An Examination of Age Labels in Music Related Dissertations and Theses: 2009-2016

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The life expectancy rate of advanced age individuals has increased dramatically in recent years, creating a greater need for research topics related to this segment of the population. Smith (2009) completed a content analysis of the use of age labels describing this advanced age group using dissertations and theses produced between 1983 and 2008. This current investigation replicated the process used in the earlier study using dissertations and theses completed between 2009 and 2016. The same search procedure, inclusion criteria, and analysis protocol was used, in order to be able to evaluate changes which may have occurred over time. A keyword search of the ProQuest Dissertations and Theses Global database using the search terms “music and older adult,” “music and elderly,” “music and senior citizen,” and “music and well-elderly” resulted in 90 documents. 33 documents met the inclusion criteria of: (1) only research with human participants; (2) only research related to music education, psychology, or therapy issues; and (3) both an abstract and a full-text document had to be available online through the ProQuest Dissertations and Theses Global database. Data, in the form of age labels, age ranges, age definitions, participant descriptions, and research locations were collected from each of the documents, and were examined for their consistency of use within the 2009-2016 period, as well as between the two time periods. Within the current time period, the age label “older adult” was the most frequently used term, appearing in all of the documents. Reporting age ranges in the
documents was inconsistent, and precise definitions of age labels were not given, but health-related descriptions of participants were included in most documents. Comparisons between the two time periods indicated a trend toward increased research with advanced age individuals as participants, particularly in music therapy and music psychology related topics, and an increased use of 65 years of age as an inclusion criterion. The use of multiple labels for segments of the older population was minimal in both time periods. Future investigations were recommended to expand the scope of research to journal publications, and academic documents outside of the United States.
DEDICATION

To my son Ranier Maxwell Ross.

Max, my angel, I made a promise to you that I would finish my master’s
the day I lost you. I miss you everyday.

~ Love, Mom ~
ACKNOWLEDGMENTS

I would like to thank my family. To my mother, Denice Jackson, thank you for being an example of a strong woman for me and my siblings to follow. Your perseverance and willpower to overcome so many obstacles in your life helped me to sustain my focus. You are my rock. My sister, DeniceNicole Jackson, I appreciate you never sugarcoating what I needed to hear. You are there when I need someone to really hear me out and you truly encourage me. My brother, Gary, thank you for accepting me for who I am, never being judgmental. You empower me to be the greatest for myself and no one else. My sister, Lashawnda, thank you for being my support system when I am in need of a little help.

To my best friends Valenta Bedford, Alex Matthews, and Mona Saini, M.D. Each of you women ground me. You keep me centered when I feel lost. Thank you for your continued guidance, love and support in my life.

To my professors, Dr. David Smith, Professor Edward Roth, and Dr. Kenneth Smith. Thank you not only for being my committee members and helping me through this thesis process, but for assisting me in my educational journey. It is through your guidance that I continue to spread my wealth of knowledge.

Phillicia Jackson
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INTRODUCTION

Statement of the Problem

The purpose of this investigation was to examine how aging is characterized in dissertations and theses related to music education, music psychology and music therapy between the years 2009 and 2016. It extends a line of investigation begun by Smith (2009), who conducted an examination of this literature for the years 1983 through 2008.

Rationale for the Research

It is well known that the rate of the older population has been increasing dramatically over the years. According to the United Nations World Population Ageing Report the number of people over the age of 60 has increased to “1 in 8 people worldwide” (p. 3). However, the number of people aging 80 and over “are growing even faster than the number of older persons overall” (p. 2). Due to these statistics it has become increasingly important to do more research on older persons. Some individuals of advanced age need assistance in various areas that differ from the younger population such as health care, recreation, psychosocial, and educational needs. Therefore, data and research about aging are needed in order for professionals to be prepared for the extensive mortality rate of the world’s population. In addition to the overarching question of what is aging, researchers worldwide have yet to agree on a uniform set of age labels and age ranges to describe individuals of advanced age. This may not seem of great importance, but without agreeing on these points, generalization of findings becomes more problematic. These types of issues are particularly well suited to address during advanced training, especially with individuals who are producing dissertations or theses.
Dissertations and theses represent high levels of academic competence, and are often more comprehensive in nature than post graduate research investigations. Because the individuals writing these documents are being trained in how to conduct research, the documents they produce should be highly accurate, not only in terms of the subject matter, but also the research process itself. Consequently, examining dissertations and theses may give a view of the current state of any particular component of the research process itself.

Researchers such as Smith (2009) have begun to address this topic in dissertations and theses. His examination of music education, music therapy and music psychology related dissertations and theses completed between the years of 1998 and 2008, found “definitions of age labels were included in just over half of the documents” (p. 10). In the same study, many researchers did not describe the ages of the subjects participating in experiments. Kellmann (1984), a dissertation author, gives an example of this when he says, “The terms older adult, older person, older learner, older citizen, senior citizen, senior adult, aging citizen, the aged, the aging, aging adult, and the elderly will, unless otherwise stated, be synonymous” (Kellmann, 1984, p. 11). Statements of this sort make generalization of findings difficult. Continuing Smith’s (2009) work by analyzing dissertations and theses between 2009 and 2016 may help determine whether there has been a change in this practice, or whether recent authors have become more precise in characterizing aging labels and ages of participants.
LITERATURE REVIEW

In order to further develop Smith’s (2009) research, the definition of both age labels and age ranges need to be stated within each article investigated, first starting with general definitions for age and related keywords, such as old, elderly, well-elderly, and senior. According to the English Oxford Living Dictionary, age is defined as “the length of time that a person has lived or a thing has existed,” it determines a “particular stage in someone’s life” and is the “state of being old” (p. 1). Old is defined as “having lived for a long time,” “no longer young” (p. 1). The definition of elder is “a person who is older than one by a specified length of time” (p. 2). When looking at the definition of well in context of the word elderly it is defined as “in a good or satisfactorily way” or “to a great extent or degree” (pp. 1-2). Lastly, senior is defined to be “of or for older more experienced people” (p. 1). After researching articles and discovering what age labels are used, age ranges can also be determined to further explain the researcher’s definition of the older population he or she is collecting data from.

Age Label Definitions

According to the Older Americans Month: May 2017- Census Bureau and An Aging World- 2015 Census Bureau, globally, older individuals are commonly labeled as being in the age range of 65 and older. However, some researchers recommend using smaller intervals of time, with additional labels such as “early old (65-74), advanced old age (75 and up), and well-elderly (needing little to no assistance)” (Prickett, 2003, p. 60). Creech, Hallam, McQueen, and Varvarigou (2013) believe that providing a definition for older adults is essential and defines them as having “third and fourth ages” (p. 88). The third phase includes adults between the ages
of 50 and 75 while the fourth phase includes adults 75 and older. This shows that even those researchers that have begun to give definitions for older adults are not coming to a uniform decision as to what the definition should be. Nevertheless, there is definitely a need for more researchers to push for this conversation of having a more universal definition. Including a definition of behaviors and characteristics in addition to the age range for any age based label would help readers to be able to more effectively compare results between studies with the same definition.

**Older Adult**

Janowitz (1986) uses multiple labels to describe individuals of advanced age, and defines an older adult as the “young old” further explaining that “the young-old are distinguished from the middle-aged primarily by retirement, and distinguished from the old-old by continued vigor and active social involvement” (p. 19). Her study included individuals between the ages 61-86, which she included in her definition of older adult.

In Hirokowa’s (2004) dissertation, some subjects included in the study were considered older adults in the title while other subjects were recognized as adolescents. Older individuals were asked to participate with the minimum age of 65; however, the actual age range of the older participants was from 66 to 83. Hirokawa (2004) only included adults in this study who were defined as socially active older adults. She defined socially active older adults as “persons who participated weekly in at least 3 social activities that are indicated in the social activities questionnaire” (p. 112). Operationalizing the term “socially active older adults” helped to clarify the types of participants who were recruited for the study. That being the case, Hirokawa failed to include individuals with dementia in this study, showing that she meant the term “older adults” to relate to individuals with more of a typical cognitive state.
Yinger (2014) conducted an evidence-based qualitative study focused on creating adaptations for older adults singing in a choir. The term “older adult” was defined as being “those over age 65” (Yinger, 2014, p. 203). More specifically these adults had been diagnosed with Parkinson’s Disease (PD). It is important to include information about any physical impairments of participants in addition to being “older adult,” so as not to confuse them with the label of “well-elderly” adults.

You Lee Sun’s (2012) study looks at “The effect of MT interventions to increase the psychosocial well-being of older adults living in independent and assisted living communities.” Twenty-one participants were included in this study, 11 from an assisted living facility, and 10 from an independent living area. Adults were at least 60 years old and able to participate in the music therapy interventions. Participants also had decent sight, hearing, and no dementia. While definitions related to psychosocial well-being were adequately explained, the term “older adult” was not. With only the minimum age range specified, readers may be unable to generalize findings.

In some studies, researchers give little to no definition of what their age-label is. For instance, Mammarella, Fairfield, and Cornoldi (2007) examined the cognitive performance in healthy older adults using the “Vivaldi effect.” Within this experimental study there was no definition of the term “older adult” nor of the term “healthy older adult,” or what this person looks like. The article, however, does state that the older adults ages ranged between 73 and 86 years of age with a mean of 81. The age range gives a more specific grouping of people than previous studies.

Hamburg and Clair (2003) looked at the effects of a movement with music program on measures of balance and gait speed in healthy older adults. They too did not include a definition
for what the terms “healthy older adult” and “older adult” were. This would seem to be especially important to discuss the health of the participants they have included, when looking for elements of “physical flexibility, balance, and gait speed” because the health of the older population is under a range of capabilities (Hamburg & Clair, 2003).

**Senior Citizen**

When examining research in the physical category, Lehmberg and Fung (2010) reviewed several articles that described participants as “senior citizens” who “regardless of their health conditions” felt that the music helped them feel more youthful (p. 21). The ages within these articles varied, stating participants were 65 and up, 60 to 98 years old, 52 to 68 years old and 60 to 81 years old. That section of their review also included studies with participants aging from 24 to 94 (mean 51) and 18 to 76 (mean 40.8) (Lehmberg & Fung 2010). The wide span of ages in these groups, and the mean ages in the traditionally middle age ranges, does little to support their position that recreational music does in fact reduce stress in senior citizens or older adults.

Gembris (2008) acknowledges that the definition of the phrase “third age” varies amongst different studies and defines it in his study as “the period of life after retirement without definition of an upper age-limit” (p. 103). Information for his study of musical activities in the “third age” was obtained from questionnaires sent out to 46 senior ensembles. Within the 308 responses, Gembris (2008) notes that study participants were 40 to 97 years of age with the average participant being 71 years of age. Some of the restrictions that participants stated in the questionnaires were issues with gross and fine motor movements, mobility restrictions in upper extremities, increased weakness, breathing issues, and heart issues. The broad age range is an issue here because it conflicts with other researchers’ definitions of what a senior is, which
would seem to contradict the intent of the study. However, that may be indicative of the membership of musical ensembles, in which individuals of all ages make music together.

**Elderly**

The term “elderly” was used to describe participants in several articles. Nesovic (2011) carried out interventions for subjects who were “elderly” and had mild cognitive impairments. Individuals were included in the study if they were a minimum of 65 years old. The subject’s average age was 80 years old. Nesovic chose that age range based on the retirement age in the United States, which according to social security data in 2011 began at the age of 65.

Bruhn (2002) looked at a collection of studies to describe the musical development of the elderly. The article does not make any references in regards to ages or age ranges in general, but it does state ages in regards to hearing loss occurring as early as the age of 50, and elderly individuals usually begin to slow down their tempo at the age of 60. These examples show that Bruhn is defining elderly persons based on their physical capabilities when playing music.

**Well-Elderly**

Some researchers define their subjects as “well-elderly” individuals. Bugos (2004) describes her subjects in her study as “well-elderly” with ages ranging from 60-85. She starts the age range at the minimum of 60 based on previous research she includes in her study, such as *The Older Americans Act* (PL 102-375), and the Hooyman and Kiyak (2002) article on “mild age-related memory loss” (Bugos, 2004, p. 5).

Winston (2007) collects data on an intergenerational study looking at the effects a group of elementary school girls and an elderly group (50-76 years old) of students have on each other socially and musically. The article describes the older group as well-elderly “persons who live
independently with little to no assistance and who have few or no physical or cognitive challenges” (p. 9).

Theories of Aging

To better distinguish the type of aging an individual is experiencing it is essential to look at some of the theories researchers have devised for the aging process. This is important because there are many ways people age and according to several recent documents, though age labels are becoming more unified, age ranges are more diversified amongst older individuals. For the purpose of this content analysis biological, cognitive and chronological aging will be briefly examined.

Biological

Jin (2010) describes the modern biological theories of aging as having several parts. He explains how there are several theories amongst biological aging. These theories are: (1) Programmed Longevity, (2) Endocrine Theory, (3) Immunological Theory, and (4) Damaged Theory. Overall these studies talk about the internal or external breakdown of DNA caused by either environmental elements, or genetics. (Jin, 2010).

Psychological

Schroots (1996) describes the different theories of psychological aging. These theories are classified under classical, modern, and new theories. However, for the purpose of this study the classical theories will only be discussed. Within the classical theory are sub areas. One of the classical theories is Developmental Task/Activity Theory which states how at some point in an individual’s lifetime he or she will run into a “developmental task” that must be completed (Schroots, 1996). If individuals succeed at the task they will experience happiness and continue to such achievements in the future, but if they fail they will become unhappy which leads to
future failures. Psychosocial Theory of Personality Development is another classical theory, and it explains how the success or failure of a developmental task eventually shapes your personality at different stages of life. The Counterpart Theory is described as individuals expressing themselves through certain motivational, cognitive, and emotional behaviors that are learned through “early experiences” so that he or she can cope with present day situations that will hopefully lead them to living a longer life. Personality theory of age and aging also has two parts. The first part focuses on life experiences and how positive experiences (i.e., wedding, graduation, parenting) and negative experiences (i.e., tragedies, car accident, death or loss) shape a person’s personality. The second part discusses the adaptation of a person’s personality of these experiences especially the negative ones (Schroots, 1996).

**Sociological**

The Disengagement Theory states that as people age they become anti-social and begin withdrawing from society around them (VickyRN, 2009). Activity Theory explains how people of advanced age need to find a new sense of themselves and how they fit in their society (VickyRN, 2009). Continuity Theory states that basic principles of a person such as their morals, ethics, personality, etc., do not change as individuals get older (VickyRN, 2009).

**Professions**

**Music Therapy**

Music therapists are looking for clinical experiences to help older persons function in psychological, social, physical, and cognitive areas. Therapists working with advanced age individuals work in a variety of settings, from rehabilitation centers, nursing homes, senior centers, and hospices to adult foster care homes. Music therapists have a range of clinical experiences for older persons such as holistic pain management, being the bridge for social
interaction amongst the client to his or her family, engagement in motor functions, and a means for expression (AMTA, 2006).

**Music Education**

Researchers in the music education field have found that music improves psychological, physical and sociological areas of the advanced age adult improving their overall quality of life (Lehmberg & Fung, 2010). When older individuals 65+ involve themselves in musical activities it helps them to improve their overall physical well-being no matter what state of well-being they are in (Lehmberg & Fung, 2010). When adults grow older they go through another stage in life with an “empty nest” and even during retirement many are trying to understand their place in life again. Music helps fulfill this psychological and sociological area of one’s life by being that bridge to increased socialization, expression, and overall happiness with one’s life.

**Music Psychology**

According to Laukka (2006), the psychology of music is being studied to investigate the well-being of the older individual. While not considered a profession, similar to music education or music therapy, the term is used to describe investigations conducted by individuals from a variety of health-related professions who share similar interests. Examples of research in this area relate to the use of music to regulate moods, increase positive emotions and relaxation. Many advanced age individuals experience depression and other mental health issues as they are dealing with physical changes to their bodies, minds, and even their livelihood. It is important that researchers continue to seek ways that music can assist in mental health for this age group (Laukka, 2006).
Research Questions

1. Is there consistency between age labels, age label definitions, participant descriptions and participant age ranges in music education, music psychology, and music therapy related dissertations and theses between 2009 and 2016?

2. Have there been changes in the use of age labels, age label definitions, participant descriptions and participant age ranges between the 1983-2008 and 2009-2016 investigations?
METHOD

This study examined age related variables in dissertations and theses in music therapy, music education and music psychology subject areas. Since it extends the work of Smith (2009), the same methodology was used. A keyword search of the ProQuest Dissertations and Theses Global database was conducted using the phrases “music and older adult,” “music and elderly,” “music and senior citizen,” and “music and well-elderly.” These four keywords were the most frequently found in the previous investigation. The search was limited to documents completed during the 2009-2016 time period, and resulted in 90 documents.

As in the Smith (2009) study, inclusion criteria were the following: (1) research had to involve human participants; (2) research had to be related to music education, psychology, or therapy issues; and (3) both an abstract and a full-text document had to be available online through the ProQuest Dissertations and Theses Global database. Abstracts of the 90 documents produced by the 4 keyword searches were examined for the inclusion criteria, and if that it wasn’t available there, the entire document was accessed and examined. Documents which met these criteria were further evaluated for the target variables (age labels, age label definitions, participant descriptions, and participant age ranges). After following this procedure on each document in the search outcome, 57 of the documents were excluded (see Appendix A), leaving a total of 33 documents (25 dissertations and 8 theses), which met the criteria for inclusion, and provided the data pool for this investigation.

Summary information about each target variable was collected from each of the 33 documents by the researcher, and entered in the data spreadsheet, using the same format as the
previous investigation (Smith, 2009). Each dissertation and thesis document was assigned one row in the spreadsheet, and the following information from each document was entered into respective columns: (1) the author’s name and date, (2) abbreviation of the age label used, (3) location in the article, (4) an age range if available, (5) the area of specialization (education, psychology, therapy), (6) a description of participants, and (7) if the age label was defined in the article that description was also included.

An external reviewer conducted an independent analysis of 25% of the data pool, initially identifying whether the documents met the inclusion criteria, then collecting information concerning the target variables for those that were included in the pool. Reliability between the researcher and external reviewer was 87%, and rose to 95% after discussing differences. This was considered satisfactory, and no additional reliability checks were conducted.

Quantitative data were calculated for the following variables: date of publication, abbreviation of age label used, location of age label in the article, age range, area of specialization. Content analysis was conducted on the qualitative data: descriptions of participants, and age label descriptions. Data were then examined for internal consistency and compared to the previous investigation (Smith, 2009).
RESULTS

This study is an extension of a 2009 investigation into the use of age labels and ranges for individuals of advanced age. Smith (2009) investigated dissertations and theses related to music education, music psychology and music therapy, in a 25-year time span (1983-2008), identifying four most commonly used labels (older adult, elderly, senior citizen and well-elderly), which were applied to research participants aged 50 years and older. The data collection and analysis process for this 2009-2016 extension was identical to that used in the 1983-2008 investigation. In this section, data from the current study is presented first, then comparisons between the original and extension study are considered.

A keyword search of the ProQuest Dissertations and Theses Global database was conducted of documents between the years of 2009-2016, using the following terms: “music and older adult,” “music and elderly,” “music and senior citizen,” and “music and well-elderly.” This resulted in a total of 86 documents. After following the procedure outlined in the method section to determine eligibility for inclusion in this investigation, 57 of the documents were excluded, leaving a total of 33 documents (25 dissertations and 8 theses) which met the criteria for inclusion. The authors, document titles and years are included in Table 1.

All of the documents that met inclusion criteria presented the keyword “older adult” in either the title or abstract of the documents, indicating that “older adult” is the more favored term to describe individuals of advanced age in this sample of documents. Additionally, 3 of the documents used keywords, with Johnson (2015) using “older person” in the title and “older adult” in the abstract, Bolton (2016) using “elderly adult” in the title, and “older adult” and
“elderly person” in the abstract, and Owenby (2015) using “older adult” in the title and “well-elderly” in the abstract. There were no “senior citizen” labels found in any of the documents.

Table 1

*Author Names, Document Titles and Years Completed of Dissertations and Theses by Areas of Specialization*

<table>
<thead>
<tr>
<th>Type</th>
<th>Year</th>
<th>Author</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dissertation</td>
<td>2009</td>
<td>Belgrave</td>
<td>The effect of a music therapy intergenerational program on children and older adults' intergenerational interactions, cross-age attitudes, and older adults' psychosocial well-being</td>
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<td>Dissertation</td>
<td>2009</td>
<td>Yamada</td>
<td>The effect of patterned sensory enhancement on exercise adherence in older adults</td>
</tr>
<tr>
<td>Dissertation</td>
<td>2010</td>
<td>Metzler</td>
<td>Bimanual skill acquisition: Modulation by sex, aging, and auditory feedback</td>
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<tr>
<td>Dissertation</td>
<td>2010</td>
<td>Moore</td>
<td>Familiar physical activity to familiar music: The effects on apathy, agitation, eating ability, and dietary intake in institutionalized older adults with dementia</td>
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<td>Dissertation</td>
<td>2011</td>
<td>Nishikawa</td>
<td>The effect of rhythmic auditory stimulation on gait characteristics and walking distance in older adults with dementia</td>
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<td>The effect of lifelong musicianship on age-related changes in auditory processing</td>
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<td>Autobiographical memory retrieval to musical cues in healthy older adults</td>
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<td>Dissertation</td>
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<td>A description of older adults' participation in a technology-based piano program and their musical skill development, perceptions of personal fulfillment, and attitudes toward music learning</td>
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<td>2012</td>
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<td>The effect of music therapy interventions to increase the psychosocial well-being of older adults living in independent and assisted living communities</td>
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<td>Murphy</td>
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<td>Teaching music with keyboard improvisation: A pedagogical Journey Involving four older adults</td>
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<td>Dissertation</td>
<td>2016</td>
<td>Bolton</td>
<td>The effects and comparisons of receptive live music listening and expressive music making on mood with elderly adults in a congregate residential setting</td>
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<td>2016</td>
<td>Chen</td>
<td>Exploring the feasibility of group musical dual-task training in community-dwelling older adults who have concerns about falls</td>
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Table 1—Continued
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<td>The effect of a music-movement intervention on arousal and cognitive flexibility in older adults with and without mild neurocognitive disorder</td>
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<td>Music therapy, pain, and anxiety in short-term adult inpatient orthopedic rehabilitation: A randomized controlled trial</td>
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<td>Bowden</td>
<td>The effect of live versus recorded music during mealtimes on the nutritional intake of older adults in an assisted living facility</td>
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**Location**

The location where the research was conducted was mentioned in Smith’s article and was also collected for this study (see Table 2). This information was collected by looking at the geographic location where the study was conducted, where the data were collected (i.e., retirement home in Florida), and if not stated in the article then was assumed (11 documents) by Table 2.
### Originating Institution by Dissertation and Thesis and Area of Specialization

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<th>D – MP</th>
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**Note.** D – ME (Dissertation - Music Education); D – MT (Dissertation - Music Therapy); D – MP (Dissertation - Music Psychology); T – ME (Thesis - Music Education); T – MT (Thesis - Music Therapy); T – MP (Thesis - Music Psychology)
the location of the originating institution for which the dissertation or thesis was written. It was noticed that the majority of the studies took place domestically (30 documents) in the United States while 3 documents were produced internationally in countries such as Italy (1) and Canada (2). The study conducted in Italy was for a university in the United Kingdom (see Table 2).

The breakdown for the domestic documents is as follows: Florida State University produced the most MT documents (6) and 1 ME document, University of Kansas 3 MT and 1 MP, Arizona State 2 MT, Adler School of professional Psychology 1 MP, Boston University 1 ME and 1 MT, Illinois State University 1 MT, Lesley University 1 MP, Molloy College 1 MT, New York University 1 ME, Pennsylvania State University 1 ME, Southern Illinois University 1 MP, Temple University 1 MP, University of Massachusetts 1 MT, University of Miami 1 MT, University of North Carolina 1 MP, University of Tennessee 1 MP, University of Texas 1 MP, University of Washington 1 MT, William Patterson University 1 MT.

International data includes University of Toronto (CA) 1 ME and 1 MP, Canterbury Christ Church University (UK) 1 MT, and University of Lethbridge (CA) 1 MP.

**Age Ranges**

Collecting age related data allowed comparisons on the similarities and differences of the age ranges used in recent research for older individuals. Looking at this data shows what researchers mean age-wise when they use the term “older adult” or “elderly.”

A variety of ages were associated with advanced age labels in the 33 documents. The majority of documents listed 65 years of age as a criterion for eligibility to participate; consequently, the minimum age at which an advanced age label was appropriate. The minimum age of 65 was mentioned in 11 documents, 60 in 5 documents, both 55 in 5 documents, and 58, 61, 63, 64, 65, 70, 73, 75, 76 were found in 1 document each. Three documents did not report
one specific age, but reported the average ages of the participants instead. Belgrave (2009) gave an average for the experimental group (84.23) and the control group (85.27). Ford (2012) described participants as having an average of 75 years, and Dyer (2016) reported participants as being an average of 45 years. In 1 of the documents, Mitak (2012) described an age range of (<65), (65-74), and (75-85) years. Out of the 33 documents only 15 studies actually provided a specific age criteria for participants to meet, while 19 studies simply reported the ages of the participants.

**Age Label Definitions and Participant Descriptors**

Not all of the documents that met inclusion criteria contained a definition of the age label, but those that did, included this information in the methodology section of the study. The definitions helped to distinguish what researchers are basing the age labels and age ranges on.

In 15 of the 33 studies, participants were described according to certain health requirements. Of those 15 studies, 8 required a certain cognition level, 4 were related to other health factors, and 3 required both a cognition level and other health requirements to be included in the study. The remainder of those studies cited focused on just health requirements. The 7 other studies did not use a health component for the definition of their older participants. 4 of those studies used the phrase “retirement age” or “living in a retirement facility/ home” as a definition of the type of participants that was included in the study, and 3 documents described participants as having advanced musicianship or being a community musician. Twelve of the total 33 documents did not provide operational definitions of the selected age label.

**Publication Dates**

Figure 1 displays the dissertation and thesis publication dates by year. The date of publications in the current study were: 2009 (3), 2010 (3), 2011 (3) 2012 (3), 2013 (8), 2014 (2),
2015 (6), and 2016 (5). The year 2013 had the most documents produced (8), while 2015 (6) and 2016 (5) came after.

Figure 1. Year of publication.

Age Comparisons

There were at least 2 different age groups being compared in 7 of the investigations. In most cases, younger generations, from teenagers to young adults, comprised one of the comparison groups in each study (see Figure 2).
Research Question #1

Is there consistency between age labels, age label definitions, participant descriptions and participant age ranges in music education, music psychology, and music therapy related dissertations and theses between 2009 and 2016?

- There appeared to be a consistent use of age labels within and between most of the documents, except for those 3 documents previously mentioned that used multiple age labels in various parts of the manuscript: Johnson (2015) used OP in the title and OA in the abstract; Bolton (2015) used EA in the title then OA and EP in the abstract; and Owenby (2015) used OA in the title and WE in the abstract.

- A little less than a quarter of the documents were found to be intergenerational in nature. In 2 of the 7 intergenerational studies the titles were clear in describing that both younger and older adults were included in these studies. Belgrave (2009) used the word “intergenerational” while Mairal (2015) used the phrase “young adult.”
However, 3 of the documents gave no hint of the study being intergenerational in the title, and 2 of the documents did not use language that described the approximate age of the participants, but they did use other keywords; Parks (2013) used the word “lifespan” and Zendel (2011) used “lifelong.”

- As compared to the use of age labels, there appeared to be less consistency in the way participants were described between the studies. Documents described participants as “older adults” in 15 studies, “participants” in 13 studies, “adults” in 3, and descriptors of “older females,” “active musicians,” “elderly adults,” “retired or living in a retirement community,” “healthy and/or with Alzheimer’s/ Dementia” in the 3 remaining studies.

- The minimum age of participants across studies varied from 55 to 76, with 11 documents reporting 65 as the minimum age of participants, 60 in 5 others, 55 in 5 others and 58, 61, 63, 64, 65, 70, 73, 75, 76 in the 9 remaining documents.

- 9 documents included age ranges with a minimum and a maximum age. Those age ranges were as follows: 55-92 in Murphy (2013), 55-94 in Tomaselli (2014), 55-95 in Metzler (2010), 58-91 in Zendel (2011), 65-84 in Dachinger (2016), 65-92 in Parks (2013), 73-95 in Leonard (2014), and 76-101 in Stewart (2013). Of the 9 documents with age ranges 1 document by Mitak (2012) described its minimum as less than the age given and gave multiple age ranges(<65), (65-74), and (75-85)). In 3 of the documents averages were given: 84.23 experimental group and 85.27 control group in Belgrave (2009), 75 in Ford (2012) and Dyer 45 in (2016).
**Research Question #2**

Have there been changes in the use of age labels, age label definitions, participant descriptions and participant age ranges between the 1983-2008 and 2009-2016 investigations?

- The total number of documents produced has increased from 24 documents in a 25-year time period, to 33 documents, in an 8-year period.
- The number of documents evaluated within each decade increased in the 1983-2008 investigation - 5 in 1980’S, 7 in 1990’S, 12 in 2000’s. This trend has continued somewhat in the current study, with later years producing more documents than earlier ones - 2009 (3), 2010 (3), 2011 (3) 2012 (3), 2013 (8), 2014 (2), 2015 (6), and 2016 (5).
- There is a definite difference in the number of documents within the areas of specialization between the two time periods. The earlier investigation included 15 music education, 6 music therapy, and 3 music psychology documents, while the current study found 5 music education, 18 music therapy, and 10 music psychology documents.
- The term “older adult” has gone from being one of 9 labels used, and appearing in over half of the documents, to being one of only 3 terms used, and the only one to appear in all of the documents.
- While the earlier investigation saw a variety of definitions given for age labels, ranging from previous research studies, to governmental, AARP, and even trailer park owner mandates, the present investigation found a greater number of documents using health related definitions, with an occasional social security and national retirement age.
• In the previous investigation, some of the participant descriptors included individuals who were part of a group or organization, such as New Horizon’s Bands, Senior Centers, or specific therapy groups. In the recent investigation, greater numbers of studies described participants in health-related terms.

• Of those that reported age ranges, the ages of the youngest and oldest participants was similar between the two investigations. The youngest participants of the advanced age groups were in their “50’s and 60’s” and the oldest participants were in their 80’s and 90’s.
DISCUSSION

The purpose of this study was to examine how aging is characterized in dissertations and theses related to music education, music psychology, and music therapy between the years of 2009 and 2016. It extends a line of investigation begun by Smith (2009) who conducted an examination of this literature for the years 1983 through 2008. Data were collected from 33 documents which met the inclusion criteria of the earlier study, Comparisons between the two time periods were made in the following areas: (1) publication dates, (2) age labels, (3) age label locations in the document, (4) age label definitions/ participant descriptions, and (5) age comparisons. After examining that information, the research questions were answered.

Analyzing the data to answer research question 1 proved to be somewhat challenging. Documents required searching multiple times to collect the information that was required to make the determination of consistency. Even then, not all documents contained adequate information about some of the target variables (age labels, age labels definitions, participant descriptions and participant age ranges). Nevertheless, it seems evident from the data that terms used to describe participants, the minimum age of participants, and age ranges were not consistently used, and that age labels were very consistently used in dissertations and theses during this time period.

Comparisons between the 2009-2016 (see Appendix B) and 1983-2008 (see Appendix C) data spreadsheets revealed the following changes: the use of the term “older adult” to describe individuals of advanced age, from one of 9 labels used, to being the only label used in all documents; and an increase in the number of dissertations and theses that met the inclusion
criteria, from 24 in 25 years to 33 in 8 years. While target variable definitions in the initial investigation weren’t fully operationalized, the 1983-2008 data spreadsheet served as a model for data collection in the current study. In most cases this appeared to be sufficient, but in the case of age label definitions, it wasn’t clear if the definition defined the age label used in the study, or if it was included in the Introduction or Related Literature sections of the document to provide context. Consequently, it’s difficult to know if the lack of age label definitions found in the 2009-2016 documents is accurate.

Even though the age label “older adult” was used in all of the dissertation and thesis research, it’s possible that it’s being used as a generic label, instead of defining a particular type of individual. That could be the reason why a definition of “older adult” was only found in 1 document. The term “older adult,” like the age of 65, seems to have become the default age label and age of onset to describe advanced age. This is also the recommended term in the most recent APA Publication Manual for individuals of advanced age (APA, 2001). It may be possible that researchers have begun to comply with the APA Publication Manual guidelines; however, another guideline, to use combination terms such as young-old, old-old, very-old, and oldest-old, found in the APA Publication Manual (2001, p. 76) and also in Prickett (2003), was scarcely used in the 2009-2016 documents.

From the data of this study, it appears that more important than the age label is the participant descriptor. A descriptor such as “a healthy participant with no cognition issues” provides more information than “older adult,” although it is still general in nature, and leaves questions as to how healthy the participant needs to be. Describing someone as healthy leaves questions about the range of functioning that a person exhibits, because healthy participants in one study cannot be assumed to have the same level of health as healthy participants in another
study. The same could be said for variables such as cognition and mobility as well. It’s vital that researchers fully operationalize such terms to allow for generalizability and replication.

In the current investigation, the research protocol involved checking for the age labels first in the title, then in the abstract, and finally in the full document. Following this process resulted in finding all of the necessary information, but it was time-consuming. It would be more efficient to include information such as participant ages in the abstract, in addition to in the methodology section of the documents. It’s particularly important to know participant ages in studies relating to individuals of advanced age, because the age label “older adult” can apply to individuals from 55 to 101, which covers such a broad age span. If this information isn’t included in the abstract, some clinicians and researchers may not take the time to, or be able to, access the full text of the document, leading to difficulties in properly applying the research outcomes.

The decision to search a single online database was based on following the same procedure as the 1983-2008 investigation. However, it may have led to a narrower view of the aging literature than using additional resources. The majority of the documents accessed from the ProQuest Dissertations and Theses Global database were from higher education institutions in the United States, with a few from international institutions. There are undoubtedly aging-based investigations being conducted in other parts of the world, yet unless the higher education institutions have an agreement with ProQuest Dissertations and Theses Global database, those documents weren’t accessible in the current study. While not specifically a single database problem, findings of this investigation were also impacted due to not having access to full text documents in several of the studies. In these cases, the dissertation or thesis documents met the
inclusion criteria, with the exception of being full-text accessible. This also limited the representativeness of the findings.

In the 1983-2008 investigation, Smith (2009) cited the work of Rybak (1995) who included the following age labels in her dissertation—“young-old,” “aged,” and “oldest-old.” Only three of the other documents in the 1983-2008 investigation contained similar classifications, instead of using a single age label, such as “older adult,” and Smith asked if that would change in the future, especially with the aging of the Baby Boom generation. Perhaps it’s too soon to tell, using data from the current investigation, but only 1 document in the 2009-2016 study used multiple age labels for advanced age individuals. It appears that researchers are still focused on using a single age label, in this case “older adult,” rather than multiple ones. Given the problems mentioned earlier concerning a single age label, it seems that more consideration should be given to using multiple labels. At least with multiple labels, the advanced age segment of the population is not grouped into one category, but allows for greater distinction between individuals of different decades and functioning levels.

Music therapy dissertations and theses that met inclusion criteria primarily came from three different institutions, Florida State University (6), the University of Kansas (3), and Arizona State University (2). All have master’s level graduate programs in music therapy, and Florida State University and the University of Kansas have doctoral level programs in music therapy. While it’s impossible to say why individuals from other doctoral level programs did not focus on aging related topics during this time period, it’s important to note that faculty in these three institutions support studies including advanced age individuals.

Of the three specializations that were investigated there were 5 music education, 19 music therapy, and 10 music psychology documents total. Compared to the numbers in these
areas collected in Smith’s 1983-2008 investigation, there has been increased activity in music psychology and music therapy in recent years, and an equal amount of activity in music education. The following publication years are broken down into specialization frequencies: 2009 (2 MT, 1 MP), 2010 (1 MT, 1 MP), 2011 (1 MT, 2 MP), 2012 (1 ME, 1 MT, 1 MP), 2013 (1 ME, 4 MT, 3 MP), 2014 (2 MT), 2015 (1 ME, 4 MT, 1 MP), and 2016 (1 ME, 4 MT). While the data reveals only 5 music education focused documents were produced during this 8-year period, which compares similarly with 15 from the previous 25-year investigation period. An increase of music therapy documents began in 2013 and continued to be an ongoing topic through 2016. It’s difficult to say what caused the spike in 2013, where 4 music therapy and 3 music psychology documents were produced, but it could be related to the ongoing American Music Therapy Association Strategic Initiative on Research, and an increase in interest among music psychologists in advanced aging.

In the 1983-2008 investigation, Smith reports an “equal amount of variability in the numbers included in the minimum age definitions, with a single benchmark such as 65 + creating one category, and age ranges (65-74, 75-84) creating multiple categories” (2009). In the 2009-2016 investigation, the results were also varied. Most documents used a single benchmark, with 11 having a minimum age of 65. Since no justifications were provided for selecting 65, it’s probable that the Social Security and Medicare eligibility age of 65 was the default minimum age for those researchers. Several other documents included in the analysis were found to have different minimum ages (60 in 5 documents, 55 in 5 documents, and 58, 61, 63, 64, 65, 70, 73, 75, 76 were found each in 1 document). It appears that even though there are a considerable number of researchers using 65 as the minimum age, there is still a big enough pool of researchers using 60 and 55 age categories to cause disagreement about when a person should be
considered to have advanced into older age. Though these age groups make up the majority of the documents (21), there was still a significant number of researchers that used minimums from the 50’s into the 70’s.

The data from the 2009-2016 documents may also indicate a greater awareness by more recent researchers of the need to restrict studies about individuals of advanced age to those who actually were advanced in age. In the initial investigation, Smith (2009) found minimum ages of advanced age participants in three documents to be 37, 47, and 45. All of these studies used convenience samples with individuals who were primarily aged 50 and up, but none of the documents in the 2009-2016 investigation allowed individuals under the age of 55 to participate.

Of the 33 studies in the current investigation, there were 9 that included an actual age range (55-95, 65-84, 63-79, 55-94, 65-92, 58-91, 55-92, 76-101, 73-95). Smith’s study included 18 documents with age ranges. According to the APA 2001 Publication Manual, “open-ended definitions such as ‘over 65’ need to be avoided and specified with age ranges” (APA, 2001, p. 61). It’s difficult to say if researchers are ignoring this APA guideline, or if they are even aware that it exists.

Limitations

Most of the limitations to this study related back to replicating a protocol from an earlier investigation. In particular, limiting the search to dissertations and theses in one database, and requiring that the document have full text access led to a smaller collection of documents to analyze. Additional information concerning the topic might have been gained from the dissertations and theses that were excluded because they were either not in the database, or not available in full text format. Replicating the procedures also proved challenging at times,
especially in distinguishing between age label definitions and participant descriptors, which may have impacted uniformity with the initial investigation.

**Suggestions for Future Research**

This line of research should be continued, and the scope widened to include dissertations and theses outside of the United States. It would also be helpful to search for the same information in published research in print and online journals. Research studies which compare functioning levels between older and younger cohorts of advanced age would also be beneficial. Finally, continued research in music education, music psychology and music therapy should focus on individuals experiencing both typical and atypical aging.

**Conclusions**

The current study extends a line of investigation begun by Smith (2009) by an additional 8 years. In conjunction with the initial investigation, it demonstrates the importance of researchers fully operationalizing terms such as age labels, participant descriptors, and including age ranges of participants, especially where individuals of advanced age are serving as participants. The term “older adult” has become more frequently used than other age labels when referring to individuals of advanced age, and 65 is the most frequently used term single term to signal old age.
REFERENCES


Mitak, K. N. (2012). *A description of older adults’ participation in a technology-based piano program and their musical skill development, perceptions of personal fulfillment, and attitudes toward music learning.* Available from ProQuest Dissertations and Theses Global database. Order No. 3551165

Moore, J. R. (2010). *Familiar physical activity to familiar music: The effects on apathy, agitation, eating ability, and dietary intake in institutionalized older adults with dementia.* Available from ProQuest Dissertations and Theses Global database. Order No. 3397734


Selvarajah, I. V. (2013). *The effects of a media-based versus live song lyric analysis life review on levels of therapeutic exploration, on-task and participation of individuals with dementia.* Available from ProQuest Dissertations and Theses Global database. Order No. 3612496


Stewart, J. M. *The effects of music on the cognitive processes of adults with mild cognitive impairment in the evening, the time of day they typically experience more difficulty.* Available from ProQuest Dissertations and Theses Global database. Order No. 1541832

Sun, Y. L. (2012). *The effect of music therapy interventions to increase the psychosocial well-being of older adults living in independent and assisted living communities.* Available from ProQuest Dissertations and Theses Global database. Order No. 1532675


Appendix A

Excluded Studies with Justification
Excluded Studies with Justification

53 studies

“Where did I hear that?: The influence of source monitoring ability on prospective memory in younger and older adults” Moore & Veronica
  • Not including due to the nature of the psychology study
  • Reflecting on a video telling them about music to listen to.
  • Not entirely a musical study

“Music therapy use with older adults” Fischer
  • Context analysis
  • Not an experimental study

“Accessibility of music experiences for individuals with age-related hearing loss” Wilhelm
  • Full text not available to view in the database, only abstract

“Music therapy program for older adults: A grant proposal” Blichia
  • This is a proposal to start a program
  • No actual program with data collection

“Popular music and the life course: Cultural commitment, lifestyles and identities” Gibson
  • Talking about culture of music
  • No experimental study
  • Doesn’t fit into keywords

“Magpies and mirrors: Identity as a mediator of music preferences across the lifespan” Leadbeater
  • Doesn’t meet requirements

“Senior adult music learning, motivation, and meaning construction in two New Horizons ensembles” Tsugawa
  • Doesn’t fit keyword criteria

“Understanding older amateur keyboard players: Music learning and mature adult musical identity” Taylor
  • No full text available
“An investigation of the role of music for health promotion in everyday life” French
  • Does not meet keys word criteria
  • No full text available

“Self-reported personal traits of adult amateur musicians” Kuntz
  • No older adult keywords

“An investigation of the role of music for health promotion in everyday life” French
  • No full text

“The effect of tap dance classes on older adults” Thompson
  • About dance not music

“Effects of music therapy vs. music medicine on physiological and psychological parameters of intensive care patients: A randomized controlled trial” Shultis
  • Not focusing on comparing young w/ older adults
  • Groups them together

“Investigating young children's music-making behavior: A development theory” Moorehouse
  • Focuses on music education with children

“A senior wellness program for older adults in a senior community: A thesis grant proposal” Dominguez
  • Grant proposal
  • Includes method section but there are no participants yet
  • Just talks about the population of the community
  • Does define what an older adult is 65+ years

“Musical experience, Aging and hearing loss: Impact on perceptual and functional brain networks” Parbery-Clark
  • Though older adults keyword located in Abs study is geared more towards younger adults
  • Mean ages of participants approx. 23 +/- years
“Impacts on quality of life among older adults with dementia”
  • No full text
  • Social work

“Promoting respect and social inclusion for healthy ageing in the urban setting: a juxtaposition of research evidence, stakeholder perspectives and the views of older people” Ronzi
  • No full text available

“The role of executive attention in healthy older adults’ concurrent walking and counting” Maclean
  • No full text available
  • No music keyword in abstract

“Magic in the music? Music programming in art museums” Beseda
  • Included keywords however participants are blended amongst young and older adults

“Songs, stories and selfhood: A critical humanist study of creativity and identity on an acoustic music scene” Poole
  • No full text

“Clinical outcomes of different tempos of music during exercise in cardiac rehabilitation patients” Miller
  • Medicine and music

“Music preferences of geriatric clients within three sub-populations” Sikora
  • Good study, but participants are AMTA members not older adults

“Seniors' participation in an intergenerational music learning program” Alfano
  • No age ranges stated
  • Participants are not truly spoken about in the article

“The effect of implied performer age, implied performer gender, and performance quality level on music majors' evaluations of solo musical performances” Harrington
  • Doesn’t fit the study
“A history of two New Jersey community bands: The Franklin and Waldwick bands” Shansky
  • Talking about oldest bands in New Jersey

“Playful public places for later life: How can neighbourhood public open space provide opportunities for improving older people's quality of life by enabling play? Spencer
  • Recreation

“Opera education in the upper elementary music classroom” Taylor
  • Younger individuals in music education

“The perceptual restoration of music in young children” Winstone
  • Children and music

“Oromotor kinematics of speech in children and the effect of an external rhythmic auditory stimulus” Lagasse
  • Children and music

“Creating a sacred space for healing and love: Parenting adult children in extraordinary circumstances” Wade
  • Older adult children and older parents coping mechanisms

“Experiences of nontraditional college students in a music education program”
  • College students and music ed

“Baby boomer ‘re-starter’ pianists: A study of statistics, science, and application to create a guide for teaching this increasing type of piano student” Keim
  • Not an experimental study
  • No participants
  • Music education

“Music at home: A portrait of family music-making” Gingras
  • About family and music
“Developing a strategy of worship for evangelical believers born from 1945 to 1955” Whaley
  • Doesn’t include keyword older adults
  • Does include senior adults

“I don’t want to go up the hill”: Symbolic boundary work among residents of an assisted living community” Harrison- Rexrode
  • Sociology

“A study of the effects of Indian music on the selected psycho physiological and biochemical factors of the institutionalized old persons” Desai
  • Doesn’t include keywords older adults

“Punk rock as family and community: An exploration of the positive aspects of membership in a music-based subculture” Palamaro Munsell
  • Doesn’t include keywords older adults

“i drum therefore i am’: A study of kit drummers' identities, practices and learning”
  • No keyword

“A study of creativity, affective attunement, and narrative style of adult modern dancers”
  • No keyword
  • Focuses on younger population

“An exploratory study on the influence of song lyrics referencing marijuana, heroin, and/or ecstasy: Perceptions of Maryland college students”
  • No keyword

“Teaching harp in America: Selected print and video materials, an annotated bibliography” Ruggiero
  • No keyword

"It's all life: An exploration of the eloquence of embodiment in postwar adults” Woodspring
  • No keyword
“Perfectionism and social anxiety among college students” Villers
  • No keyword

“An analytical study of Serbian chant - The eight tones - melodic types and a resulting pedagogical approach” Kafantaris
  • No keyword

“A comparative study of two non-credit educational organizations for older people: The university of the third age (u3a) in the UK and the senior university (SU) in South Korea” Jun
  • No full text

“Perceived benefits of choral singing: Social, intellectual, and emotional aspects of group singing” Baird
  • No keyword

“Acknowledging the need for happiness: An antidote for life wasting” Dotson
  • No keyword

“Reasons for initial and continued enrollment in private piano lessons as self-reported by children in northern Indiana and northern Ohio” Briggs
  • No keyword

“Teaching culture: Experiences in a Croatian diaspora” Johnson
  • No keyword

“The spiritual transformation of youth and their families through preaching and worship theology” Stanley
  • No keyword

“The tango Philadelphia story: A mixed-methods study of building community, enhancing lives, and exploring spirituality through Argentine tango” Seyler
  • No keywords

“Perceptual learning on auditory spectral and spectro-temporal modulation tasks” Sabin
  • No keywords
Appendix B

<table>
<thead>
<tr>
<th>Author/Year/ Diss-The</th>
<th>Age Label</th>
<th>Age range</th>
<th>Specialization/Participant descriptors</th>
<th>Age Label Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belgrave (2009) D</td>
<td>OA (title)</td>
<td>84.23 avg yrs for exp, 85.27 avg yrs for control</td>
<td>MT - 26 older adult volunteers in control and experimental group</td>
<td>None – % of Americans over 65 mentioned based on Administration on Aging data, according to the lit review, but not used to justify minimum age or age label.</td>
</tr>
<tr>
<td>Bolton (2016) D</td>
<td>OA (abs) E (abs)</td>
<td>65 yrs +</td>
<td>MT - 23 older adults/ elderly adults</td>
<td>None – convenience sample from 4 long-term care facilities, but no justification of minimum age or age label</td>
</tr>
<tr>
<td>Bowden (2016) T</td>
<td>OA (title)</td>
<td>65 yrs +</td>
<td>MT - 20 older adults</td>
<td>None – % of increase in 65+ population cited based on US Census Bureau, but not used to justify minimum age, or age label.</td>
</tr>
<tr>
<td>Chen, (2016) D</td>
<td>OA (title)</td>
<td>55 yrs + (mean age 79)</td>
<td>MT - 6 participants</td>
<td>None – volunteer community-dwelling with concerns about falling. 65 used as minimum age in similar research, 55 used in pilot – Research question 1</td>
</tr>
<tr>
<td>Study (Year)</td>
<td>Type</td>
<td>OA (Title)</td>
<td>Age Range</td>
<td>Group</td>
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<tr>
<td>Chocrane (2011)</td>
<td>T</td>
<td>OA (title)</td>
<td>65 + yrs (mean age 78)</td>
<td>MP</td>
</tr>
<tr>
<td>Corvo (2013)</td>
<td>D</td>
<td>OA (title)</td>
<td>60 yrs +</td>
<td>MT</td>
</tr>
<tr>
<td>Dachinger (2016)</td>
<td>D</td>
<td>OA (abs)</td>
<td>65- 84 yrs</td>
<td>MT</td>
</tr>
<tr>
<td>Source</td>
<td>Study Type</td>
<td>Region</td>
<td>Participants</td>
<td>Methodology</td>
</tr>
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<tr>
<td>Dyer (2016)</td>
<td>OA (abs)</td>
<td></td>
<td>45 avg yrs – 7 individuals were interviewed from 4 community groups – document the ages.</td>
<td>ME- 7 adults</td>
</tr>
<tr>
<td>Eaton (2013)</td>
<td>OA (title)</td>
<td></td>
<td>Approaching 60 yrs +</td>
<td>ME- 6 healthy active adults in retirement or nearing retirement age</td>
</tr>
<tr>
<td>Ejka (2013)</td>
<td>OA (title)</td>
<td></td>
<td>64 yrs + Mean age was 84.97 with a range of 64 to 100</td>
<td>MP - 65 participants in 2 independent living facilities</td>
</tr>
<tr>
<td>Ford (2012)</td>
<td>OA (title)</td>
<td></td>
<td>Exp 1 = 75 avg yrs; Exp 2 = 69.67 mean age</td>
<td>MP- compared young and older adults, exp. 1 = 21 healthy older adults; exp. 2 = 18 healthy older adults</td>
</tr>
<tr>
<td>Johnson (2015)</td>
<td>OA (title)</td>
<td></td>
<td>55 yrs +</td>
<td>MT - 40 older adults admitted to hospital for delirium</td>
</tr>
<tr>
<td>Study (Year)</td>
<td>OA (Title)</td>
<td>Participant Details</td>
<td>Study Design</td>
<td>Outcomes or Findings</td>
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<tr>
<td>Kim (2009) D</td>
<td>OA (title) E (abs)</td>
<td>60+ yrs; mean age 73.2</td>
<td>MP - 184 community dwelling adults</td>
<td>None- No history of disabilities or illnesses. Number of falls of people age 65 years and above.</td>
</tr>
<tr>
<td>LaCroix (2015) T</td>
<td>OA (abs)</td>
<td>61-85; mean age 71.63 and younger comparison group</td>
<td>MT – 50 undergrads, 24 adults from local community</td>
<td>None</td>
</tr>
<tr>
<td>Leonard (2014) D</td>
<td>OA (abs)</td>
<td>Inclusion criteria was 65 or older. Actual ages were 73-95 yrs; means ages of 86.1</td>
<td>MT- 76 participants</td>
<td>None. Increased frequency of osteoarthritis over 65 and larger % over 75.</td>
</tr>
<tr>
<td>Mairal (2015) D</td>
<td>OA (title)</td>
<td>63-79 yrs</td>
<td>MP- 18 older adults</td>
<td>None, OA looked at for the same health signs as young adults</td>
</tr>
<tr>
<td>Marino (2013) D</td>
<td>OA (abs) E (article)</td>
<td>55 yrs +</td>
<td>MT- 10 participants</td>
<td>OA w/ orthopedic issues = Delirium, confusion, decline in adl's, decrease in executive functions</td>
</tr>
<tr>
<td>Metzler (2010) T</td>
<td>OA (abs)</td>
<td>55-95 yrs</td>
<td>MP- 34 older adults</td>
<td>None</td>
</tr>
<tr>
<td>Moore (2010) D</td>
<td>OA (title)</td>
<td>65 yrs +</td>
<td>MT - 60 older adults w/ dementia</td>
<td>OA w/ dementia= aphasia, apraxia, agnosia, memory impairment</td>
</tr>
<tr>
<td>Murphy (2013) D</td>
<td>OA (title)</td>
<td>55-92 yrs</td>
<td>MP- 82 older adults</td>
<td>None - Middle-class, private apartment or independent senior complex, participates in senior activities</td>
</tr>
<tr>
<td>Musetta (2015) D</td>
<td>OA (title)</td>
<td>60+</td>
<td>MT - 49 participants</td>
<td>None</td>
</tr>
<tr>
<td>Author</td>
<td>Type</td>
<td>OA/Title</td>
<td>Age</td>
<td>Group Characteristics</td>
</tr>
<tr>
<td>-------------------</td>
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</tr>
<tr>
<td>Nishikawa (2011)</td>
<td>D</td>
<td>OA (title)</td>
<td>65 yrs</td>
<td>MT- 10 participants w/ Alzheimher's and/or dementia, can ambulate 10 meters w/ out physical assistance from staff</td>
</tr>
<tr>
<td>Owenby (2015) T</td>
<td>OA (title) WE (abs)</td>
<td>65 yrs</td>
<td>MT- 17 participants</td>
<td>None- Typical health and being sound of mind</td>
</tr>
<tr>
<td>Parks (2013) T</td>
<td>OA (abs)</td>
<td>65- 92 yrs</td>
<td>MP- 41 older adults</td>
<td>None</td>
</tr>
<tr>
<td>Selvarajah (2013) D</td>
<td>OA (abs)</td>
<td>65 yrs +</td>
<td>MT- 72 older adults w/ dementia</td>
<td>OA = w/ mild to moderate dementia and ability to hear</td>
</tr>
<tr>
<td>Somody (2010) D</td>
<td>OA (abs)</td>
<td>50+ yrs</td>
<td>MP- 6 participants</td>
<td>None-No significant cognitive disabilities</td>
</tr>
<tr>
<td>Stewart (2013) T</td>
<td>OA (abs)</td>
<td>76-101 yrs</td>
<td>MT- 8 older females w/ mild cognitive impairments</td>
<td>None- Mild cognitive impairments</td>
</tr>
<tr>
<td>Sun (2012) D</td>
<td>OA (title)</td>
<td>60 yrs +</td>
<td>MT- 21 participants</td>
<td>Healthy OA= w/o dementia, still experience functional disabilities, physical impairments, negative emotions, feelings of isolation, lack of support system, loss of connection to others, diminished psychosocial well-being</td>
</tr>
<tr>
<td>Tahara (2015) D</td>
<td>OA (abs)</td>
<td>65 yrs +</td>
<td>ME- 4 older adults</td>
<td>OA = difficulties w/ coordination, slow learners, decreased cognitive abilities</td>
</tr>
<tr>
<td>Tomaselli (2014) T</td>
<td>OA (title)</td>
<td>55-94 yrs</td>
<td>MT- 20 participants</td>
<td>None</td>
</tr>
<tr>
<td>Yamada (2009) D</td>
<td>OA (title)</td>
<td>65 yrs +</td>
<td>MT- 26 older adults</td>
<td>OA = Aging appearance in skin, hair, and height, physical declination related to musculoskeletal, cardiovascular, respiratory, immune and nervous system functions, loss of sex hormones for example</td>
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<tr>
<td>Zendel (2011) D</td>
<td>OA (abs)</td>
<td>58-91 yrs</td>
<td>MP- 57 participants young/old musicians</td>
<td>None- Advanced musicianship</td>
</tr>
</tbody>
</table>

**Table Key:**

Column 1
- **D** = Dissertation
- **T** = Thesis

Column 2
- **E** = Elderly
- **OA** = Older adult
- **WE** = Well-Elderly
- (title) preceding label found in title, labels following were not found in title
- (abs) = if present, included in abstract, if not, not included in abstract

Column 4
- **ME** = Music Education
- **MP** = Music Psychology
- **MT** = Music Therapy
Appendix C

<table>
<thead>
<tr>
<th>Author/Year/ Diss-The</th>
<th>Age Label</th>
<th>Age range</th>
<th>Specialization/Participant descriptors</th>
<th>Age Label Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reed (2008) D</td>
<td>OPM (title)</td>
<td>72-93 yrs (abs)</td>
<td>ME - 9 performing musicians, at least 70 years of age in the New Holland Band, PA</td>
<td>None</td>
</tr>
<tr>
<td>Winston (2007) D</td>
<td>WE (title), A</td>
<td>50-76 yrs (abs)</td>
<td>ME - 15 adult volunteers</td>
<td>WE = Persons who live independently with little to no assistance and who have few or no physical or cognitive challenges (Gardstrom, 1993, Palmer, 1989, Prickett, 1998)</td>
</tr>
<tr>
<td>Giglio (2006) D</td>
<td>OA (title)</td>
<td>70-97 yrs</td>
<td>MT - 22 individuals with dementia</td>
<td>None</td>
</tr>
<tr>
<td>McVay (2005) D</td>
<td>P (title)</td>
<td>60 yrs + (abs)</td>
<td>ME - 27 participants in the University of Kentucky Donovan Scholars Program</td>
<td>OA = Primarily defined in the literature as a student of age 60 or over, or exhibiting certain measured “age-related variations in intelligence” (Pichora-Fuller, 2003, p. 50) as well as deficits in memory and audio-sensory skills, sufficient to classify them as an alternative type of student versus a traditional student.</td>
</tr>
<tr>
<td>Hirokawa (2004) D</td>
<td>OA (title)</td>
<td>66-83 yrs</td>
<td>MT - 30 female older adult nonmusicians who were high functioning and independent living</td>
<td>None</td>
</tr>
<tr>
<td>Study (Year)</td>
<td>Sample (Title)</td>
<td>Age Group</td>
<td>Methodology</td>
<td>Notes</td>
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<tr>
<td>Bugos (2004) D</td>
<td>OA (title), WE</td>
<td>60-85 yrs (abs)</td>
<td>ME - 60 participants from an independent living facility, large churches with extensive community outreach, and other members of the Gainesville, FL community.</td>
<td>OA = Older Adults (aged 60-85) in title.</td>
</tr>
<tr>
<td>Moser (2003) D</td>
<td>OA</td>
<td>55-85 yrs (abs)</td>
<td>ME - 120 regular attending members of adult community band organizations in the southern US.</td>
<td>None</td>
</tr>
<tr>
<td>Engen (2003) D</td>
<td>SC</td>
<td></td>
<td>MT – 7 adult volunteers individuals diagnosed with emphysema</td>
<td>None</td>
</tr>
<tr>
<td>Noda (2002) T</td>
<td>OA</td>
<td>65-80 yrs. In abstract, (abs) 60-75 yrs. in Method</td>
<td>MP - 15 musically untrained older adults residents of the Mississauga Community, Canada</td>
<td>None</td>
</tr>
<tr>
<td>Lai (2001) D</td>
<td>E</td>
<td>60-83 yrs (abs)</td>
<td>MT - 60 community dwelling persons with normal cognitive function living in the Western District of Taichung City, Taiwan</td>
<td>None</td>
</tr>
<tr>
<td>Pike (2001) D</td>
<td>SC, M</td>
<td>55-81 yrs (abs)</td>
<td>ME - 6 piano students studying from private piano teachers and 6 piano students studying in a continuing education piano class for over 50 year olds at a community college.</td>
<td>Adult Education = Any educational endeavor undertaken by people from the age of 18 onward. Knowles has identified three stages of adulthood: early adulthood from ages 18 to 30; middle age from ages 30 to 55; and later maturity (the crux of this study) from ages 55 and over (Knowles, 1970).</td>
</tr>
<tr>
<td>Study (Year)</td>
<td>Type</td>
<td>Title</td>
<td>Age Range</td>
<td>Description</td>
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<tr>
<td>Reilly (1999)</td>
<td>D</td>
<td>E (title), OA</td>
<td>65-84 yrs</td>
<td>MT - Convenience sample of 32 elders having routine excision of a cataract under retrobulbar anaesthesia in a large South TX teaching hospital. None</td>
</tr>
<tr>
<td>Schumacher (1999)</td>
<td>T</td>
<td>E (title), WE</td>
<td>62-91 yrs (abs)</td>
<td>MT - 60 well-elderly individuals who attended community centers in the western NY area for recreational and educational activities, or to each the noon meal. WE = subjects between the ages of 62 and 91, whom experience normal physiological and neuromuscular changes of the aging process that will not interfere with their function in the study.</td>
</tr>
<tr>
<td>Rybak (1995)</td>
<td>D</td>
<td>OA (title)</td>
<td>60 yrs + (abs)</td>
<td>MP - 21 participants in group leisure music activities OA = The Statistical Handbook on Aging America (Schick &amp; Schick, 1994) defines the aging populations as persons sixty-five years and older. The component age groups are frequently referred to as: the young old (65 to 74 years); the aged (75-84 years); and the oldest old (85 years and over).</td>
</tr>
<tr>
<td>Author (Year)</td>
<td>Title</td>
<td>OA, E</td>
<td>ME</td>
<td>Notes</td>
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<tr>
<td>Keenan (1995)</td>
<td>D OA (title) 50 yrs+ (abs)</td>
<td>Independent persons residing in Central OH</td>
<td>OA = The American Association of Retired Persons (AARP), an organization serving the needs and interests of retirees, allows one to become a member when he or she has reached the age of 50 years. The age is considered representative of people who have retired, or are thinking of doing so. The target population for this study was therefore limited to persons 50 years and older currently residing independently within the metropolitan area of the city of Columbus, OH.</td>
<td></td>
</tr>
<tr>
<td>Edgington (1992)</td>
<td>SC (title), OA, E 55 yrs+</td>
<td>Individuals who are somewhat ambulatory and participate in Senior Centers, and community social centers in a Midwestern city.</td>
<td>Wichita Senior Centers now recognize 55 as the minimum age for senior citizen status.</td>
<td></td>
</tr>
<tr>
<td>Bernhart (1991)</td>
<td>OA (title), E 47-86 yrs (abs)</td>
<td>13 persons from Residence for the Elderly and Disabled, Allentown, PA and 8 persons from the Lutheran Home at Topton, PA</td>
<td>Although five persons had not yet attained the age of 65 years, they were considered “elderly” under regulations of the Department of Housing and Urban Development because of permanent disability.</td>
<td></td>
</tr>
<tr>
<td>Reference</td>
<td>OA (title)</td>
<td>Age Group</td>
<td>Description</td>
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<tr>
<td>Darrough (1990)</td>
<td>OA (title)</td>
<td>55-70 yrs</td>
<td>ME - 380 older adult choral ensemble participants</td>
<td></td>
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<tr>
<td></td>
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<td></td>
<td>OA = Includes the population of adults residing in mobile home and recreational vehicle retirement communities or parks and members of permanent retirement communities. It will also be used to refer to those participating in choral ensembles within the retirement community. The age of the subjects involved in the study will be approximately 55 and above, with a mean age being determined at the conclusion of the study. The age figure was determined by a brief telephone poll of several RV parks in the east Mesa area who require a minimum age of 55 for their seasonal and yearly residents.</td>
<td></td>
</tr>
<tr>
<td>Smith (1987)</td>
<td>OA (title)</td>
<td>54-90 yrs</td>
<td>MP - 180 active and passive community music participants</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>OA = For purposes of this study, older adult is a person who is between 54 and 90 years of age.</td>
<td></td>
</tr>
<tr>
<td>Janowitz (1986)</td>
<td>OA (title)</td>
<td>61-86 yrs</td>
<td>ME - 76 individuals who voluntarily attended a music workshop at a Philadelphia Senior Center.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>OA = For purposes of this study, older adult will refer to that segment of the population delineated by Neugarten (1978) as the young-old. They are described as: a group drawn mainly from the 55 to 75 age group. The young-old are distinguished from the middle-aged primarily by retirement, and distinguished from the old-old by continued vigor and active social involvement.</td>
<td></td>
</tr>
<tr>
<td>Source</td>
<td>Type</td>
<td>Age Range</td>
<td>ME Description</td>
<td>OA Definition</td>
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</tr>
<tr>
<td>Kellmann (1984) D</td>
<td>OA</td>
<td>55 yrs +</td>
<td>ME - 25 older adult senior center participants</td>
<td>OA = The terms older adult, older person, older learner, older citizen, senior citizen, senior adult, aging citizen, the aged, the aging, aging adult, and the elderly will, unless otherwise stated, be synonymous. Peterson (1978) cautions that because the field of educational gerontology is a relatively new one, definitions are not always precise. He defines older people as those of retirement age, typically 65 and above. However, for the purposes of this project, since the Monroe Senior Center, where this writer's program was developed, is open to seniors over the age of 55, the above terms will also apply to that age group. (p. 11)</td>
</tr>
<tr>
<td>Brightbill (1983) T</td>
<td>OA</td>
<td>35-70 yrs</td>
<td>ME - 36 adults enrolled in piano classes at Saddleback College, Mission Viejo, CA.</td>
<td>Midlife: In this paper, midlife refers to students above 50 years of age.</td>
</tr>
<tr>
<td>Larson (1983) D</td>
<td>R (title), E</td>
<td>66-89 yrs</td>
<td>ME - 12 retired adults who had a history of lifelong musical interest and activity.</td>
<td>None</td>
</tr>
</tbody>
</table>

**Table Key:**
- Column 1
  - D = Dissertation
  - T = Thesis

- Column 2
  - A = Adult
  - E = Elderly
  - M = Mature
  - OA = Older adult
OPM = Older Performing Musicians
P = Persons aged 60 and over
R = Retired
SC = Senior Citizen
WE = Well-Elderly
(title) preceding label found in title, labels following were not found in title

Column 3
(abs) = if present, included in abstract, if not, not included in abstract

Column 4
ME = Music Education
MP = Music Psychology
MT = Music Therapy