbow extension is the ability to straighten the arm. Maintaining midline is defined as remaining centered over the seat and not slumping to one side or the other. Dynamic sitting balance also refers to the ability to maintain balance while sitting, and not falling out of the chair.

A summary of that report is Tracey had a slight improvement in her ability to sit up straight. As indicated her rating went from 'good-' to 'good'. Her Active range of motion also increased for both of her arms. The negative numbers become smaller over the course of the study indicating an increase in her ability to extend her elbows. In her interview Tracey mentioned that "All the muscles are shortened." referring to her limited range of motion. She stated "...it's good for getting the movement, because lots of us have a lot of movement restrictions and just getting to do it is really good for me." Her supination increased on her right arm from 40-80, almost doubling the degree to which she can turn her hand over. Her supination of her left wrist, though not initially as low, also increased from 70-80 over the course of the study. She reported less pain in her left arm to the occupational therapist and her increased flexibility carried over to her day-to-day life.

As noted by the occupational therapist Tracey expressed an interest in mentoring a child with special needs. The occupational therapist then approached the music therapist/researcher about facilitating this. Tracey's interest was sparked by her interactions with the children in her

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lesson group. She had a lesson with three young boys who were all energetic and enthusiastic children. One of the boys was difficult at times and was often reprimanded by the instructor during lesson times. Tracey observed this and also saw that he was more respectful of her and the other older adults. She stated “I think the kids are good for us, and that we’re good for them.” The young boy’s respect may have stemmed from the age difference or a sense of compassion on his part. Whatever the reason for it, the young boy developed a sense of rapport with the older adults in his lesson and his behavior seemed to be directly affected by that. She also noticed that the children involved were curious about the older adults. She stated “Some of them will ask questions, and to others I’ll say ‘Well you’ve been watching me, is there a question?’ and they’ll say “Oh no, oh no!”” Due to the timing of her request Tracey was unable to participate in any mentoring during the course of this study. However, she may be able to do so in the future.

Additional Involvement in the Suzuki Violin Program

Tracey showed interest in all of the children and addressed each of them by name and engaged in conversation with them before and after lessons and groups. She initiated participation independently and often reminded staff on lesson days that two other residents on her floor also had violin lessons and needed help getting ready. She made valentines cards to give to all of the children at the valentine exchange from herself as well as from the two other residents on her floor who she did not think would be able to make their own cards to give away.

Boosting Self-Confidence

Tracey had a positive outlook on her violin experience during her interview. Tracey stated when asked if she enjoyed participating in the lessons each week, “...yeah that’s fun. And to see my progress, even though I don’t think its progress but... I did find this past week, I found exactly where my elbow has to go and where my violin went and it sounded much better.”

Another positive comment from Tracey was “I think it’s neat when we play like for the chamber

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orchestra, how impressed he was with everybody. I don't know what he expected, but I think he was just really impressed with everybody." This comment was made regarding the conductor of the Western New York Chamber Orchestra when the intergenerational Suzuki violin program played at the local area string festival with them.

Tracy was also thrilled with the positive feedback she received from her family on several different occasions. These comments helped increase her morale and gave her more confidence. "I know my grand boys when they came to the concert here they said 'Oh Grandma, we're so proud of you, it was awesome.' And then we got in the car one day and the older one said 'Grandma, that is the best thing, you are just so awesome. But I don't want to play violin.' he said 'I'm not a music person.'" She continued on to say "Even my husband says, now that sounds like something; squeaky, but it sounds like something." Receiving positive feedback from one's personal support system is something that greatly impacts a person's self-confidence.

Conclusions

Tracey benefitted from participating in the intergenerational Suzuki program and she also was a positive influence on the other participants, children and peers, who were involved as well. She attended over 50% of the lessons available to her, she benefitted physically from practicing her violin on a regular basis, even when not at lessons, and she was aware of how much she was getting out of the program. She was aware of her progress and her attitude about her playing became increasingly positive over the course of the study as she began to hear the difference in her playing. She moved through the first half of Suzuki Book One rapidly. This was encouraging and it gave her the motivation to practice regularly.

Chapter 5: Group

Attendance Results

Attendance was kept by the researcher/therapist throughout the course of the study as was required by the grant funders. Attendance results are displayed in order of their appearance on the attendance chart. Nine out of eleven participants had attendance rates over 50% (See Table). The two participants whose attendance rates were below 50% had physical illnesses that prevented them from attending on a regular basis. There were five people who withdrew from the program for a variety of reasons. They are not included in the attendance data due to the limited time that they participated in the program.

The first woman to withdraw from the intergenerational Suzuki violin program was on the skilled nursing unit of the nursing home and she withdrew due to pain in her left shoulder from a fall that prevented her from practicing as much as she wanted. She became discouraged and left the program. The second person to withdraw was also a resident of the skilled nursing unit of the nursing home. He experienced a severe stroke at the beginning of the program. Although he did not participate in the intergenerational Suzuki violin program, he did continue to receive music therapy services. The third participant to withdraw was actively engaged in the program throughout his time at the facility. However, he was moved to a different facility and could no longer participate in the Suzuki Violin Program at the adult day care. The fourth person to withdraw from the program was also experiencing shoulder pain while playing and opted to withdraw from the program at the adult day care. The fifth person to withdraw left the adult day care program for personal reasons.

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Name	Fall 2012 Total	Spring 2013 Total	Total Percent
Tony	0%	40%	80%
Darlene	78%	69%	74%
Jeff	78%	63%	72%
Tracey	52%	63%	55%
Alicia	48%	50%	49%
Gerry	0%	38%	76%
Edna	100%	55%	88%
Gerard	100%	55%	80%
Wayne	85%	64%	76%
Tom	85%	55%	72%
Deirdre	85%	45%	68%

(Table)

Attendance Results

Darlene attended 74% of the time and often asked to go back to her room before the end of the lesson or group. She had a great connection with the researcher/music therapist and would refuse to come to lessons unless invited by her. She also demanded a lot of individual attention within lessons. Jeff attended 72% of the lessons. He seemed to enjoy seeing the children every week and asked to stay and listen to the lessons after his allotted lesson time. He would often get confused and have a hard time remembering what we were doing at the time.

Alicia attended 49% of the lessons. She played the violin in high school and retained all of her music reading capabilities. Before the program began she was known to not get out of bed for more than an hour at a time. Throughout the course of the program she began to stay for longer periods of time often for three to four consecutive hours. She seemed to greatly enjoy seeing the children and connecting with them through her music. She would exchange cards and gifts with them as well. Her low rate of attendance was due to her severe physical complications.

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Gerry attended 38% of the total number of lessons due to her late start. She joined the program midway through the study. Her total percentage for the second half of the study was 76%. Toward the end of the program after seeing a local school orchestra performance at the nursing home, she decided that playing the cello would be easier for her due to arthritis in her hands and shoulders, the physical limitations that resulted in her admission to the skilled nursing unit of the facility. She approached the researcher and instructor about it and it was arranged.

Tony attended 40% of the total number of lessons, and 80% of the lessons in the second half of the study. He also improved the supination of his left wrist. In order to hold the violin up it was necessary for him to supinate his left hand which was difficult at first but became markedly easier over time. He had no trouble playing the rhythms of the songs and following along with the melodies. He also expressed an interest in singing in the concerts which was arranged.

Deidre attended 68% of the lessons. She seemed to enjoy the positive experience of being part of the group and being able to have success in something that was so rewarding to her. Tom attended 72% of the lessons and was able to work independently and practice on his own. Playing the violin seemed to give him greater confidence in himself at first. He was able to learn the fingerings quickly. However, when the rest of his group did not move past the first song his progress seemed to reach a plateau. Gerard attended 80% of the lessons. He was able to sustain a steady rhythm that was unwavering. However, it may or may not have matched whatever the rest of the group was playing at the time. His enthusiasm for participating and being a part of the group were the driving factors for his high level of participation.

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Wayne attended 76% of the lessons and he adapted his playing style by putting paperclips on the violin as a physical marker to make up for his loss of vision. He played the piano prior to losing his vision and was an enthusiastic participant in the Suzuki program at the adult day care. He would often suffer depressive episodes which seemed to be as a result of focusing on his impaired abilities. The violin seemed to be a creative and expressive outlet for him as well as being something to look forward to at the daycare program. Wayne seemed to desire a greater amount of independence and the violin seemed to allow him a sense of independence as well as accomplishment.

Edna attended 88% of the lessons. She was an enthusiastic violinist and her sense of rhythm was great. She often began playing at her own tempo rather than the group tempo but was easily re-directed.

Interview Coding Data

The interview data was compiled from the five question interviews. Three main themes were mentioned by the participants in their interviews with the researcher/therapist 1) enjoyment of the program, 2) overcoming concerns and doubts they had at the beginning, and 3) physical benefits from playing the violin. There were several sub-categories under each theme that were noted as well.

The first subcategory under the enjoyment theme was interest in the children's progress. The second was enjoying seeing the children do well. The third was enjoying hearing the teacher and other professionals play. The fourth was pleasure in learning a new leisure skill to occupy the time. The fifth and last was seeing progress in themselves. The first subcategory under the second main theme of perceiving the physical benefits of the program was finger strength, the second was arm strength, and the third was stamina. The first subcategory under the third main

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theme of concerns and doubts was concern about memory, not being able to remember what was learned in lessons, and expressing disbelief, because many participants never thought that they would be able to play the violin.

Themes

Enjoyment

Under the first main theme, enjoyment, several participants mentioned looking forward to seeing the children who also participated in the program; several stated that they enjoyed the program as a way to keep themselves occupied. Others recognized and enjoyed seeing the progress being made in their own playing.

Claire, the activities coordinator and occupational therapist assistant, at the adult day care program stated that over the course of the program “The time increased for their practicing.” To her this was indicative that the participants were enjoying the time they spent playing the violin.

Deirdre stated “I love the sound and I would play all the time if I could.” This is part of a larger quote under the enjoyment theme.

When asked if he enjoyed the program Wayne stated “Yes, two thumbs up.” And that it “...was one of the best programs for teaching violin.” Wayne also stated “I never figured I would really enjoy this but, it is turning out to be really interesting.” This may have begun as a doubt which was dispelled as the program gained momentum and the participants began seeing results.

Tom gave brief answers to all of the questions asked in the interview. He stated three times that he enjoyed the program though he was not willing to elaborate on what he liked about it.

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Alicia stated “Yes, I have. I’ve enjoyed it very much, and when I miss it I get very upset with me. Even if it’s my health that’s doing it and I can’t help it I still get mad at me.”

When asked if he felt he had learned more than he would have if he had not participated in the program Tony stated “Well I say as opposed to had I not attempted to join the Suzuki’s I wouldn’t have learned anything.”

Interested in the children’s progress

Tracey stated, “I try and follow along and I’m amazed at those little kids and how well they do.”

Tony expressed a great deal of admiration for the children involved in the program. He stated “Well I thoroughly have enjoyed listening to the music, I’ve thoroughly enjoyed watching the little kids, and they’ve put me to shame.” “I mean for that young an age that they are... they do a wonderful job. I wish I could sing as good as they can play.” Tony was also an avid vocalist and would often sing along with the pieces played in lessons and in concerts.

Enjoyed seeing the children

Alicia looked forward to spending time in the violin lessons with the children. When talking about the children involved in the program Alicia stated “The ones that are home tutored. I like them very much, and I like to see them play, and they make me pictures and I’m gonna make them a craft and take it to them.”

When asked if she enjoyed seeing the children Gerry said “They’re good. I like listening to them. I happened to stay back one day and listen.” She also expressed her enjoyment at working with one of the High School volunteers to improve her playing. “The young girl who took me to [practice] it... said I’m doing pretty good. She said ‘Boy, you catch on quick.’”

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Found pleasure in learning a new leisure skill to occupy the time

When asked about if she felt the Suzuki program had increased her quality of life Tracey stated “Oh yeah, it’s so chaotic up here that... and I’m pretty good at entertaining myself, but it just gets so chaotic up here that you just need something else.”

Alice, a staff member at the adult day care, stated that “Music brings people together. I am a firm believer in that. Our program, if we didn’t have music on a day to day basis, we would be in trouble!”

Gerry said “Well it’s going pretty good for me. Because I enjoy it, it gives me something to do... Cause mostly all I do is puzzles. And that gives me something else to think about and do.” She also said “It gives me something more active to do while I’m here.”

When asked if he felt actively engaged in the program Gerard stated “Yeah, it’s given me something to think about.” He stated “It’s an alternative to boredom...I do appreciate the class... [and] the instruction. It gives us a challenge, to try to get it to come out right when I’m playing it”

Appreciated seeing progress in themselves

Tracey stated in her interview when asked if she enjoyed participating in the lessons each week, “...yeah that’s fun. And to see my progress, even though I don’t think its progress but... I did find this past week I found exactly where my elbow has to go and where my violin went and it sounded much better.”

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Deirdre stated “I can’t read, so I have to play differently than the others. I take the letters and give them numbers that I have in my head” This was under the theme of appreciating seeing progress in herself.

Gerard also stated “It gives us a challenge, to try to get it to come out right when I’m playing it.” This was a positive comment from Gerard about wanting to do better and working towards his goals. When asked for an example of something he learned Gerard stated “Well [the lessons] refresh my memory about the strings and the chords and the music... the notes... and the rhythm of the situation.”

Wayne stated that “It’s just very rewarding to hear my playing getting better and better and better as I go along, and that really makes me feel good. And of course getting my name on the front page of the paper doesn’t hurt either!” This was in reference to the newspaper article done on the Suzuki program in the local paper prior to Wayne’s interview. His observation of his progress on the violin was influential to his enjoyment of the program.

Physical Benefits

The second main theme, physical benefits, concerned the ways that the participants saw themselves benefitting physically from playing. Several participants mentioned pain reduction as well as improvement in range of motion and arm strength. The staff members that were interviewed mentioned range of motion, crossing mid-line, and finger dexterity as physical benefits of playing the violin.

Finger Strength

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Alice, a staff member working at the adult day care facility, had positive feedback for the program and its benefits on the participants. When asked if she noticed any physical changes in the participants she stated “I’ve noticed with the ones with the violin, doing the Suzuki [program], they are able to handle things [like scissors] easier.”

Arm strength

Alicia noticed improvements in her arm strength. She initiated talking about her perceptions of the physical benefits of playing the violin. She stated “It does, [it] helps me strengthen my arms.”

Gerry commented on how switching from the violin to the cello was beneficial for her. “Um I enjoy it, but I had to change to a cello, because my arm is bad and the cello is better for it.”

Stamina

Claire, the activities coordinator at the adult day care, observed physical benefits including the idea that it is beneficial to sit up straight. Holding the violin in the correct position requires sitting with healthy posture. “...people crossing mid-line you know it’s very, very prevalent in the OT world... and engaging visually, sitting, like I said, just having the correct posture instead of like leaning.” As mentioned by Claire, crossing mid-line is another natural physical benefit of playing the violin.

Alicia noted right at the beginning of her interview that she was participating in the Suzuki program for extended periods of time. When asked if she was actively involved in the program she replied, “As much as I can be. Sometimes I’m down for three hours and sometimes I’m down there for an hour. It just depends how I feel.” Later on in the interview Alicia noted an

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increase in her stamina and her ability to stay out of bed for longer amounts of time. “Well before I had Suzuki I stayed in the bed all the time. Now I get some time to get out.”

Alicia made the connection between looking forward to the intergenerational Suzuki violin lessons and the decrease in the number of times she visited the hospital. When talking about how she had frequently been on the intensive care unit of the hospital she stated “I haven’t been in a hospital in a year... Cause I have something to look forward to.”

Concerns or Doubts

The third main theme, overcoming concerns and doubts about their ability to play the violin were seeing progress in themselves, being concerned about memory loss and how it would affect their ability to play the violin, and doubting that they would ever actually be able to play the violin.

Concerns about Memory in general and not being able to remember what was learned

Tracey stated that “Well I think it’s challenging, I mean I’m a music reader, so for me to have to memorize, you know, some days it’s really good to memorize and some days it’s not...” She also expressed the concern that “I just have to remember to put my elbow on my chair [arm] rest, because I forget.”

Alicia stated that “Over the years you lose things. If you don't use the thoughts and things you lose them. And with my health, my memory goes bad. So if I don't keep up with it, my memory goes bad. For example, the other day... I had to look up... Wanted to play Mississippi Hot Dog one day, and I know it by heart, but one day I just couldn't play it. Had to look it up.”

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Gerry expressed concern that she had difficulties remembering sometimes. In reference to working with the High School volunteer Gerry said that “She was surprised what I could catch on to. But what she doesn’t know is I forget easy.” Later while demonstrating the finger positions, she stated “I really do, I forget. I know that three goes down here, but the when I push one I slide up and then when I push another one up I slide up again. That’s the part. From there I don’t know.

Gerard stated “[I find it] hard to remember the chords and the hands and the music.”

Expressing disbelief because they never thought they would be able to play the violin or doubt that they are making progress

Gerard stated “[I don’t know] ...whether or not I’m any good at it. I’m not impressed with myself, you know... I don’t think I’m doing that well, you know?” “My head tells me one thing and my arm doesn’t want to follow my instructions” This is an example of one of his doubts about being able to play the violin. When asked if the violin increased his quality of life he stated “Yeah it does. It has enhanced things a bit... [I] find it unusual that I should be playing the violin you know? Well I just you know...me playing and instrument you know? I didn’t think I had it in me really.”

Gerry expressed her disbelief in her cello sounding good when she stated “I don’t know if [my roommate] will enjoy it.”

One of Tony’s concerns was about putting his fingers in the correct positions. For example, he stated, “Well I still don’t feel like I have got the strings down, I cut the nails and that didn’t seem to help it any.”

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Wayne stated that “Well I don’t know if I would’ve even bothered learning the violin. Cause that’s an instrument I thought I could never play.” His doubt stemmed from his belief that due to his visual impairment he would be at a disadvantage when playing music.

Chapter 6: Discussion and Conclusions

This study involved a combination of older adults and young children learning together and interacting with each other in a musical environment created by the intergenerational Suzuki violin program. As the study progressed, the social aspect of this experience became the most prominent feature of the program. It was an unprecedented program facilitated by a retired professional Suzuki violin instructor and a music therapist hired to do research within the program while also helping to facilitate each violin lesson. The diverse experience of the program facilitators contributed to making this a unique experience for all involved.

Data was collected by the music therapist/researcher throughout the first year of the program. Data included attendance records, input from the occupational therapist at the facility, and one-on-one interviews with the participants and staff members involved in the program. At the end of the first year of the program all data was reviewed by the music therapist and presented to the grant committee and the nursing home administrators in the form of anecdotal reviews made by the facilitators of the program as well as participant testimonials.

The interviews were transcribed and coded by the music therapist/researcher. There were many similar observations brought up by the participants and staff, which were then made into themes by the music therapist/researcher. The themes were categorized and specific quotes were extracted from the interviews. The quotes chosen best represented each theme. Each theme found across multiple interviews was highlighted to depict the overall experience of the group of

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individuals who were interviewed separately. The quotes chosen from participant interviews best illustrated their perceptions of the program and how they were affected by it.

Based on the attendance rates and the fact that only five participants withdrew over the course of the year, it can be concluded that the program was beneficial to the participant's social and life skills. The weekly attendance percentages indicate that the participants wanted to attend and made an effort to be present at the time of the lessons. The participants experienced many benefits which are measured by the positive statements made by the participants in the interviews done at the end of the study. The coded interviews give the participants' reactions to the experiences that they had within the lessons, and with the children involved in the study. Their perceptions on how they were affected socially, physically, and emotionally are shown in the interviews.

The first research question addresses the attendance of each participant, asking how often the older adults involved in the study chooses to attend the lessons. Attendance data was converted into percentages and it was found that only two participants had attendance percentages below fifty percent. The second research question addresses the quality of life of the older adults involved. Question two asks how participating in intergenerational Suzuki lessons affects older adults' quality of life. Interviews demonstrated that participant's quality of life improved with their involvement in the program. The third research question addresses whether or not the participants' recognized the effect the lessons were having on them. This is a subjective question, and interviews showed that the participants realized the program was beneficial to them and to the other people involved. The fourth research question looks at the physical benefits of being involved in the intergeneration Suzuki violin program. There are inherent benefits in keeping active and being involved in the lessons. The physical benefits seen

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by Tracey were measured by the occupational therapist and are documented in the Case Study (see Case Study). The fifth research question asks how the participants perceived the social effects of participating in the program. This is another subjective question that is answered in the interviews done with the music therapist/researcher.

From this summary it can be concluded that the older adults involved benefitted in many ways from participating and being actively involved in the intergenerational Suzuki violin program. The participants benefitted from the music, the socialization and the positive atmosphere which was regularly presented to them when they came to lessons. They benefitted physically and mentally from being active and coming to lessons regularly.

A few limitations discovered by the researcher/music therapist during the course of this study include the duration of the study. Data was collected over a one year period. This was not a long enough data collection time due to the newness of the program. Because the program was new there were issues which needed to be worked out. This was detrimental to the data collection process because of the inconsistency which stemmed from the typical growing pains of a new program. Reliable data needs to be collected in a consistent situation in order to be accurate. In addition, the effects on the children involved were not taken into account during the data collection process. Future researchers might consider looking into the effects of a similar program on the children involved.

This research was necessary to draw attention to the importance of the social benefits of sharing common experiences with other people, particularly people who are in another generation and can provide a refreshing new perspective on life. People often become disillusioned to the simple joys of sharing music and life experience with others. Until they have

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the opportunity to interact with others who are not in that same situation, they might not be able to overcome it on their own or even be aware of it.

Myself as a participant

At the beginning of this research study I faced quite a few personal challenges that were necessary to overcome in order to best serve the participants. The first and most obvious issue is that I am not a violinist, nor have I had any prior Suzuki training. The second most prominent issue was finding a balance between what a music therapy session looks like and what a Suzuki lesson looks like. This came with integrating the older adults into a structured lesson while maintaining the dignity and respect that their years warranted. The final challenge was my ability to personally cope with the repetition of the material. Many of the older adults that were participating needed a great deal of time to become familiar with the instrument enough to move beyond the first song in the first Suzuki book. Finding a balance for the attention spans of the older adults and the need for them to be patient and listen to the children play before getting a turn to play themselves was a challenge. It required a great deal of patience on my part as well as the Suzuki instructor.

Learning how to foster interactions between the older adults and the young children was a challenge for me. It was difficult to create these interactions while making it feel natural for all those involved. I found towards the end of my study that it was best to let the interactions happen on their own, while doing my best to create an open and nurturing environment to help set the stage for these intergenerational interactions to happen organically. This began to take shape when I started framing what I was doing as community music therapy and seeing the music itself as the therapy, rather than thinking of myself as the catalyst for the therapy to center around and

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be transmitted through. I was able to see it happen in a natural way around me and become the facilitator of the music and the interactions in a less prominent or orchestrating way.

Using the Suzuki method to foster therapeutic interactions and experiences for the older adults I worked with helped me see the benefits of community music therapy. Having so many supportive people and children from the community involved in the program and caring for the older adults in the program opened my eyes to the possible benefits of community support and socialization. I felt that the pride and sense of self-worth and purpose that participants gained from their excursions into the community to perform for different church groups and community groups was incredible. They would not have had that opportunity otherwise.

Perceived effects on the children involved

This study focused on the effects of the intergenerational Suzuki violin program for the older adults involved. However, the benefits of the intergenerational experiences were not limited to the older adults. It was clear that both age groups were helping each other in different ways. One particular instance was a young boy with behavioral challenges who consistently teased the other children during lessons, but showed more respect for the older adults and responded to them when they told him what he was doing was not appropriate. When he was in lessons with the older adults his behavior changed dramatically. It was unclear whether his behavior changed because the older adults were positive role models or if it was due to the boundaries they set for him. However, his behavior was markedly different when in lessons with them versus in lessons with other children. This is an opportunity for additional research, because this study focuses mainly on the effects of the program on the older adults and does not look at how the children involved in the study were also affected by this experience. It seemed

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obvious to all involved that the children were affected in one way or another though it was not documented in this study.

Implications

The implications of the literature review are that there is ample opportunity and a great need for additional research in this area. It is shown that all ages are affected by music and so combining different age groups in an intergenerational social experience might be a new avenue to explore based on this research. The music therapy field might use this information in a practical way by applying this knowledge to the social goals utilized in therapy. The social aspect of a musical experience is unique and not replicated in any other setting which adds to the power that music has and its influence on us socially.

Appendix I
Resident Questionnaire:
For the Suzuki Violin Program

- 1) Will you please describe for me how you have felt more engaged at Lutheran since beginning the Suzuki Violin program?
- 2) Will you please tell me about one thing that you have enjoyed the most about the Suzuki Violin program?
- 3) Will you please tell me one thing that you have found to be challenging about the program?
- 4) How has the program changed your life here at Lutheran?
- 5) Do you have any other comments about the Suzuki Violin Program itself?

Appendix II
Staff/Family Questionnaire:
For the Suzuki Violin Program

- 1) Will you please describe any noticeable changes in the participant that you attribute to their engagement in the Suzuki Violin Program?
- 2) What are some of the comments (positive or negative) that you have heard from the participant?
- 3) What are some of the other programs that your family member or patient has been going to that they did not participate in before the Suzuki program, if any?
- 4) Describe any noticeable changes in your family member/patient's affect since beginning the Suzuki program.
- 5) What are some physical changes (positive or negative) that you have noticed in the participant?

**Appendix III
Consent Form**

Participant Name: _____ ID#: _____

Consent to Participate Form

Signing your name below indicates that you have read and understand the contents of this consent form and that you agree to voluntarily participate in this study. A copy of this signed consent form will be given to you.

In agreeing to participate I am agreeing to allow the researcher access to my files at Lutheran Social Services as well as allowing the researcher to interview me about my participation in the Suzuki Violin Program.

In addition I give you permission to interview _____ to provide more information.

Participant's Name (please print)

Participant's Signature

My signature on the line above indicates my agreement to participate in the study. My writing the word "NO" in the line above means I do not agree.

Principal Investigator's Name (please print)

Principal Investigator's Signature

Appendix IV
Letter of introduction:

Read to participant prior to interviewing

Dear _____,

As you may know I am going to school at SUNY Fredonia for my Masters in Music Therapy. In conjunction with my schoolwork I am doing research for my thesis. I was wondering if you would be interested in being a part of my study. You will be asked to participate in two half hour interviews, one during week 13 of the program and one during week 24. During these interviews you will be asked by me to answer five questions about the Suzuki Violin program that you have been participating in. If you choose to participate all of your information will be kept confidential and your answers will not affect your relationship with me or with anyone else involved in the program. You will be able to choose a pseudonym that will be used for the purposes of the study and the information that I collect will be stored here at Lutheran in a locked file for three years and then destroyed. Thank you for your help in making this program a successful endeavor.

Sincerely,

Sarah Kelso, MT-BC

Appendix V
Letter of introduction:
Read to staff before interviewing

Dear _____,

As you may know I am going to school at SUNY Fredonia for my Masters in Music Therapy. In conjunction with my schoolwork I am doing research for my thesis. You were recommended by _____ to be a part of my study. You will be asked to participate in two half hour interviews, one during week 13 of the program and one during week 24. During these interviews you will be asked by me to answer five questions about your perceptions of _____'s involvement in the Suzuki Violin program. If you choose to participate all of your information will be kept confidential and your answers will not affect your relationship with me or with anyone else involved in the program. You will be able to choose a pseudonym that will be used for the purposes of the study and the information that I collect will be stored here at Lutheran in a locked file for three years and then destroyed. Thank you for your help in making this program a successful endeavor.

Sincerely,

Sarah Kelso, MT-BC

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