

# 1 Overture

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Music is healing; it's coping, and it's a story. Music is the connecting bridge between the ones that I love and me . . . . Music is my center, my common ground, my healing place.

“Kalie: Music Is My Healing Place”<sup>1</sup>

In many ways, music is essential to our psychological wellness as individuals and to the wellness of a society. Music pervades all aspects of society and human thought. The creation of musical sound indeed involves a transformation that is set “by the art of the musician.”<sup>2</sup> But music also involves a listener who perceives music in a personal way. Music is a paradox of unity and diversity. Music follows structure and, paradoxically, at the same time, is resistant to theory<sup>3</sup> Music is universal, giving emphasis and meaning to the human experience.

We stay authentic through music, but music too has to be authentic. To be authentic is to see life in a realistic way, to be self-reflective and to understand one's motivations, to be able to freely express emotions and to laugh at ourselves, and to care about and accept others.<sup>4</sup> Thus, to be authentic, music has to come from a place that conveys the hopes, experiences, and struggles of a people and society. Authentic music is universal. It embraces all cultures, views, and walks of life. Authentic music embodies the heart and soul of a people and society. Simply, it is the music of what people listen to and make. It is an outlet for healing and connects us to others. Conversely, a society where the expression of music is prohibited or restrained is unwell. Wellness not only relates then to wellness of the individual but also to the wellness of a society. What determines individual wellness? What defines a well society? In this chapter, we discuss concepts of wellness of the individual and wellness of a society, and begin to sketch out the intersection of music, health, and aging.

To begin, we must first consider what it means to be healthy. The World Health Organization (WHO) defines health as a “state of complete

physical, mental, and social well-being and not merely the absence of disease or infirmity.”<sup>5</sup> This definition moves beyond the biomedical definition of health, which is the absence of illness. Health from a biomedical perspective is somewhat circular and implies that if you are not sick, then you are healthy. However, a drawback of the WHO definition is that it is difficult to characterize the fixed or the relative qualities of being in “a state of complete physical, mental, and social wellbeing” and, thus, if or when a veritable “state of wellbeing” is satisfied. How do we understand someone with a physical, mental, or emotional disability? Are they by definition unhealthy? What is the role of a person’s spiritual outlook with regard to health? To be considered healthy, then, is a process that takes a certain level of self-management.<sup>6</sup> Key in this process is resilience, adaptation to change, the capacity to cope, and the ability to reach one’s full potential. As we take up these concerns, we recognize that health involves a holistic process and thus requires an approach that looks at the wellness of the person and at the wellness of society. We further discuss our investigative approach and expand on our conceptions of the wellness of the individual and wellness of a society in the following pages.

### **Wellness of the Individual**

Individual wellness is grounded in a psychology that emphasizes wholeness of the individual, a connectedness to others, a sense of belonging, and authenticity. These are not new concepts or views of psychology of the individual. They are founded in earlier theories put forth by Alfred Adler, Gordon Allport, Abraham Maslow, Carl Jung, and Carl Rogers.<sup>7</sup> They reflect an existentialist, phenomenological perspective. For example, Rogers proposed that living in the here and now and living an authentic life are essential to psychological wellness. Concepts such as phenomenological, existential, person-centered, self-actualization, becoming, and growth were terms used to describe the process of moving toward and becoming an authentic person. Disruptions, or incongruences between one’s real and ideal self, result in being unwell. Other symptoms of being psychologically unwell are anxiety, worry, frustration, and anger. Psychological wellness is intertwined with an individual’s process of becoming who they were meant to be and a life review that accentuates positive psychological, emotional, and spiritual growth.<sup>8</sup>

A person can be unwell vis-a-vis music when one’s orientation to music changes in that it creates inauthenticity and existential crisis in the person. For example, one could still attempt to belong to a music scene (e.g., punk) but can no longer maintain that lifestyle or has

“aged” out of the scene. Changes in technology and changes in medium (e.g., vinyl, cassette, 8-track, CDs – the potential demise of CDs – iPods) can affect how one incorporates music into one’s sense of self. Physical and health changes can affect one’s music orientation. For the musician, not being where you are meant to be, struggling to stay young, physical changes in health, and not playing what feels right to you but instead playing for the sole approval of others can negatively affect one’s orientation toward music and well-being. Hearing loss for many musicians and nonmusicians can change one’s orientation toward music that was once enjoyed but now is less enjoyable. These changes in orientation toward music may impact how we find meaning in our lives.

### **The Grand Avenue of Music**

Musicologists such as Harris Berger<sup>9</sup> and Kenneth LeFave<sup>10</sup> have designated music as a phenomenology. That is, music may be described as an entity that we understand through our conscious experience of listening and interpreting, composing and playing, acting out and dancing to, and through our deeper psychological interpretations and meaning given to various musical experiences. This deeper individual experience and the broader cultural connection of music as a phenomenology provide the nexus to metaphysical and psychological aspects of the person. When we consider these connections, we thus embrace a phenomenological psychology.<sup>11</sup> This definition of psychology that we will espouse in this book will be one that is also universal, depicting the deepest and most central aspects of the person.

We recognize that taking a universal, phenomenological approach to understanding the connection between music, wellness, and aging can be challenging. Within modern psychology, at the present time, a diffusion of definitions, theories, and approaches exists, leading the outside reader to conclude that there is no unifying principle to the field. Indeed, as the psychoanalytic theorist Carl Jung remarked many years ago,<sup>12</sup> much of modern experimental psychology falls well short of being a universal explanation of human experience, of life processes, the person’s deepest concerns, and inclusive of the innermost and culturally common motives that direct our behavior. Thus, we will define psychology in universal and metaphysical terms, leaving consideration of technical and methodological approaches and schools of thought such as neuroscience, cognitive science, behaviorism, and behavioral management as secondary concerns in our presentation of the phenomenology of music as it relates to wellness and aging.

Embracing a phenomenological orientation, we recognize psychology to express the deepest aspects of the person, involving conscious and unconscious processes that invoke and express a psychology imbued with faith and spirituality that arises from the organic neurobiological platform of the human brain and peripheral sensory mechanisms. In a sense, this is a type of psychology that encompasses all human experience and that includes and is connected with the traditions found throughout all world cultures.

We can further understand a psychology that connects and encompasses all human experience from the perspective of Eastern philosophies, where opposites such as male-female, inner-outer, and subjective-objective are connected and represent a whole, or oneness. This oneness of opposites is also understood to reflect a balance, a complementarity, and a harmony. It is exemplified in the Daoist symbol of Yin and Yang. Thus while forming a whole, Yin and Yang are considered opposites. For example, Yin represents female qualities. Additional qualities are black, dark, and passive. Yang represents male qualities. Other qualities include white, light, and active. Although they are opposites, each one contains aspects of the other. This symbol also connects to a larger cosmological order. Yin and Yang were formed out of Chaos and eventually created a balance in the cosmos. When these two components are out of balance, adversity and ill health occur.<sup>13</sup>

With regard to aging and health, we also find a similar connection of opposites and oneness in our inner psychological and outer social experiences. That is, in adult development and aging we experience ascent and descent in biophysical systems, a psychological turning inward at midlife as we shift and reposition ourselves from an outer-looking orientation from time since birth to an inner-looking orientation of the time left to live and a sloughing off of social contacts. Illness and death may limit one's interaction and exchange with family and friends from levels experienced earlier in adulthood. In all these moments of development and change, we have an opportunity to come to new understanding of what maturing and growing older really means. We similarly recognize a union between opposites when we consider wellness and illness. A contemplation of these two states may lead us to novel insights regarding life changes, awareness of new strengths, and a fuller realization of life's bliss.

This type of connection between opposites, especially in the union of the outer physical and social environments with our inner psychological experiences, has also been noted in the way music innervates emotion, perception, movement, learning, and memory and may provide a beneficial therapy for a variety of neurological impairments. As we consider wellness and healing, we recognize the intersecting influence

and role that music therapy has in the prevention, management, and recovery from illness. As noted by Andrea Creech and colleagues,<sup>14</sup> to be able to listen to music, to be with others in a social activity involving music, to be involved in playing an instrument, singing, composing – all are suggested to enhance well-being in later life. Thus, we realize how music therapy has great potential in the treatment of both physical and psychological illnesses, such as depression, pain, and neurological disorders.

Moreover, like the symbol of Yin and Yang found in Daoism, this is a type of psychology that can be described as metaphysical, suggesting and portraying a theoretical model of human nature that is inclusive and descriptive of all peoples, and sees relationships and connections between all phases and facets of life and living experiences. Accordingly, our discussion hopes to give emphasis to the universal characterization of human experience as portrayed and reflected in music and musical experiences. Thus, although we present that music is connected to wellness and aging, we also propose that various elements of music are metaphors of a broader human experience. For example, rhythm connects us to life's movement as we progress from infancy to older age. Harmony is to be found in the relationships we establish with others and in society. Melody is our individual experience in the world. Thus, wellness through music for the individual is finding meaning and one's place with one's self, with others, and with one's community.

### **Wellness of Society**

Indications of a well society can be found in its moral values and social justice. Social justice involves fairness and justice toward its individuals. A fair and just society provides safety and security for all its members. It has embodied mechanisms to redress wrongs and seeks to truly represent the will of a people. It has the moral obligation to provide safety nets for at-risk individuals, such as health care, retirement, and maintaining the dignity of the individual through the life course. A well society is one where grievances are identified, and individuals engage in a strong social advocacy. It reflects one's connectedness to and sense of community and allows for personal and community growth to the benefit of its citizens.

### **Health Care and a Well or Unwell Society**

In a speech given in March 1966 to the Convention of the Medical Committee for Human Rights held in Chicago, Dr. Martin Luther King Jr., hoping to raise social consciousness about the immorality of

institutional racism as noted in the inferior and segregated medical care provided to African Americans in United States, stated that “of all the forms of inequality, injustice in health care is the most shocking and inhumane because it often results in physical death.”<sup>15</sup> As Dr. King noted, particularly egregious in its provision of care is the United States, which holds the dubious distinction of being the only industrialized country in the world that does not provide some form of universal health care for its citizens.<sup>16</sup> Equal access to excellent and exemplary health care, regardless of the person’s gender, socioeconomic status, race, ethnic background, country of origin, or immigration status, is crucial to defining a well society. Equal access to excellent and exemplary health care is grounded in the principles of fairness and justice. A society that provides access to the best health care possible for all its citizens can be characterized as good and fair.

The World Health Organization (WHO) has proposed key elements that make up a good and fair health-care system. The concept of goodness is identified as the best attainable average level of health care of all of its citizens. Fairness is measured by the smallest feasible difference or disparity among individuals and groups. According to the WHO, characteristics of a good and fair health-care system are *good health*, *responsiveness*, and *fairness in financing*. Good health refers to making the health status of the entire population as optimal as possible across the life course. Some indicators of good health are a low infant mortality rate and high disability-adjusted life expectancy. Responsiveness refers to making adjustments and accommodating peoples’ expectations of respectful treatment and client orientation by health-care providers. It also implies that there is a fair distribution of responsiveness across individuals and groups. Fairness in financing refers to ensuring economic support and protection for everyone, with costs distributed according to one’s ability to pay and equal protection from the financial risks associated with an illness.<sup>17</sup>

Although the United States is ranked as one of the most responsive nations when it comes to technological advances and understanding the needs of its citizens, according to the WHO, for North American countries it is ranked as one of the least fair for health finance protection with Canada and Cuba, adjacent countries, ranked higher than the United States. The US health-care system with regard to responsiveness knows what its citizens want and need, but it is also one of the most expensive health-care systems in the world, spending 17.9 percent of its GDP on health care, amounting roughly to \$10,739 per person.<sup>18</sup> As a result, many US citizens still face bankruptcy when confronted with a devastating illness or need long-term medical care.<sup>19</sup>

### **Implications of Health Care for Musicians**

The implications for musicians who live in an unwell society with regard to health care is that many are unprepared financially to address the costs of medical care. This becomes particularly crucial for the aging musician. Financial ups and downs are an inherent part of the “gig economy” (i.e., short-term contracts and freelance work) of the music profession. Although musicians’ unions have provisions to provide pension plans for working musicians, these plans may not necessarily provide health-care insurance.<sup>20</sup> In addition, many musicians only play part-time, do not belong to a union, or play professionally but have a sporadic schedule. The costs of medical care can be prohibitive. Thus, many musicians are at risk and unprepared financially to cover health changes as they age. Too often, musicians are compelled to set up a crowdfunding platform such as a “GoFundMe” Internet page to pay for costly medical bills. Some musical groups have formed LLCs, which can then purchase group health insurance. Fortunately, many countries provide universal health care to its citizens. With the enactment of the Affordable Care Act (ACA) in the United States, people can access affordable health insurance if otherwise not eligible for Medicaid or Medicare, or do not have their own private or employer-provided plans.<sup>21</sup> But the ACA (along with Medicaid and Medicare) has come under political attack and has an unclear future at the time of this writing. Along with many others, musicians are now at the forefront of fighting to keep the ACA.<sup>22</sup>

### **Wellness and Music Community**

Music is essential to the wellness of society. Wellness through music at a societal level is exemplified in grants for the continuation and development of music through incentives such as the endowment for the arts and other grants. A well society provides music education programs and music camps for aspiring and accomplished musicians of all ages. A musically well society appreciates the spiritual and community role that music plays. It can be in religious services and meditative music, in communal healing rituals, or in protest of social unwellness and the exhortation of societal reforms. It can also be an enjoyable enterprise that brings together families and community such as in town bands, community concerts, kinfolk reunions, and music festivals. Importantly all arts, whether performing, visual, literary, cultural, digital, and electronic, have been linked to health. The arts play a key role in promoting community health through their ability to provide the individual a sense of enhanced self-efficacy, positive ways of coping, and emotional

regulation. Indeed, involvement with the arts is noted to lower stress and enhance immune function, reduce loneliness and isolation, and increase adoption of healthy behaviors.<sup>23</sup>

### **A Society That Is Unwell and Political Oppression**

A sickness of a society is exhibited when music is prohibited, limited, or when musicians are persecuted. The thwarting of the natural expression of music leads to a sickness not only of the person, but also of the society at large. In societies that are unwell, artists and musicians live in fear and as condemned individuals at the whim of the prevailing social winds and at the mercy of despotic autocrats with populist and nationalistic views. During the Stalin regime in the Soviet Union, musicians lived in an uneasy fear and at times outright condemnation by the Soviet dictator. Many disappeared or were murdered because they fell out of favor with Stalin or did not compose according to the ideology of socialist realism.<sup>24</sup> Party sympathizers would patrol bars and clubs to report on compliance with new regime policies. For example, the valve trumpet was considered a perverse instrument, and use of mutes to make a “wah wah” sound was prohibited. Jazz percussionists could be accused of creating “extreme rhythms.”<sup>25</sup> The famous classical composer, Shostakovich, received both reward and condemnation by Stalin and always kept a suitcase packed waiting for that midnight knock at the door. As an advocate, Shostakovich later wrote and signed petitions for the release of musicians condemned to labor camps under Stalin’s regime and helped survivors find work.<sup>26</sup>

Music enriches a culture and is a context in which one evaluates the wellness of a culture. Traditional folk music provides identity to a culture. To fully know that traditional music is the lifeblood of a culture is to witness the lengths that autocratic and dictatorial regimes go to ban it. Stalin, for example, banned folk music, and any “folk” melodies composed at that time had to be state approved.<sup>27</sup> Regions within the old Soviet Union were targeted. The traditional music of Mongolia and Tuva was banned. Here, traditional musical instruments were confiscated, and folk and religious festivals were prohibited. Azerbaijani musicians also suffered under Soviet rule. For example, the actress and singer Panfiliya Tanailidi was arrested for allegedly spying for Iran and was shot. Jazz saxophonist, Parvis Rustambeyov died in a KGB-run prison.<sup>28</sup>

Under other oppressive regimes such as the Taliban, the rubab, the national instrument of Afghanistan and considered “the lion” of instruments, was silenced. The rubab is a stringed, lute-like instrument that has its own unique sound.<sup>29</sup> The Taliban destroyed all musical instruments and imprisoned musicians. All musical expression, unless it comported



with Islamic law, was banned. The result was that many Afghani musicians such as rubab master Ustad Mohammad Rahim and singer Ustod Mawash fled the country to live in exile.<sup>30</sup>

## US Discrimination

Music has always been a form of protest against discrimination and injustice. Every generation has witnessed the rise of musicians advocating civil rights, calling out injustice, and fighting poverty. Musicians and singers such as Pete Seeger, Joan Baez, Woody Guthrie, Miles Davis, Nina Simone, Moby, Bono, Nataanii Means, Inez Jasper, Frank Waln, and countless others have stood as the vanguard to call out, to raise awareness of, and to fight social injustice.<sup>31</sup>

Historic and extant examples of racism and tactics of disenfranchisement of African Americans have been white-voting-only primaries in the South, voter suppression, terror tactics (such as lynchings, shootings, and maimings), poll taxes, literacy tests, segregation, and the Jim Crow anti-black racist laws. The rise of Black Lives Matter and other human rights organizations highlights present discriminatory policies of the United States that involve incarceration rates, police brutality, the death penalty, and racially biased drug policies, to name a few. Likewise, hate crimes and violence against LGBTQ+ individuals have been well documented. Although hate crimes based on the victim's sexual identity are believed to be underreported, sexual orientation is ranked as the third highest motivator for hate crimes.<sup>32</sup> One move toward rectifying civil rights injustice toward LGBTQ+ individuals is the recent 6–3 ruling by the US Supreme Court that extends the rights of LGBTQ+ individuals under Title 7 of the Civil Rights Act of 1964 from discrimination in employment.<sup>33</sup>

At present, the world is facing one of its most devastating pandemics in history – Covid-19. Although this pandemic is affecting us all, in the United States the number of cases and number of deaths have been disproportionately found in racial and ethnic minority groups.<sup>34</sup> This disparity has important implications for how we respond morally. A well society ensures that no group suffers disproportionately to another group. A well society responds by recognizing utmost the dignity of the person and strives to maintain basic ethical values. To live a human and humane existence is challenged full-force by the Covid-19 pandemic and will serve as our testament or our condemnation to how we responded to those most in need.

### **Immigration**

Another form of discrimination is immigration laws. The year 1907 witnessed the largest number of immigrants coming to the United States. Through Ellis Island alone, 1.3 million people entered the United States that year.<sup>35</sup> During the ensuing years, anti-immigration and eugenic ideologies became more accepted, and these ideologies were used to limit immigration from areas that were deemed morally and physiologically “unfit.” One of the most restrictive immigration laws in the United States was enacted in 1924. This law restricted immigration to quotas based on the 1890 census and limited to certain countries. Those who entered the country in 1890 were primarily from Northern European countries. Excluded from entering the United States because of the immigration act of 1924 were immigrants from Eastern Europe, Asia, Russia, and Italy.<sup>36</sup> Sadly, at the time of this writing the US administration has been implementing immigration policies that restrict or ban entry into the United States because of religion or geographic origin.<sup>37</sup>

### **Music, Wellness, and Aging**

One of the fastest growing populations in the world is the number of people 65 years of age and older. The top 5 countries with the highest percentage of its population age 65 and older are Japan (28.2 percent), Italy (22.8 percent), Finland (21.9 percent), Portugal (21.8 percent), and Greece (21.8 percent). The top 5 states in the United States with the highest percentage of its population age 65 and older are Maine (20.6 percent), Florida (20.5 percent), West Virginia (19.9 percent), Vermont (19.4 percent), and Delaware (18.7 percent).<sup>38</sup> We are indeed an aging population. This change in demographics comes with important concerns to people as they age. For example, how do we begin to understand what defines health as we get older? How do we address health concerns of older individuals? How do we as a society create the conditions that allow all, regardless of age, to reach their unique potential, to become a self-actualized individual? To begin to address these questions, we sketch out and offer a way to begin to understand aging as a possible path to self-transcendence, as well as how we might transcend the life–death duality.

Seeing children grow up and leave home and witnessing parents retire, decline, and die have profound effects on the individual. Erik Erikson,<sup>39</sup> a psychosocial developmental theorist, suggested the central crisis of midlife is generativity versus stagnation. Generativity refers to the care taking and concern we provide and express to children, older family

members, and friends, as well as institutions and organizations in our communities. Stagnation reflects a regression to an earlier status of isolation and lack of intimate connection. Thus, in many ways there is a dynamic expression of psychosocial concerns and development at midlife. Does personality change as well? This is an important question to ask, and the answer is, it depends. It depends on what facets of personality you are measuring in an empirical sense and, as Jung suggested, whether you will embrace the possibility of widening consciousness and psychic growth.<sup>40</sup> Generally, with regard to empirical assessments, core aspects or central trait measures seem to remain relatively stable, although there may be a slight increase in agreeableness and decline in neuroticism, and a shifting balance in the expression of masculine–feminine traits.<sup>41</sup> Other research, such as those from the Berkeley Longitudinal Study,<sup>42</sup> which explores more malleable aspects of personality like autonomy or self-control, suggest greater expression in these aspects as one moves from young adulthood to midlife. Similarly, from midlife to old age there are also noted gender shifts in the expression of femininity and dominance.<sup>43</sup> Allied research has suggested that from midlife to old age there is an increase in the expression of positive and decrease of negative emotional behaviors.<sup>44</sup> It is important to recognize that these changes in personality and emotional behavior should be considered within the broader context of midlife and old age, where we see marriages and family life from a more mature perspective. Also to be recognized are cultural influences and different social roles, such as being a grandparent, that influence self-concept and what we might consider as possible ways of being.

Erikson proposes the central crisis in old age is integrity versus despair. In this stage we ask ourselves how my life has been purposeful and meaningful. Can I look back upon my life with a sense of integrity? At this stage there also exist continued changes in social processes, such as disengagement, changes in self-esteem and possible ways of being or possible selves, and how we compensate for change as well as how to live our lives effectively and to achieve our goals. Society's reaction has not always been kind to the older person. Indeed, ageism and age discrimination are still very much present in our society. But truly, we should recognize that in old age there are no limits to the kinds of interests or activities one may pursue.

Risk for disease and declines in health become more a part of our everyday experience and concern as we age. For biologists the key question is what causes aging? Several theories of why we age exist and certainly how we age reflect genetic inheritance (e.g., if grandparents and parents were long lived, we will be more likely to live to a ripe old age, too) and lifestyle factors that influence health (e.g., smoking, diet rich

in fats, and high-stress jobs are associated with earlier mortality). Exercise, proper diet, and enriched environments help to slow declines in brain and cognitive abilities. In general, declines in sensory–perceptual processes and cognitive function occur with advancing age. But there is considerable individual variability in the extent to which these declines may imperil the older person in their finding happiness and in their everyday living. That is to say, some older adults show significant declines in vision, hearing, and cognitive function, while others seem to have vision as keen as an eagle’s, are still sharp as a tack, and are very much involved in living. How do we maintain a vital involvement in life? The answer to that question often involves fitness routines, proper diet, and ways of being, or things like anti-aging creams, cosmetic surgeries, and hip or knee replacements. Perhaps reflecting our uneasiness with aging, we might even search for the “right” vitamins or herbal remedies to take or even seek out an anti-aging drug that would extend life and enhance our living. Certainly, how we answer the question that “aging” poses to us seems to turn on our personal approach to life and how we view our own development. As implied here, individuals who stay vitally involved are also more likely to exercise, follow healthy nutritional guidelines, and stay intellectually active.

### **What Kinds of Changes Occur in Later Life?**

Aging is a natural, intrinsic, universal, and inevitable process. We are all getting older. But by midlife, most of us are likely to experience physical changes such as graying and thinning of hair, if not baldness. Thinning and wrinkling of skin and changes in muscle and bone also occur. In our joints there is a gradual thinning and loss of cartilage for most of us, and by midlife the first stages of arthritis occur for many. Changes in sensory–perceptual systems also occur. For example, decline in hearing sensitivity, especially for higher pitched sounds, and changes in visual acuity, especially for focusing on objects near to us, happen. All of these changes are due to the natural decline and wear-and-tear on the biological mechanisms that underlie these systems. Any or all of these physical changes may impact upon our everyday functioning and social routines, and ultimately our quality of life.

If you have been physically active or involved in an exercise routine, you may have maintained your muscle strength or slowed its loss somewhat. You may have also lowered your risk for age-related diseases such as cardiovascular disease and diabetes, which increase in risk and occurrence with advancing age. At midlife, we note an increase in risk and diagnosis of early signs of chronic disorders, such as arthritis and lung

disease. As we have become a more health-conscious society, there has been a growing awareness that poor lifestyle choices in adolescence and in early adulthood, such as smoking tobacco, making poor nutritional choices, eating a high-fat diet, and avoiding aerobic exercise, have powerful influences on health later in adulthood. With advancing age, there is an increase in risk for a variety of diseases. Indeed, as reported in the Global Burden of Disease Study, worldwide the leading causes of death include heart disease, cancers, pulmonary disorders, and infectious diseases.<sup>45</sup>

For women, menopause occurs in midlife. But for men, too, by midlife there is a decline in testosterone production, an andropause, that mimics the loss of estrogen production that occurs at menopause for women. These changes may influence sexual activity. However, just as physical contact and romance have been a part of one's life in young adulthood, it still is an area of important interest at mid- and later life as well.

In the area of cognition, declines in our ability to think and process information as fast as we did earlier in life and to take on complex and abstract problems like we did when we were younger are often noted. These changes in our thinking and intellectual function reflect the shifting status and neurological integrity of brain systems as we age. Yet there is maintenance and even perhaps a modest increase in our knowledge of the world and established intellectual routines that we use in our work and in our everyday problem solving with advancing age. This "knowing about the world" and "how to do things" is an aspect of intellectual function that reflects educational background and other learning experiences, such as continued learning on the job and the gathering of information through various media sources, that continues in the course of our living. Thus, though at midlife and in old age we are slower in our information processing and may experience greater difficulty in working with novel problems, we may also be at the pinnacle of our career trajectory and work-life, and the knowledge we have gained through the years can be put to good use.

At midlife and in old age, we also become more aware of our own finite existence. With regard to personality, both Carl Jung and gerontologist Bernice Neugarten proposed that midlife is a time of turning inward, where we seek a deeper understanding of life's meaning and purpose.<sup>46</sup> Thus, spirituality and religious activities, or a deeper clarification and refinement of one's orienting life philosophy devoid of nonsecular beliefs, are noted as important concerns of some adults at midlife and in old age, and these activities provide a source by which to answer these critical questions. Indeed, there seems to be an increase in spirituality

and self-reflection about life's meaning as one moves from early adulthood to midlife and then into later life.

Similar to other phases of development in the life cycle, aging is a process of continued growth and change. As we mature, we grow, and we often change our perspective on important topics such as life and death, questions of who we are, and what our relationship is toward others. Consequently, as Swedish sociologist Lars Tornstam proposes in his theory of gerotranscendence, as we age and grow into later life there is a redefinition of the self, our relationships to others, and a new understanding of "fundamental existential questions."<sup>47</sup> These existential questions address how we approach life and death. We become less fearful of death as we age. As Tornstam suggests, we transcend the life-death duality. We also come to appreciate, existentially, that life is a mystery. We become less self-centered and we rejoice that we are more connected to the universe. We redefine what is important in our relationships toward others. We shrug off those things that weigh us down, and we transcend the duality of right and wrong. We become more tolerant of others.<sup>48</sup>

How can we come to grips with what may seem to be profound changes, disruptions, and challenges as we move through our life? Tornstam further proposed that reaching an existential transcendence is not achieved by everyone. One reason is that we may hold the expectation that we should be the same person as we were when younger. We are unwilling or cannot let go of the same values, interests, or activities we found important earlier in life.<sup>49</sup> Our thesis is that music intersects with wellness and aging and aids us in moving past these unproductive expectations. Music provides us a source of meaning, definition, and identity to the self, our connection to others, and to our perception of the transcendent. One's connection with music continues throughout one's life. As we age we see the world in a new way. Thus, we also suggest that through music there is opportunity to gain different perspectives and insights as we get older regarding our relationships with others, how we cope with changes, our relationships with our own aging parents, and with our children as we age. Others propose that over time, we gain more autonomy and environmental mastery and are able to regulate emotions.<sup>50</sup> These insights can take a long time to happen. Yet, music can play a role in finding new insights. As we age it becomes important in some aspects of our lives to move from external motives to internal motives. Over time, positive self-expression and identity of self may be driven less by external forces but instead more by internal, self-defined goals. One example, for a listener of music, is a change from one type of music in part driven

by peer acceptance to one of listening to music that internally feels good. For the musician, a shift from playing one genre of music (e.g., rock) to another (e.g., jazz) over time may be driven by many considerations but does reflect and become part of one's identity and sense of continuity of self.

Indeed, in later life the person may be most poised to express the wisdom acquired through work and living experiences to gain insight into one's intra- and interpersonal dynamics and qualities, and to come to a new and deeper understanding of life's purpose and meaning. An insight-filled expression from verse 41 of the *Tao Te Ching* informs us that "Great Talents Ripen Late."<sup>51</sup> One way these great talents ripen, we propose, is through musical expression such as writing a song, singing in the choir or shower, playing an instrument by oneself or with others, just listening to music, or through other ways that the person becomes involved with music.

### **A Funny Thing Happened on the Way to Band Practice**

Continuing to consider how music intersects with and is related to wellness in later life, we might start by saying, "A funny thing happened on the way to the band practice." That is, as we began thinking about our experiences in music and psychology, we recognized many connections and complexities that needed to be approached in a new way. It is true – life is like a novel, with the story becoming more complex in later chapters. But there is a basic plot to describe, too – much like the protagonist in Jacob Needleman's story of a student, seeking the meaning of things, who enrolls in a philosophy course only to be disappointed because the deeper meaning he hopes to discover is obscured by the current theories and approaches.<sup>52</sup> We too have found disappointment in various approaches to understanding processes of wellness and later life development that had become ensnared in the medicalization of aging and notions of successful aging that limit and quash understanding and exploration of human nature and the individual's experience.<sup>53</sup> In our reckoning, it seemed that it was through music where we had access to and recognized deeper aspects of human nature and the nascent concerns of living and social relations. Further, it was in our musical experiences with others that we observed an intersection with personal wellness and concerns for life-span development. Indeed, through our encounter with other musicians and music lovers who communicated humanistic principles that emphasized finding deeper personal meaning in our living, who relayed information about their own life discoveries, and who gave insight into how one might continue to grow and become, we recognized an

orientation that seemed to be much more attuned to and descriptive of a universal human experience.

### **Finding Deeper Meaning in Our Personal Experience with Music**

From a humanistic perspective, it is noted that we develop and strive toward self-actualization throughout our life. From the earliest times in development to the very last moment before death, we explore and seek to discover new insights into living, all acquired through a life of reflection and experience. Music is a vital property of our life that intersects with and relays information about the many dimensions and concerns of our development. Indeed, through music we are able to express wisdom acquired through life experiences, to convey insight into intra- and inter-personal dynamics and qualities, and to realize a new and deeper understanding of life's purpose and meaning.

Thus, the connection of music to wellness and aging is a personal experience. The meaning one derives from music as it relates to wellness and one's experience of aging is dependent upon the listener. Music is integrated into life, conjuring up in the listener memories, images, and feelings. It also connects with one's identity, sorrows, hopes, and dreams. The essence of music is deeply linked to our essence as humans. We believe this linkage goes beyond the philosophical debates around form and idea to something even more transcendent but real. The emotions, thoughts, and images we experience when we listen to music are not mere illusions. Music only has meaning and attains reality in the context of the listener, and that listened experience may be different for different people.<sup>54</sup>

When we experience a deeper meaning from the musical experiences we encounter, we often describe them as expressions of joy, our passion, wisdom, a method to healing and wellness, a way to motivate us, and a place of solace and sanctuary. In a way, we are transformed by music, leading us to ask and seek answers to the questions: How might I become? How might I live? In what will I find comfort, happiness, relaxation, meaning, and fulfillment?

In our writing we hope to use music as a central avenue to explore and provide some notion of prescriptive activities that interface with and direct the phenomenology of well-being in later life. This is not an unfamiliar type of activity. From the very earliest music offerings to the most contemporary compositions, instrumental music and song have offered another doorway for us to enter to seek ways of addressing these types of questions. People have used music as a platform to prescribe,



develop, and express a deeper personal and social consciousness. So we recognize there are many central questions to consider as we travel along in our journey. Three central and related questions we hope to address include “What defines me in later life?” “What might direct me onto the wellness pathway?” And, “What can be celebrated?” Our view is that self-actualization, becoming who you were meant to be, is a process of defining, directing, and celebrating life. But to grow as a person involves reflecting on one’s experience and interactions with others. It also involves doing. As you read this book, we hope you will reflect on what defines and what directs your life, what can be celebrated, and where does music fit in. Perhaps it is through the pleasurable musical experiences you currently enjoy. You may find that you want to again pick up an instrument you played when younger but have neglected or take up a new instrument altogether. You may decide to join a choir or sing in a group. You may find ways to experience music you currently love in a new way or decide to listen to new artists or music genres. Music, indeed, can become the common ground and a place of healing. Through music there are many paths to defining, directing, and celebrating our later life and many ways of embracing wellness. We describe these paths and ways to wellness in the following chapters.