This is the published version of a paper published in *Nordisk tidskrift for musikkterapi - Nordic Journal of Music Therapy*.

Citation for the original published paper (version of record):

Lindblad, K., de Boise, S. (2019)
Musical engagement and subjective wellbeing amongst men in the third age
*Nordisk tidskrift for musikkterapi - Nordic Journal of Music Therapy*
https://doi.org/10.1080/08098131.2019.1646791

Access to the published version may require subscription.

N.B. When citing this work, cite the original published paper.

Permanent link to this version:
http://urn.kb.se/resolve?urn=urn:nbn:se:oru:diva-75777
Musical engagement and subjective wellbeing amongst men in the third age

Katarina Lindblad & Sam de Boise

To cite this article: Katarina Lindblad & Sam de Boise (2019): Musical engagement and subjective wellbeing amongst men in the third age, Nordic Journal of Music Therapy, DOI: 10.1080/08098131.2019.1646791

To link to this article: https://doi.org/10.1080/08098131.2019.1646791

© 2019 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group.

Published online: 15 Aug 2019.
Musical engagement and subjective wellbeing amongst men in the third age

Katarina Lindblad and Sam de Boise

School of Music, Theatre and Art - Örebro University, Örebro, Sweden

ABSTRACT

Introduction: This article explores the wellbeing benefits of musical engagement for men in the third age. Older men face specific health challenges such as loneliness, isolation and a heightened risk for suicide, tied to gendered norms around emotional control, and a reluctance to seek professional help. There is substantial evidence of the positive health and wellbeing outcomes from older people’s engagement in music, but no studies on older men, music and wellbeing.

Methods: Semi-structured interviews were conducted with 15 Swedish men aged 66–76, with different demographic backgrounds and engagement with music. Interviews were analysed using qualitative thematic analysis.

Results: Analysis resulted in four themes: “emotions and embodiment”, “adjusting to growing older”, “developing and maintaining friendships” and “maintaining contact as a caregiver”. Regardless of musical genre or whether singing, playing, dancing or listening to music, the men used music to come into contact with their bodies and emotions, as well as improving relationships and social contacts. In particular, men as caregivers to sick partners benefited from sharing music with their partner, thus improving the quality of the relationship.

Discussion: This study shows that engagement with music fills deep psychological and social/emotional needs for the participants, in both “being” with the music and “doing” musical activities, where also talking about music is highlighted as an important part of the musical engagement. The results have implications for the field of music therapy, in that it foregrounds music therapists’ potentially important role in developing opportunities for older men to engage with music.

ARTICLE HISTORY
Received 12 October 2018; Accepted 23 June 2019

KEYWORDS Men; ageing; wellbeing; music; emotions; masculinity

Introduction

Older men face specific health challenges with a shorter life expectancy of about four years, compared to women (Rolfner Suvanto, 2017). The causes for this are understood not in biological terms, but tied to gendered norms and expectations. Men tend to have riskier lifestyles than women and many men are reluctant to use healthcare services, especially for psychological issues (Peak & Gast, 2014; Robertson et al., 2016).

Some of the main health challenges for older men are loneliness and isolation, which are risk factors both for physical illnesses such as stroke and cancer, and mental health...
issues such as depression and a heightened risk for suicide (Featherstone, Rivett, & Scourfield, 2007; Holwerda et al., 2012). Suicide rates are higher for men of all ages than for women, with older men heavily over-represented (Rolfner Suvanto, 2017). Older men have smaller social networks than women and many find it hard to make new friends late in life (Milligan et al., 2015). This has more broadly been linked to how masculine norms surrounding control, rationality and reason have impacted on men’s willingness to express or talk about emotions of vulnerability, since these are often interpreted as signs of weakness (Holwerda et al., 2012; Robertson & Monaghan, 2012; Seidler, 2007).

Finding ways to improve the mental health of older men, and design “male-friendly” health promoting activities that men perceive as safe and attractive, has proved a challenge for public health and is one of the most pressing issues today (Milligan et al., 2015; Robertson et al., 2016). Social support may be more efficient than medical interventions in counteracting depression and suicide-risk (Procter, 2011). Exploring and developing arenas and ways to promote social support is particularly relevant for this group given that men often prefer activity based socializing rather than face-to-face interventions (Irle & Lovell, 2014).

The period directly after retirement, sometimes referred to as the “third age” (Laslett, 1991), can mean both an engaged life style with new interests and activities and problems such as stress, depression, low life satisfaction and increasing physical impairment (Nordenmark & Stattin, 2009; Wang, 2007). For men, especially, being retired may be experienced as challenging, due to a perceived loss of meaning, identity, position and social networks (Jackson, 2016; Russell, 2004). Men’s experiences of wellbeing as retirees are heavily tied to opportunities to redefine their masculine identities, through engaging in activities and interests that they find meaningful (Arber, Davidson, & Ginn, 2003; Athanasiadis, Gough, & Robertson, 2017; Jackson, 2016).

Generally however, and contrary to what might be believed, many older people are more emotionally content with increasing age (Scheibe & Carstensen, 2010). Older people have reported high levels of subjective wellbeing despite physical impairments (Strawbridge, Wallhagen, & Cohen, 2002). Given that ageing inevitably involves physical decline, it is important not to equate sustained wellbeing only with able-bodiedness as this marginalizes many older people’s experiences. People can report high levels of wellbeing despite physical illness and, conversely, feel distressed despite being physically well (Aldridge, 2000).

It is well established that everyday music use has significant health and wellbeing implications, as a “provider of vitality – that is, emotional stimulation and expression; tool for developing agency and empowerment; resource in building social networks; and a way of providing meaning and coherence in life” (Ruud, 2013, p. 10). Musical engagement can strengthen the sense of self and personal and collective memories (Volgsten, 2012; Volgsten & Pripp, 2016). The aesthetic and existential experiences, alongside physical, psychological and social benefits, can work as a health promoter and “technology of the self”, with great public health implications (Batt-Rawden, DeNora, & Ruud, 2005; Ekholm, Juel, & Bonde, 2015).

An important ontological premise in the context of music and health is that music is understood as a relational activity, rather than a medicine (Ansdell, 2013; Procter, 2011). There is no inherent power in music as such, rather, it “affords” a template for people to “appropriate” experiences, thoughts and emotions (DeNora, 2000). The outcome is the result of a dynamic between person, situation and music (Gabrielsson, 2010; Ruud, 2012; Volgsten, 2012).
Engaging in music is done primarily because it provides emotional rewards (Juslin & Sloboda, 2010). Being in contact with one’s emotions is important since it “lies at the heart of our capacity to experience meaning” (Johnson, 2007, p. 53), and meaning is one of the central ingredients in a sense of wellbeing (see eg. Batt-Rawden et al., 2005; Ruud, 2013). Music offers what Seidler refers to as an “emotional space” (Seidler, 2007, p. 17), where it is socially accepted for men to experience a wide range of different emotional and affective states (de Boise, 2015). Being a sound-based medium also means that music is experienced directly in and through the body, which gives it a sensory quality distinct from other art forms (Finnegan, 2012). Increasing men’s contact with their embodied emotions has the potential to develop empathy (Bojner Horwitz, 2018), and improve their social relationships and consequently well-being (Robertson & Monaghan, 2012; Seidler, 2007).

Among older people, there is evidence that singing, playing and listening to music has positive health and wellbeing effects (Cohen, 2009; Creech, Hallam, Varvarigou, McQueen, & Gaunt, 2013; Laukka, 2006; Särkämö et al., 2014; Stige & Ridder, 2016). Singing in a choir can lead to positive emotional experiences, making friends, achieving a sense of mastery and meaning, and staying active in both mind and body (Balsnes, 2018; Clift et al., 2010). Group songwriting can help retirees feel more creative and engaged, enjoy accomplishment and positive relationships and achieve a stronger sense of community and meaning (Baker & Ballantyne, 2013). Whilst some studies have suggested that expressive music making is more efficient from a health and wellbeing perspective, than receptive (Cohen, 2009; Creech et al., 2013; Skingley, Martin, & Clift, 2016), others show that both expressive and receptive music making are equally beneficial (Ruud, 2013; Särkämö et al., 2014; Stige, 2012), as long as there is an active engagement involved (Ruud, 2012). Listening to music can be equally stimulating, involving emotions, imagination and potential action (DeNora, 2013), especially when the music is self-chosen (Lilliestam, 2013).

Older men have been largely neglected in research, both in gerontology and studies on men and masculinities (Arber et al., 2003; Calasanti, 2004; Jackson, 2016) and, to date, there is no research on the health implications of music in everyday life for older men, even though men in this group are still often active as listeners, consumers and musicians. Therefore, given: a) the specific wellbeing challenges facing older men; b) the difficulty in creating “male-friendly” health-promoting activities; and c) the well-documented health and wellbeing effects from engaging in music, the purpose of this article is to explore the wellbeing effects from different kinds of musical engagement amongst men in the third age. As Stige notes: “A better understanding for people’s everyday use of music is essential for music therapy practices” (Stige, 2012, p. 184). Furthermore, understanding older men’s engagement with music from a gendered perspective has implications for developing both research and interventions within the field of music therapy.

**Methodology**

**Design**

This study is based on 15 in-depth, semi-structured interviews with Swedish men aged 66–76. Qualitative research focusing on the interrelation of music with everyday narratives
has important methodological implications for music therapy research, since it provides an understanding of how people “use music as a ‘technology’ of health and a means of coping with difficult life situations and circumstances” (Batt-Rawden et al., 2005, pp. 122–123).

Standard procedures for informed consent were conducted at the outset of each interview, including information about anonymity, and how data would be analysed, handled and published. Written informed consent was given by all participants. To ensure anonymity, pseudonyms have been given to participants and geographical locations have been anonymised or omitted. In accordance with Swedish law, no formal ethical approval was required for this study.1

Participants

The men were selected based on a purposeful sampling strategy (Patton, 2015), in order to achieve variation in terms of demographic background and different ways of engaging with music. Information was spread by word of mouth and a flyer in a wide range of contexts; amateur jazz clubs, choirs, orchestras, concert halls, vintage record shops and a volunteer organisation for retirees. Inclusion criteria stipulated that participants should be retired and have a self-defined, non-professional engagement with music. Exclusion criteria were not explicitly defined, however those who attended the venues where recruitment was conducted, were men in the “third age,” relatively able-bodied and active, verbally capable and with no indication of cognitive impairment. As Table 1 indicates, there is some variation in the sample in terms of educational and socio-economic status although this is by no means exhaustive.

Importantly, educational backgrounds ranged from seven years of primary school to a PhD degree, and former professions varied from technician, engineer and carpenter to jobs such as librarian and teacher. Current engagement with music spanned different genres, and comprised collecting and listening to records, alone or with others, attending festivals and concerts, listening to the radio, dancing social dances, singing in a choir and playing in pop/rock/brass bands or amateur orchestras. For some, their preferred genre was exclusive, but many were musically “omnivorous”. Most participants had been engaged in music throughout their lives, whereas some developed interest as grown-ups, mainly through the influence of their wives.

Procedures and data analysis

Interviews were based on a semi-structured interview guide with open-ended questions grouped around three main areas: a) general information about family, occupation and social life; b) ways of engaging in music; and c) motivations and rewards from engaging in music. Each interview was introduced by outlining the background of the study, including information about how issues such as loneliness and psychological distress might be linked to emotional constraints. The interviews lasted 60–90 minutes and were

---

1The Swedish Law on Ethical Research on Humans (Lag om etikprövning av forskning som avser människor 2003:460) is, according to §§ 3–4, only applicable when social security numbers and other uniquely identifiable information is registered or when there is obvious risk of physical or psychological harm. Sensitive personal data or data relating to crimes were not handled in this project and there was no obvious risk of physical or psychological harm. As such the professor responsible for the project confirmed that no formal ethical approval was needed.
<table>
<thead>
<tr>
<th>Name, age, former occupation</th>
<th>Retirement age</th>
<th>Education</th>
<th>Background</th>
<th>Current family</th>
<th>Occupation apart from music</th>
<th>Musical engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bosse, 76 various positions in a crockery factory</td>
<td>63</td>
<td>9 years of elementary school.</td>
<td>Father factory worker/amateur musician. Mother housewife/½ time job at the factory. Suburb. Only child.</td>
<td>Widower since one and a half months. One child, one grandchild.</td>
<td>Gardening. Care for grandchild. Took care of sick wife until she died.</td>
<td>Plays, since 1953, in an amateur brass band tied to the factory he worked in. Attends concerts.</td>
</tr>
<tr>
<td>Claes, 73 Teacher</td>
<td>Gradually 66–70</td>
<td>University studies in psychology, philosophy, mathematics</td>
<td>Father professor in chemistry, mother teacher in chemistry. Villa suburb. Sister and half-brother.</td>
<td>Divorced. Relationship with a woman, living-apart-together. One daughter and one grandchild.</td>
<td>Plays football, attends cultural events with partner. Close contact with child and grandchild.</td>
<td>Listens mainly to songs and jazz. Attends partner's choir concerts. Self-reported “terrible singer”:</td>
</tr>
<tr>
<td>Name, age, former occupation</td>
<td>Retirement age</td>
<td>Education</td>
<td>Background</td>
<td>Current family</td>
<td>Occupation apart from music</td>
<td>Musical engagement</td>
</tr>
<tr>
<td>------------------------------</td>
<td>----------------</td>
<td>-----------</td>
<td>------------</td>
<td>---------------</td>
<td>-----------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Lennart, 70 Librarian</td>
<td>55</td>
<td>High school.</td>
<td>Father accountant, died when L was 10. Mother housewife/took different jobs. Big city. Only child.</td>
<td>Had a relationship, living-apart-together until her death. No children. Lived with his mother until her death.</td>
<td>Extra job in a record shop. Writes reviews and makes interviews.</td>
<td>Listens to Country &amp; Western music, bluegrass, jazz. Record collector, attends concerts, travels regularly to Nashville, USA.</td>
</tr>
<tr>
<td>Name, age, former occupation</td>
<td>Retirement age</td>
<td>Education</td>
<td>Background</td>
<td>Current family</td>
<td>Occupation apart from music</td>
<td>Musical engagement</td>
</tr>
<tr>
<td>------------------------------</td>
<td>---------------</td>
<td>-----------</td>
<td>------------</td>
<td>----------------</td>
<td>-----------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Roger, 69 Accounting manager</td>
<td>65</td>
<td>Business school.</td>
<td>Father lorry driver, taxi as extra job, mother 2–3 jobs, cleaning etc. Country side.</td>
<td>Married for many years, children from earlier marriage, no grandchildren.</td>
<td>Physical exercise on an elite level, meditation, yoga, self-development courses.</td>
<td>Enjoys “raw rock” and blues as well as classical music. Both live and recorded, has 50 000 titles on his computer.</td>
</tr>
</tbody>
</table>
audio-recorded. In order to create security and trust, which according to Kvale, Brinkmann, and Torhell (2009) is the key responsibility of the researcher, the participants chose the setting for the interview, most often either in a café or in their own home. 12 interviews were conducted face-to-face and three via telephone, due to geographical distances and personal preference on the part of the participants.

Interviews were transcribed verbatim before being analysed using thematic analysis, as outlined in Braun and Clarke (2006) and Patton (2015). The procedure involved firstly summarising each interview in order to generate thick descriptions of the contexts and individual narratives of each of the participants. Secondly, all the answers to a specific question were gathered together for cross-case analysis. Coding was conducted both manually and with the aid of NVivo. 237 semantic codes were initially selected and grouped together into four latent sub-themes (see Braun & Clarke, 2006). Transcripts were read by both authors. Codes and themes were identified, discussed and negotiated before being agreed upon by both authors.

Results

The analysis of the interviews has been grouped in four main themes, elaborated on in the following section: “emotions and embodiment”, “adjusting to growing older”, “developing and maintaining friendships” and “maintaining contact as a caregiver”.

The men in this study engage in music both through musical expression – playing, singing or dancing – and listening to music, at home or attending concerts (see Table 1). Several of the men practice both expressive and receptive forms of musical engagement, and it is notable how they describe both similarities and differences. The main difference is that they describe their listening experiences in emotional and existential terms, whereas the benefits from expressive music making also contain practicing focus and discipline, achieving acknowledgement and recognition, and strengthening self-esteem through improving skills and overcoming difficulties. For instance, Richard, 68, who is both an avid listener of classical music and sings in a church choir, describes the difference as such:

R: When you stand there and create and sing, then you perform. And you feel: 'now I have to focus.' And then there is the reward, when we manage to do things. Then you’re uplifted, that’s fun. But it’s a different thing. When I listen to music I can relax, but when I sing I can’t relax. When I listen, I can float out. It doesn’t work to float out in the choir, it demands much more discipline. It’s totally different.

For Richard, the experiences are equally valuable although in different ways. Listening provides a sense of emotionality, whilst expressive music making adds a component of achievement and recognition, also accounted for by other participants.

Emotions and embodiment

First and foremost, in these men’s lives, music is experienced as significant, deep and important, fulfilling and enriching, described with words such as “awesome, powerful, majestic, fantastic, beautiful, cool”. Some of them had difficulties in finding the right words during the interview, instead using body language and non-verbal
communication to show how music touches them. They used imagery in their language such as being “swept away”, or “finding layers within” them that nothing else can reach. Some of them were visibly moved; their eyes filled with tears, their voices cracked, or they lowered their tone of voice. Some described how music helps them to connect with their emotions, as Roger, 69, and Harry, 66:

K: Tell me more, what happens in you in those moments?
R: Oooh, it’s the feeling

... 
K: It’s a feeling.
R: Yes, I think I try to disconnect the intel… I’m an intellectual person, too, but music helps me to connect with my emotions.
H: I think maybe I’m a bit like many men, as you said in the beginning, who are a bit (emotionally) confined. But music is a good way if you want to be in your emotions.
K: What does music do to you emotionally?
H: Somehow it receives my emotions, it’s like it becomes a receiver.

In these and similar comments, music was described as helping the men to connect with their emotional lives. Surprisingly many described themselves as having been lonely and “a bit odd” in school, but added that music helped them as an emotional support. Harry, for instance, who labelled himself as “not the smartest guy in the class”, had a difficult time as a schoolboy. For him, music meant survival.

When reflecting on music and emotions, the men not only mentioned positive emotions of joy and happiness, but also what might be regarded as “negative” emotions. For instance Lennart, 70, uses music to regulate sadness:

K: If you try to describe emotionally, turn your gaze inward a bit, what do you think that it (music) gives you?
L: Oh… it’s really a lot. It sort of underlines feelings that you have. ‘Sad stories’ in the music help, if you’re in that kind of mood yourself. It sort of feels better, you share the grief with someone. You’d think that joyful music would make you feel better, but no, this is better, more healing.

Notable here is that Lennart expresses that it is more healing to listen to sad music while feeling sad, than using joyful music. It seems as if he gives music the role of a friend, someone to share the grief with.

Many described musical experiences in terms of autonomic response, mentioning “shaking knees”, “chills” and “goose bumps”. They also used metaphors of embodiment such as being “moved”, that “the music lives in me”, like “an inner caress”, or that they are “in the music”. Richard and Harry note:

R: I enjoy music, I need it for my life so to speak./… /It feeds something, you relax

... 
K: How do you use music?
R: Well . . . as some sort of medicine, yes, medicine . . . “experience” doesn’t cover it, but medicine is good. Because somehow it compensates for my other emotional states and fills it out. You get uplifted. It’s wonderful.

K: So what happens in you when you hear really good blues?

H: Then it feels in the entire body, it’s very physical music. . . . wow . . . It’s very physical. You just want to move.

Here, different ways of experiencing the music on a bodily level are described, either as a sense of relaxation, or as a physical sensation, evoking the urge to move. Likewise, in many of the interviews dancing was mentioned, as a fun way to exercise, enjoy music but also to feel the touch and closeness of another person’s body.

Yet, music can also remove focus from the body. For instance, Claes, 73, who has a lot of pain in his body due to a life with amateur football training, notices that when he becomes fully captured by music, the pain ceases to affect him. And John, 70, describes an experience which seems to be deeply existential, being simultaneously disembodied and embodied.

J: It’s some sort of transformation. My body and my person sort of ceases to exist// . . . //Since I’m an atheist, I can’t use expressions used for religious experiences, but it feels as if you step out of yourself or deep into yourself.

Here, John describes a transformative quality that he sometimes experiences while listening to music. This type of experience was described in many interviews and could occur while listening in the company of others, but, interestingly, most often as a positive, solitary experience occurring when being alone. For example, Magnus often goes alone to concerts, indulging in the experience of “being in” the music, whilst Paul prefers listening to music alone with good headphones, on the couch at home.

**Adjusting to growing older**

Being retired is experienced mostly as something positive by the participants. They enjoy the freedom to do what they want and many of them spend more time with music, including reading and talking to others about musicians, composers, musical styles, thus expanding their knowledge. Instead of being identified with their former profession, most of them seem to identify strongly with their interest in music.

Some of the men have adjusted their habits to the fact that they are growing older. For instance, Birger, 75, has changed from watching sports on TV towards listening more to classical music, since he prefers the calm, nice atmosphere in the music to the more “adrenaline-filled” sports. And Lennart, previously a keen record collector, has started selling many of his records, instead using his time and money to travel and attend concerts.

L: I guess it has to do with realising the finitude of it all, sort of. I don’t have anyone to pass it on to// . . . //So, what difference does it make? Therefore, I sell a little now and then, in order to indulge in other things.

K: So how do you think around the future?

L: Well, I don’t think so much about it. I try to live on taking one day at a time.

Whilst this quote may suggest disillusionment, this was not reflected in Lennart’s tone of voice and general appearance. Rather, he was quite matter-of-fact in
describing how he has negotiated ageing. Instead of the solitary practice of collecting records, he now chooses to spend more time going to live concerts together with others.

Whereas some of the men talked quite openly about their thoughts on ageing and death, others said that they prefer not to think about it. Paul, 66, and Felix, 76, who play in a band and an amateur orchestra respectively, expressed on the one hand pride about still being able to play and develop new skills, but on the other hand fear of having to stop playing.

P: Sooner or later I’ll have to sell the guitar … that feels really … strange

...

F: I’ve started to ask myself: how long can I go on playing? What will happen then?

K: How do you think around that?

F: (Very moved, pulls himself together). Excuse me?

K: How do you think around what will happen?

F: I don’t dare to think it through. I can’t imagine putting it (the instrument) away.

Both Paul and Felix dread the day when they will have to stop playing. For John, however, not being able to play anymore is already a fact due to arthritis. Still, he takes great pleasure in listening to music, mostly together with his wife, and he continues seeing his musician friends regularly, talking about music.

In addition to engaging directly with the music, talking and even thinking about music are ways of engaging mentioned by several of the men. For example Henrik, 72, has enjoyed listening to classical music since he was a child. With age, his hearing is impaired in such a way that listening to music has become painful. However, since he has been a keen listener all his life, he knows a lot of pieces by heart. Thus, he is able to repeat pieces internally, in his head. He claims that this “inner repetition” of music gives him pleasure, even euphoria, although he cannot hear the very music anymore.

**Developing and maintaining friendships**

Noticeably, the men in the study described the friendships they have developed through music as particularly deep and special. For instance, Bosse, 76, who has played since he was a teenager in the brass band tied to the factory he used to work in, described the immense support he felt from his band in the difficult period when he took care of his dying wife and had to take time off from the band.

B: And then just to know that they asked for you: ‘How are you doing?’, ‘how’s your wife?’.

We are so close, so tight. They had my back. And I knew that: ‘Whenever I have the possibility, I’m welcome back’. This is such a social strength. It means the world to me.

Here, Bosse describes the social and emotional support he gained from his fellow musicians, who showed that they cared and that he was welcome back to the orchestra despite long periods of absence.
Yet, it is not only those engaged in expressive music making who benefit socially from their interest. For instance, Lennart was “not much of a social person” as a young man, cultivating his musical interest on his own. Gradually, though, he found friends with similar musical interests. One of them is bound to a wheelchair and attends concerts with Larry and since he needs help, Lennart can be of practical support, thus combining giving through caring for another person with the pleasure of listening to music together.

Paul, furthermore, told of how he made new friends in a record shop. He had a habit of going to the same record shop on Friday afternoons to buy records. Coincidentally, he started talking to the owner and to other record buyers, and eventually they developed a friendship. When the record shop had to close down, they continued seeing each other in a nearby pub. Still, they have a standing agreement that whoever is free can meet up at the pub on Friday afternoons.

Many of the men described the quality of the contact gained in and through music as deep and intimate in a unique way. This can appear both in the shared experience of playing or singing together and from listening to a concert.

J: It’s immensely joyful; the affinity. You stand there, a bunch of men and women, and look each other in the eyes – and you know exactly what to do the next tenth of a second/ … /it’s just like some sort of melding.

P: … when you get stuck in each other’s gaze … you can become weak-kneed regardless of whether it’s a man or a woman. Especially when you sing together – not many things can compare with that!

P: It’s like me and Magnus, we can just sit there, unable to move, totally floored/ … /and people … almost everyone else has left. And then, laboriously, we get up, look at each other, and just say: we’ve really been part of something!

**Maintaining contact as caregivers**

Some of the men have experienced becoming caregivers to relatives, due to severe illnesses, and have used music as an important means to improving the contact and wellbeing for both parties. Patrik, 74, whose wife had Alzheimer’s disease, took care of her at home, but eventually had to arrange for her to move to a care home. After having seen the documentary movie *Alive inside*[^3], Patrik brought good quality headphones and some records with music that he knew his wife appreciated. With the headphones on, he details a shift in her face that he describes as incredible:

P: Her whole face was changed (he lowers his voice, pauses) … Her entire face got colour, a tiny little bit of … (tears in his eyes), well almost roses on her cheeks, her eyes were opened, and she just sort of looked, from having been totally, well you know, shrunken, without contact. And then I thought: this is insane!

After this first, strong experience of seeing how his wife became vitalised through hearing music that she knew, Patrik started using this method regularly, with similar results. He also tried to inspire the staff to use music in the same way.

[^3]: *Alive Inside*, produced by Michael Rossato-Bennett, shows a method where personally chosen, “favourite” music is collected in a play list and offered the person with dementia through headphones.
For Claes, it was his mother who suffered from dementia during the last years of her life. The last communication Claes managed to have with her was when he sang old Swedish folk songs for her, songs that had a special meaning to her.

C: Well, it was my daughter, she is so . . . she is much more empathic than I am. She really loved my mother, almost more than I did.// . . . //So, she used to visit my mum. At first, she discovered that mum lit up when she read old rhymes and poems aloud for her. And then she started singing. And I started, too.

Although he does not identify with being a “singing person”, Claes sang for his mother and thus managed to maintain contact with her during her dementia. He judged that the singing had a positive effect on both of them, making the contact less tense and more positive, creating moments of reminiscence and emotional wellbeing.

For Birger, too, music is a means through which he keeps contact with his wife, who has Parkinson’s disease and lives in a care home. He visits her every day, and since she has difficulties talking due to her disease, they listen to her favourite music together. He notes:

B: She likes the Three Tenors and things like that, so we’ve brought that to her, and a CD player. We always play that when I’m there, it makes her cheer up.

Thus, listening to music improves the mood of Birger’s wife and creates moments of positive, shared emotional experiences for both of them. However, for Birger music also seems to have a deeper meaning. Initially, it was his wife who brought the musical interest to their marriage. Thus, music is connected to her. Now, despite her being in a care home, he keeps the habit of listening to the classical channel on the radio and attending concerts, on his own. He appreciates it, saying that it’s “nice” and makes him feel relaxed and in a good mood. He still thinks and talks about it in terms of “we”, “we have a standing subscription on Fridays, as we have had all those years”. It is as if he continues their mutual habit, cherishing their common history, as a way to cope with the feelings of sadness and grief from losing her.

Discussion

Music plays a vital role in these men’s lives, providing them with both social and emotional rewards. Aside from direct musical engagement, it was interesting to note that talking about music was highlighted as rewarding and important. This was also noted on a meta-level in the interviews, where an atmosphere of intensity, joy, even urgency was mutually created. The topic was engaging and meaningful to the participants, something that they were eager to share. Thus, the dialogue came across as having an important, potentially therapeutic, value in and of itself. Apart from Stige (2012), who discusses the activities of reflecting on and talking about music in his concept of health musicking, this is an as-yet underexplored aspect of musical engagement, rarely noted in music therapy literature and important for music therapists to consider further.

The men in this study describe two main ways of experiencing music; the personal experience of emotions and sensations and the shared, common experience with others. These aspects occur both in receptive and expressive forms of musical engagement and can be understood through the concepts “being” and “doing”, as outlined by Trondalen and Bonde (2012, pp. 54–56); “being” in the present moment,
strengthening the sense of self and connecting to the living and perceiving body, and “doing” as an aesthetic participation with others, experiencing beauty, bodily sensations and empowerment through active, musical expression. A similar division is captured in DeNora’s (2013) notions of “removing” and “refurnishing”, where “remove” means to withdraw from outer reality, whereas to “refurnish” is a shared activity, involving expression and communication. Both give ontological security, control and creativity, pleasure, validation of self and comfort, but while refurnishing involves a process of letting music influence and make changes in the external environment, DeNora states that removal does not alter anything in the socially shared space.

Yet, as evidenced above, the mood of the person is not insignificant for the socially shared space. The men in this study describe strong experiences of presence, of being alive, in contact with the core self, in the body. Such strong emotional experiences can be life-changing (Gabrielsson, 2010). To experience presence, in the body, in the moment, enhances one’s sense of self and makes a person come closer to her own personality (Tudor-Sandahl, 1989). To return into the world with a renewed contact with the self and an improved mood can completely change the perception of the socially shared space, which in turn affects relationships – and, consequently, wellbeing. As this study indicates, it can be argued that both the personal level of aesthetic, emotional and embodied experience and the social level of sharing those experiences, are equally important and mutually reinforcing. Arguably, it is in the process between the two that “social capital” is generated, as described by Procter (2011), leading to the third level in Trondalen and Bonde’s model: transformation (2012).

**Being: Coming into contact with embodied emotions**

The most striking result of this study is the men’s accounts that music helps them to come in contact with and experience their emotions. Their desire to experience emotions is an important finding, since it contradicts the stereotypical image of men being emotionally restricted and supports work by Galasiński (2004), indicating men’s desire to both experience and express emotionality. The men in this study sometimes lack the verbal language which has been commonly associated with “correct” emotion vocabularies, yet they not only display emotionality but actively want this and use music to attain it. As noted by de Boise (2015) the desire to both provoke and understand emotions through music is congruent with men’s own “masculine” identities.

Many of the men describe their musical experiences in bodily terms. For older men in particular, positive experiences of the body can be important, since the male, ageing body is often described in terms of loss of sexual potency, occurring illnesses and other signs of “weakness and failed masculinity” (Jackson, 2016, p. 93). Men can develop a greater understanding of their own emotionality through developing their engagement with their bodies (Seidler, 2007). By being in contact with one’s own body and emotionality one can develop the empathic ability to tune in to other people’s body language and emotions (Bojner Horwitz, 2018). Thus, being better “attuned” to one’s body facilitates more rewarding relationships and consequently counteract experiences of loneliness (de Boise, 2015; McQueen, 2017).
**Doing: Maintaining and deepening contact in care**

In this study some men provide care to sick relatives and use music as a means of communication. Whilst some research states that men as caregivers experience this as less of a burden than women (Jackson, 2016; Russell, 2004), to provide care for a partner with dementia is often a stressful task, leading to a heightened risk for depression or burn-out (Ridder, 2017). In research on music and ageing, usually the main focus is on how music affects the afflicted person (Cohen, 2009; Creech et al., 2013). Yet, as Särkämö et al. (2014) demonstrate, both singing and listening to familiar songs is beneficial, not only for the person with dementia but also for the contact and communication within the couple.

Attending to the wellbeing of the caregiving partner is vital. Since many older men have limited social networks outside of the family, when taking care of the partner at home, men as caregivers can face social isolation due to limited possibilities to leave the house (Ribeiro, Paúl, & Nogueira, 2007; Russell, 2004). When the partner has to move to a care home, feelings of grief and loneliness, and a sense of shame and guilt for having failed to provide sufficient care at home, are common (Ridder, 2017). Also, visiting the care home can be stressful due to communication difficulties (Dassa, 2018). Here, music therapists can play an important role. For instance, in one project women who regularly visited partners with dementia in care homes were guided to use music together with other reminiscence tools, as means to improve the communication with the partner during visiting hours (Dassa, 2018). The results were striking, with moments of happiness, intimacy and a renewed emotional connection within the couple. The renewed contact created a basis for improved verbal communication and a space for the calm, satisfying experience of being nonverbally together “in” the music. Dassa’s findings around the positive outcomes for the relationship, from shared musical engagement, are supported in this study.

**Implications for music therapy research and practice**

As stated there is a need to develop gender-sensitive approaches which focus on wellbeing challenges amongst older men, such as loneliness, isolation and depression. These challenges are often treated as individual problems, placing the responsibility on the men, who are described as reluctant to seek professional help for psychological issues. However, it is important to also acknowledge the structural aspects of these challenges, as well as the responsibility for society to counteract them. Since participation in cultural life is still dominated by the “better educated and more affluent” (Procter, 2011, p. 207), one important role for (community) music therapists is to provide opportunities for musical engagement for those who cannot or will not participate by their own accounts. This could include establishing bands, arranging choirs or dance events, creating music listening groups or facilitating musical engagement between caregivers and their sick relatives. Yet this study also indicates the value of talking about music as an important but hitherto underexplored way of sharing musical experiences. This has therapeutic implications particularly for older men, since it provides opportunities to express emotionality without the demand to verbalise the very emotions with supposedly “correct” emotion vocabularies.

There are some examples of music therapeutic group activities specifically targeted to men, for instance music listening groups led by a music therapist and with self-chosen music in psychiatry in Denmark (Lund & Fønsbo, 2012), and an Australian
project for men, many of whom had problems with anger, alcohol or drug abuse and social withdrawal (Irle & Lovell, 2014), which have been linked to male depression (Athanasiadis et al., 2017; Patrick & Robertson, 2016). These studies show that playing and performing together effectively improved participants’ psychological wellbeing regardless of previous musical interest or skills. However, more systematic research and method development is needed in order to extend the potential beyond music-making as an activity.

**Conclusions**

The need to design suitable safe, attractive, “male-friendly” (Peak & Gast, 2014; Robertson et al., 2016) health-promoting opportunities for older men is an urgent social need. Here, music therapy can play an important role. This article demonstrates that men in the third age, a neglected group in music-related research, demonstrate a wide range of embodied and aesthetic experiences from music which are connected to their gendered identities and experiences of ageing. The data contradict stereotypical images of older men as suffering from different degrees of loss or being incapable articulators, whilst recognising that making music, music listening and talking about music have the potential to facilitate greater interpersonal communication and subjective wellbeing. The analysis indicates a broader, richer and more nuanced view of both ageing and masculinity as well as music’s role in mediating this process.

Using music to engage older men is important, since it offers many different possible avenues for experience and expression, some of which can be maintained despite physical impairments connected with ageing. This study shows that engagement with music is much more than an activity for these men. Rather, it fills deep psychological and social/emotional needs as part of their identity, giving them a sense of meaning and stability.

**Disclosure statement**

No potential conflict of interest was reported by the authors.

**Notes on contributors**

*Katarina Lindblad* is a music therapist MA, and a PhD student in musicology at Örebro University, Sweden. She lectures to and educates care staff about music in dementia care, and runs a private music therapy practice in Stockholm. She is also studying to become a GIM therapist.

*Sam de Boise* is a Senior Lecturer in Musicology at the School of Music, Theatre and Art at Örebro University, Sweden. His work focuses on emotion and affect, as well as questions of gender equality, in relation to music listening and making.

**ORCID**

Sam de Boise [http://orcid.org/0000-0002-9067-9496](http://orcid.org/0000-0002-9067-9496)
References


Dassa, A. (2018). “Opening our time capsule”- creating an individualized music and other memory cues database to promote communication between spouses and people with dementia during visits to a nursing home. Frontiers in Medicine, 5(215).


Only when feeling lonely? Results from the Amsterdam study of the elderly (AMSTEL).


