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Music, health and well-being in *IJCM* articles: An integrative review

ABSTRACT

*The purpose of this study was to assess the ways health and well-being-related terms and concepts (*health, well-being, quality of life, wellness*) appear in* International Journal of Community Music *(*IJCM*) articles. The research questions were: (1) how are health and well-being concepts defined or expressed in* IJCM *articles? (2) What are the central themes or trends in the use of health and well-being terms in* IJCM *articles? And (3) what are the implications of the use of health and well-being terms for the practice and research of community music? Utilizing an integrative review methodology and supported by database software Airtable, this study examined the application, discussion, operationalization, and contextualization of music, health and wellness terms and concepts as they appear in* IJCM *to determine the degree of conceptual coherence on health and well-being related terms. Despite the historical and growing interest in connections between music, health and wellness among community music researchers, analysis revealed a lack of coherence in the use of health-related terms and concepts. Further, health and well-being are rarely operationalized in* IJCM *articles. As a result, findings from studies are not comparable and it is difficult for the knowledge base to advance.*

KEYWORDS

integrative review
health
quality of life
well-being
wellness
Airtable

INTRODUCTION

The past several decades have witnessed heightened interest in connections between music, health and wellness that expand beyond the music therapy paradigm. Non-therapy music and health terms like *health musicking* (Stige 2012) and *health musicians* (Ruud 2012) have now become commonplace in the literature. Examples of the expansion of non-therapy music and health interests include such things as the publication of two edited volumes, both with the title *Music, Health, and Well-being* (Macdonald et al. 2012; Sunderland et al. 2018), the publication of *The Oxford Handbook of Medical Ethnomusicology*, and the rebranding in 2020 of the *Musicology Research Journal* to the *Journal of Music, Health, and Wellbeing*.

PURPOSE

In light of growing non-therapy health-related music activity, we drew inspiration from Yerichuk and Krar's (2019) modified scoping review of *inclusion* as found in the *International Journal of Community Music* (*IJCM*). The purpose of this study was not to evaluate the veracity of claims about the health and wellness benefits of music activity, but rather, to assess the ways health and well-being-related terms and concepts appear in *IJCM* articles. Specifically, this study examined the application, discussion, operationalization and contextualization of music, health and wellness terms and concepts as they appear in *IJCM* to determine the degree of conceptual coherence on *health* and *well-being* terms. Our research questions were as follows:

1. How are *health* and *well-being* concepts defined or expressed in *IJCM* articles?
2. What are the central themes or trends in the use of *health* and *well-being* terms in *IJCM* articles?
3. What are the implications of the use of *health* and *well-being* terms for the practice and research of community music?

BACKGROUND

Music's relationship to health and wellness is sometimes subsumed under the larger banner of 'arts and health' (Clift and Camic 2016; Corbin et al. 2021) or the 'health humanities' (Crawford et al. 2020). Lee et al. (2016) note that connections between well-being[1] and arts participation can be found internationally. Motivations are not always driven by an intrinsic interest in the value of the arts, however. In the wake of rising costs of healthcare occurring in both developed and developing countries (Patel and Rushefsky 2020; Fazal et al. 2022), arts-based interventions have been proposed as a potentially cost-effective solution by the World Health Organization (Fancourt and Finn 2019). Following a bio-psycho-social model of illness, 'social prescribing' (Polley and Pilkington 2017; Fancourt and Finn 2019) or 'arts on prescription' (Bungay and Clift 2010) has been suggested as a means to 'address the non-medical causes of ill health with non-medical interventions' (Polley et al. 2017: 4). While Polley et al. (2017) note that a social prescription model could in theory help to alleviate rising costs of healthcare, they point out that the evidence is not fully quantified. Clift et al. (2021) similarly suggest that more evidence is required to evaluate the outcomes of arts-based interventions, particularly with regard to the net cost associated with those programmes compared to other interventions.

1. While the unhyphenated *wellbeing* appears occasionally in *IJCM* and other literature, the majority of instances within *IJCM* (as well as the Merriam-Webster dictionary) are hyphenated as *well-being*. For the sake of consistency, we adhere to the hyphenated form throughout.

Beyond cost issues, the quality and validity of various health benefits and positive impacts claimed about music and the arts have been subject to increasing scrutiny (Clift et al. 2021; Clift 2020; DeNora 2013; Fraser 2015). While many authors purport arts engagement to be inherently beneficial (e.g., Fancourt and Finn 2019), systematic reviews of arts and health studies 'do not show that a substantial, robust evidence base exists to support arguments that arts engagement can improve health and reduce social and health inequalities' (Clift et al. 2021: 13). Further complicating the picture is that much research on music and health tends to focus on the social benefits of musical participation, with insufficient attention paid to potential negative effects or the unequal distribution of the positive effects across the entire population (Daykin et al. 2021).

Criticisms notwithstanding, one now finds a range of music and health-oriented practices engaged in by non-therapists. Many of these practices are defined by their presence within healthcare settings, although some practices are defined in relation to the participants (e.g., 'homeless choirs'). Still other practices are understood as having potential health and wellness benefits regardless of the setting or population. Unsurprisingly, perhaps, health and well-being have become prominent concerns of community music, where the implicit benevolence of musical participation underscores much of the resulting practice and research. As Higgins and Willingham state, 'Community musicians' emphasis on participation, people and places puts an onus on engaging with others, and interactions of this nature can, by default, generate excellent spaces through which health and well-being can be promoted' (2017: 108).

Music, health and wellness concepts

The World Health Organization offers a broad definition of *health*, describing it as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' (World Health Organization 2022). While this definition accounts for multiple dimensions of *health* (i.e., mental, physical, spiritual), other concepts speak to specific dimensions and indicate differences in the way *health* is both measured and perceived. *Mental health*, in particular, is 'frequently intertwined with physical health and social conditions' (Manderscheid et al. 2010: 4). Early conceptions of *wellness* positioned it as the opposite to *illness*, 'refer[ring] to the degree to which one feels positive and enthusiastic about life' (Manderscheid et al. 2010: 1). *Illness*, on the other hand, 'refers to the presence or absence of disease' (Manderscheid et al. 2010: 1). Together, the associated terms *health* and *wellness* are prone to conceptualization that focuses on health-related deficiencies (Miller and Foster 2010).

While *health* is often correlated with medical and scientific fields, the concept of *well-being* is more common in psychological and philosophical disciplines. From a psychological perspective, Seligman (2011) proposed that PERMA (positive emotion, engagement, relationships, meaning and accomplishment) constitutes five integral and measurable elements of *well-being*. He contends that interventions aimed at improving *well-being* are just as crucial as measurements, suggesting that '*building* happiness is not primarily a psychometric issue, even though measuring happiness is' (2018: 333–34, original emphasis). The strength of PERMA, argues Seligman, lies in better understanding the building blocks of well-being to help people increase their sense of well-being. Seligman's use of the word *happiness* is notable, given Ryff's (1989) conclusion that happiness falls under the category of 'short-term

affective well-being' (1989: 1077), which does not necessarily account for 'more enduring life challenges such as having a sense of purpose and direction, achieving satisfying relationships with others, and gaining a sense of self-realization' (1989: 1077).

Unlike health, which is usually understood in objective terms, well-being research reflects both an objective and subjective perspective. Determinants and discussions of objective well-being, relatively synonymous with objective quality of life (QoL), generally rely on quantitative measures of income, literacy rates, life expectancy and so on (Diener 2009). Such measures, however, do not account for individual perspectives and experiences that afford a deeper understanding of personal feeling. Subjective well-being looks at such things as 'life satisfaction (global judgments of one's life)', 'satisfaction with important life domains (work, health, marriage, etc.)', 'positive affect (positive emotions and moods)', and 'low levels of negative affect (unpleasant emotions and moods)' (Diener 2009: 62). In other words, subjective well-being is determined by the subjective experience and outlook of human participants.

While objective and subjective measures both have roots in psychology, subjective well-being is also derived from Ancient Greek philosophical concepts such as *eudaimonia* and *hedonism.* Subjective well-being also has origins in the Ancient Greek idea of democracy; Philips (2006) notes that 'subjective well-being is very democratic because it allows people to judge their own lives instead of focusing on judgements made on the quality of their lives by "experts"' (2006: 18). These connections are notable, given their consistency with the prevalence of the well-being perspective in community music, in which the principles of democracy are central (Higgins and Willingham 2017). On the other hand, subjective well-being is susceptible to the pitfalls of 'naive realism', where people fail to recognize different perspectives and world-views (Ross and Ward 1996).

Music therapy and community music

Health and *well-being* are discussed in *IJCM* by authors who identify as music therapists and those who do not. Due to their professional training, music therapists tend to conduct and report on their work with perspectives that differ from non-therapists. Clements-Cortes and Pearson, for example, write, '[Our] stance as music therapists is that musical relationships hold the potential to be inherently health-promoting, therapeutic and healing' (2014: 98). Similarly, Baker et al. (2017) simply point to the field of Community Music Therapy (CoMT) as the framework for their study, the presumed assumption being that CoMT serves as a codified theoretical framework for music, health and well-being: 'Community Music Therapy (CoMT) is a theoretical perspective held by various music therapy scholars that emphasizes human connectedness, well-being and social change in and through music' (2017: 158).

The 2014 *IJCM* Special Issue on 'Community Music Therapy' affirms the strong connections between community music and music therapy, illustrating ways in which health and wellness are discussed in relation to community music. However, as Gary Ansde explains,

> [the paradigms of music therapy and community music] have not merged, and perhaps should not – they are complementary but distinct ways of helping music help people. Community musicians do decide to train as music therapists, but that's usually because they want to pursue

> a more specialist track, learning particular craft practices and theory in order to enhance their practice in health and social care settings. Conversely, music therapists continue to learn from the vibrant, flexible practice of community musicians, and their ability to engage with the musical spirit of the age, and people's varying musical needs.
>
> (2014: 43)

The inherently different approaches and perspectives offered by the various professional practices helped to form one of the central research problems of this study, which prompted the development of this knowledge synthesis project.

METHOD

As a form of knowledge synthesis, systematic reviews have become increasingly popular in recent years.[2] They differ from a typical literature review, which carries a more rudimentary role and 'has not been considered as a methodological process in its own right' (Onwuegbuzie et al. 2012: 2). The closely related knowledge synthesis form of content analysis (e.g., Rohwer 2018) is similarly viewed by many commentators as 'a research technique' (Krippendorff 2013: 24) as opposed to a methodological framework used for the purposes of 'making systematic, credible, or valid and replicable inferences from texts and other forms of communication' (Drisco and Maschi 2015: 8). Typically used in healthcare research, systematic reviews are chiefly concerned with the summary of all empirical evidence from research results (Bearman et al. 2012). Today, systematic review approaches have expanded to include such forms as realist reviews, rapid reviews, umbrella reviews, scoping reviews and mapping reviews. An increasingly popular approach is the scoping review (Colquhoun 2014), which, rather than synthesizing the findings of empirical studies, aims to identify the boundaries and range of literature related to a subject. Scoping reviews typically seek to find gaps in literature and summarize research findings, and as such can be useful in determining the potential value for a subsequent systematic review.

Our goals were consistent with some of the methodological processes listed above, such as an iterative and systematically documented review process, as well as an already-established set of research questions. Due to some of these review methods being designed with evidence-oriented facets of the field of healthcare in mind, and others being either too broad or narrow in scope, they were not well-suited to answer our research questions. As our goal was to explore the sole scholarly journal of community music, the most appropriate review method for our study was an *integrative review*. Integrative reviews have been described as 'a form of research that reviews, critiques, and synthesizes representative literature on a topic in an integrated way such that new frameworks and perspectives on the topic are generated' (Torraco 2005: 356). The purpose of an integrative review is to generate analysis beyond the descriptive level, ultimately 'deriving new insights through integration and/or critique' (Elsbach and van Knippenberg 2018: 2).

Our integrative review followed the six steps outlined by Toronto and Remington: '(1) formulation of a broad purpose and/or review question(s), (2) systematic search of the literature using predetermined criteria, (3) critical appraisal of selected research, (4) analysis and synthesis of literature, (5) discussion on new knowledge, and (6) dissemination plans of findings' (2020:

2. Chapman et al. (2019) note that review articles have become increasingly popular, in part, because they tended to be cited more often than individual research studies, thus playing into reward structures of academia. Such was not a motivation for our knowledge synthesis review.

6). The procedures through which we followed the first four steps are described in detail below. The fifth and sixth steps are represented by this written report and its presence within the journal that formed the boundaries of the study. Our third step (critical appraisal of selected research) was also integrated into the fourth (analysis and synthesis); because we restricted our scope to *IJCM*, we were less interested in making critical evaluations of the value of articles, and rather our critical appraisal was more whether the article fell within the purview of music, health and wellbeing.

The research questions resulted in an iterative process for developing appropriate search criteria and parameters to generate the entire sample of articles selected for analysis. The development of inclusion and exclusion search criteria aimed to reveal articles that met a minimum threshold of presence of concepts related to music, health and wellness. Our initial search included the words *wellness*, *well-being*, *quality of life*, *eudaimon**, *hedon** and *flourish**. Despite their conceptual relevance, the relative scarcity of the terms *eudaimon**, *hedon** and *flourish** prompted their exclusion from the analysis. Although it was not initially part of our search query because we deemed it too broad and susceptible to too many false positives, *health* was added to our list of target terms as we noticed conceptual overlap and nearly ubiquitous coexistence with other target terms. Taking these omissions and addition, the eventual target terms for the study were narrowed down to *health, wellness, well-being* and *quality of life,* accounting for variant spellings (e.g., *wellbeing, quality-of-life, QOL*).

The scope of the project was delimited to articles published from *IJCM*'s inception (2007) to 2020. We limited our search to 2020 due to the focus on COVID-related research published in 2021, a focus we believed placed music, health and well-being discussions in a different light. Amongst more than 300 published texts during this timeframe, 290 were classified as articles (i.e., not book reviews or editorials). Because of its direct relevance to our area of interest, we included one editorial from the special edition on 'Community Music Therapy' in 2014; this increased the total number of possible articles to 291. In some of our statistical analyses, articles included in the study are juxtaposed against the entire range of articles during that time.

Systematic search and critical appraisal

The search method involved using Ingenta Connect's proprietary search engine, filtered by publication (*IJCM*), inception to 2020, and all target terms as described above simultaneously.[3] For an article to be included for analysis, target terms needed to be discussed in relation to people rather than a music programme or an organization (e.g., 'healthy enrolment', etc.). We excluded articles where target terms only appeared in text quoted from other authors, author biographies, or in bibliographic information. Editorials were excluded from consideration, except for one editorial that introduced the Special Issue on 'Community Music Therapy'. This screening process reduced the number of articles to 57.

The 57 articles comprise what we refer to as the primary *corpus* (i.e., collection). Although the overarching purpose of the study was to examine the use of health-related terms generally, we recognized the difference between articles where target terms were used centrally versus tangentially. We therefore tagged articles that contained any of the target terms (*health, wellness, well-being* and *quality of life*) in the title or keywords. This generated

3. Utilizing Boolean Operators in the Ingenta Connect search engine was not reliable for the term *wellness*; searches for this term returned all articles containing any instances of 'well', not just 'wellness'. This issue was not present for the other terms, whose separate individual searches returned significantly less articles. Regardless, all articles searched were scanned for false positives.

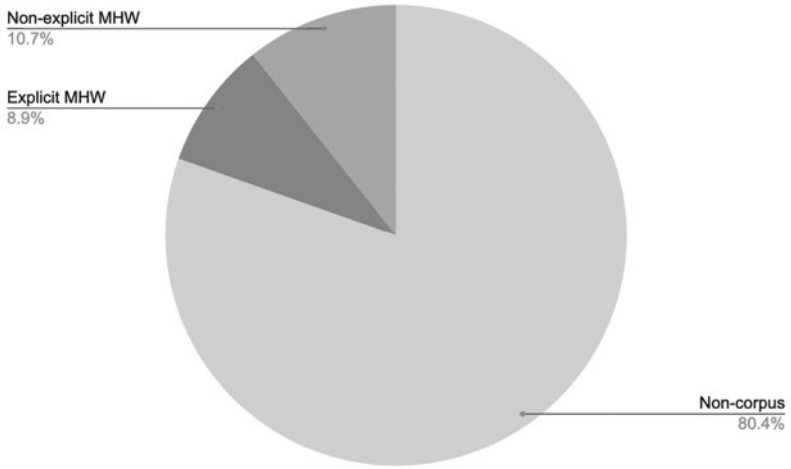

Figure 1: Subcorpus distribution within IJCM *articles 2008–20.*

a subcorpus of 26 articles that we labelled explicit-MHW (i.e., music, health and well-being), and a subcorpus of 31 articles that we labelled non-explicit MHW.

Analysis and synthesis

The analysis process began by organizing data from all articles using Airtable, an online database platform that allows for flexible analysis using tags and numerical sorting. Airtable columns (variables) included author last name, year of publication, country of study, country of first author, study sample, sample size, population of interest, methodology, theoretical framework, keywords and separate tallies of each target term. Through an iterative process, our regular meetings resulted in additional columns (variables) that included whether the article contained new empirical research, whether the article's primary author was listed as a music therapist (per 'contributor details') at the time of publication, and whether the target terms appear in the title or keywords. These additional columns and data were added based on their potential to better answer our research questions.

Using Airtable to isolate and compare variables from the data, we took note of any observable patterns and trends. Figures representing significant patterns and trends were generated in Google Sheets after importing data from Airtable. The qualitative analysis was conducted primarily using thematic coding from the primary corpus, with particular attention paid to sources containing more than ten instances of the target terms. Two emergent areas of interest emerged through this thematic coding process: methods/frameworks and health claims.

FINDINGS

Our research questions and initial inspection of the primary corpus prompted both quantitative and qualitative analysis. Using Airtable, we conducted statistical analysis of numerical data pertaining to the documented variables (author last name, year of publication, country of study, country of author

affiliation, study sample, sample size, population of interest, methodology, theoretical framework, keywords, tallies of target terms, whether or not the article contained new empirical research, whether or not the article's primary author was a music therapist at the time of publication, and whether or not the target terms appear in the title or keywords). Statistical findings and figures reported below include study sample, keywords and target term statistics demonstrating the relationship with several variables. Non-exhaustive indexes were created for *health terms*, *populations of interest* and *keywords*. The data were organized to reveal numerical trends or patterns that could better help us understand the extent and nature of the presence of target term in the journal. We also analysed themes, discussions and longer sections of text from articles with ten or more tallies of target terms. Our findings from the results of these textual analyses pertain to methods and frameworks, as well as health and evidence claims.

Index of health terms

An analysis of the word *health* reveals a number of terms found in proximity to the words *health* and *healing* (Table 1). One of the most common occurrences was the phrase 'health and well-being'. From a linguistic standpoint, most of the terms preceding 'health' function as adjectives or modifiers (i.e., describing a specific kind of health). As an adjective or modifier of subsequent nouns, *health* reveals a surprisingly wide range of terms and concepts. Given that articles in the primary corpus predate the COVID-19 pandemic, the frequent presence of 'mental health' is notable. Of note also is the frequent occurrence of the term 'health benefits' and the neologism, 'health musicking'.

In contrast to *health*, which involves words before and after, the adjective 'healthy' automatically serves to modify nouns such as *ageing* or *lifestyle*. The word *healing*, found in a small minority of articles, has clear associations with the use of music for intentional rather than passive or indirect health benefit. Although some concepts, such as *healing, healthcare* and *health professional* were not included in the target term tally for *health*, their presence in the articles (following the generation of target term tallies) was found to be of interest in our qualitative analysis.

Target term statistics by variable

Every instance of target terms was tallied for each article within the primary corpus. This enabled a comparison between the presence of target terms with other article variables. Notable trends, discussed below, included: overall term frequency, term frequency in articles authored by music therapists, frequency of terms per year, number of articles by study location, and term frequency by study location.

Overall term frequency

The target terms *health* (56.7%) and *well-being* (32.8%) appeared most often, collectively making up almost 90% of the tallies in the primary corpus (Figure 2). The term *wellness* was unexpectedly scarce, appearing only 24 times across seven articles (2.4% of all *IJCM* articles), compared to *health* (n = 738 in 55 articles), *well-being* (n = 427 in 46 articles) and *quality of life* (n = 112 in 24 articles).

Table 1: Index of 'health' and 'healing'.

health	*health*	*heal(ing)*
and wellbeing	arts and health	benefits
aspects	assessing health	capacity
associations	average health (scores)	effect
backgrounds	emotional health	force
behaviour	**mental health**	functions
benefit(s)	music and health	practices
care	musical health	musical healing (sound healing)
facilities	physical health	receiving healing
settings	spiritual health	*healthy*
services	vocal health	ageing
profession		diet
centre		experiences
challenges		lifestyle
conditions		society
department		
considerations		
effects		
field		
giving		
institutions		
initiative		
issue		
limitations		
musicking (musicing)		
needs		
insurance		
performance		
problems		
practitioners		
professionals		
promotion		
related		
risk(s)		
science		
service(s)		
situation		
threats		
workers		

Note: Frequently occurring terms in bold.

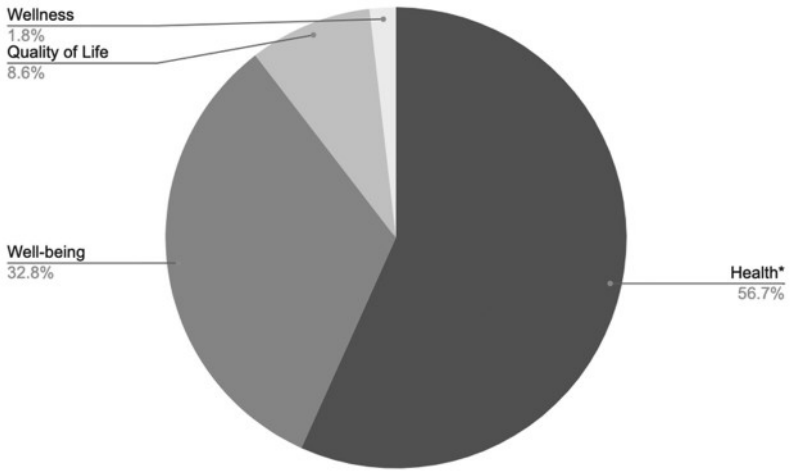

Figure 2: Distribution of target terms within corpus.

Articles authored by music therapists

In examining the twelve articles written by music therapists (at the time of publication), two findings emerged relating to the presence of target terms. First, although the sample size was small, Figure 3 demonstrates that 43% of all articles containing the term *wellness* were written by music therapists, which is nearly double the next highest target term proportionately (*health* = 22%, *well-being* = 15%, *quality of life* = 17%). Second, all twelve articles written by music therapists included the term *health.*

Despite the United States being the most prominent country featured within the corpus, Figure 4 shows that of the articles written by music therapists, those based in the United States are among the least prominent (only one article of twelve) compared to other countries. Notably, three of four articles (75%) written by authors based in South Africa were written by music therapists. Again, the small sample size limits the significance of these findings.

Frequency of terms per year

We calculated the number of target terms that appeared each year. From 2007 to 2020, the use of target terms roughly tripled over time, as indicated by the trendline (Figure 5). Despite containing the largest number of *IJCM* articles published in a single year (n = 37), no articles published in 2010 met the inclusion criteria for the primary corpus. The spike in tallies in 2014 (n = 251) is likely attributable to the Special Issue on 'Community Music Therapy'. The scarcity of terms in the following year (2015, 0.8 per article) could be an indirect result of the higher concentration the year prior, though this is only a speculation.

Number of articles by study location

The country location of study for each article was tagged, analysed and organized (Figure 6). Fifty articles (88%) in the primary corpus were tagged with study locations; the remaining 12% (n = 7) had no study location (e.g., conceptual articles). Research conducted in Australia, the United States and

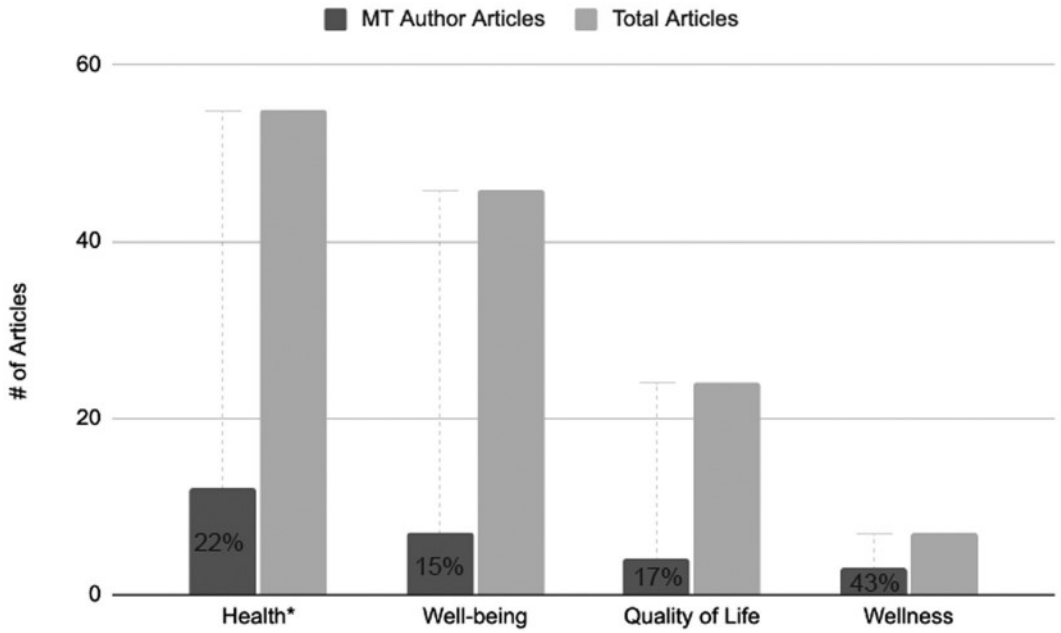

Figure 3: Comparison of term presence in corpus articles and MT-authored articles.

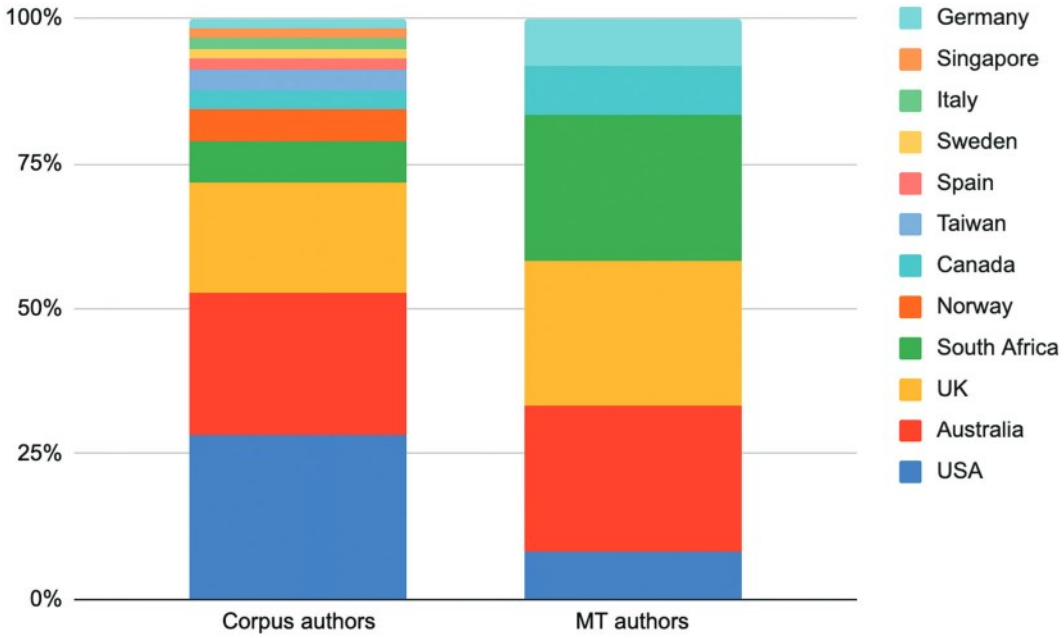

Figure 4: Author affiliated countries of corpus articles and MT-authored articles.

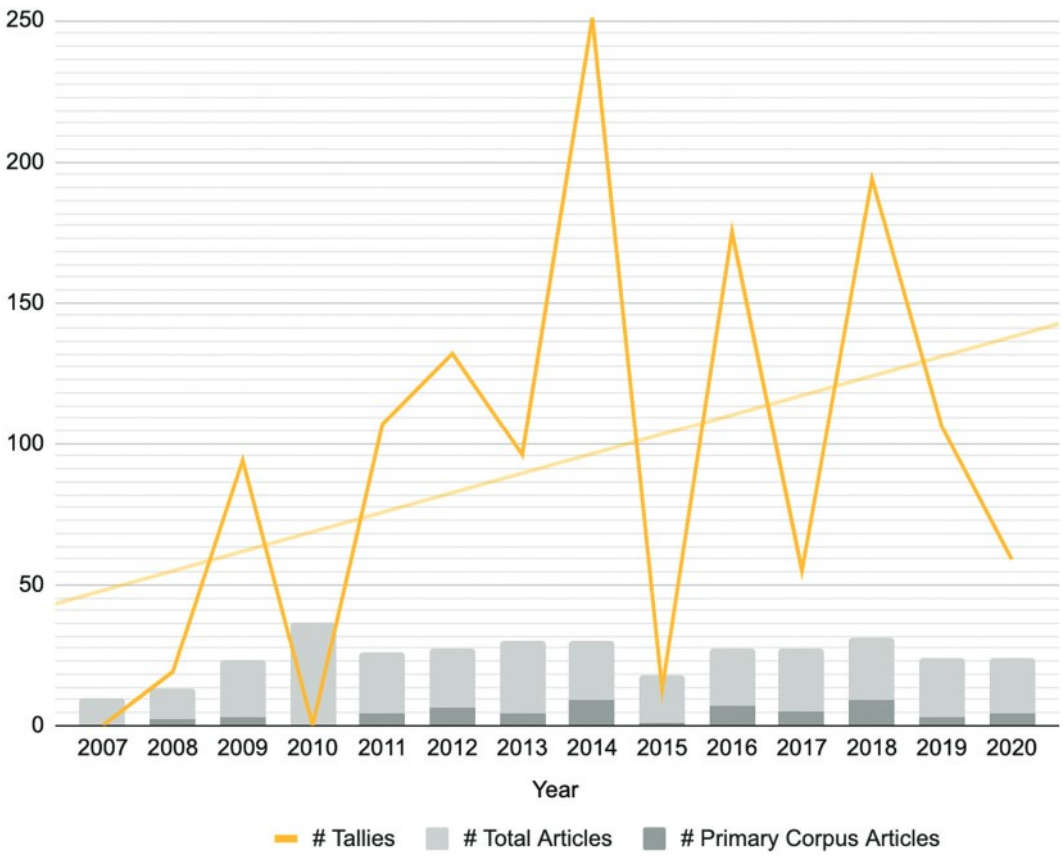

Figure 5: Target term tallies, corpus articles and total IJCM *articles by year.*

the United Kingdom accounted for just over half of the articles (51%), a figure that increases moderately (58%) when including studies conducted in Canada or Canada–United States. Given its relative population size compared to the United States and the United Kingdom, Australia is over-represented in the primary corpus.

Term frequency by author country (institution affiliation)

Usage of the four target terms varied by author-affiliated country. Australia-based authors used the term *health* less frequently on a proportional basis than US- or UK-based authors, though they used the term *well-being* more than any other country. In studies by US-based authors, *health* was proportionately most prominent, whereas *well-being* was proportionately less prominent in comparison to Australia- and U K-based authors.

Figure 7 displays author affiliation locations where some target terms had little to no presence, demonstrating differences in conventional vocabulary or disposition towards particular concepts. The target term *wellness*, for example, was limited exclusively to Canada, the United States, and to a lesser extent, South Africa. Similarly, *quality of life* was also found almost exclusively in articles from the United States

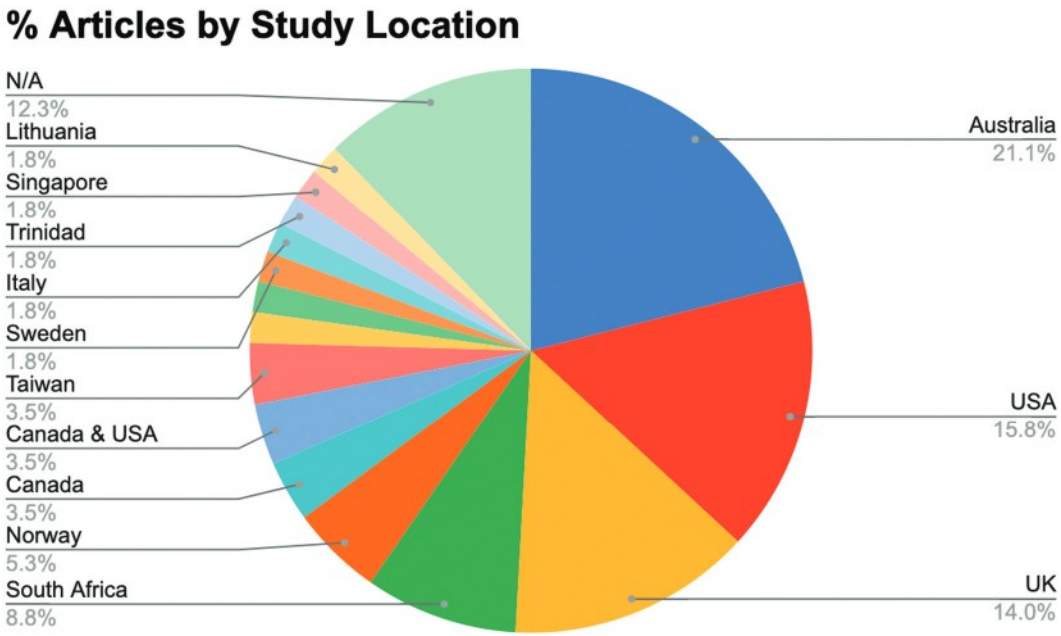

Figure 6: Distribution of study locations within corpus.

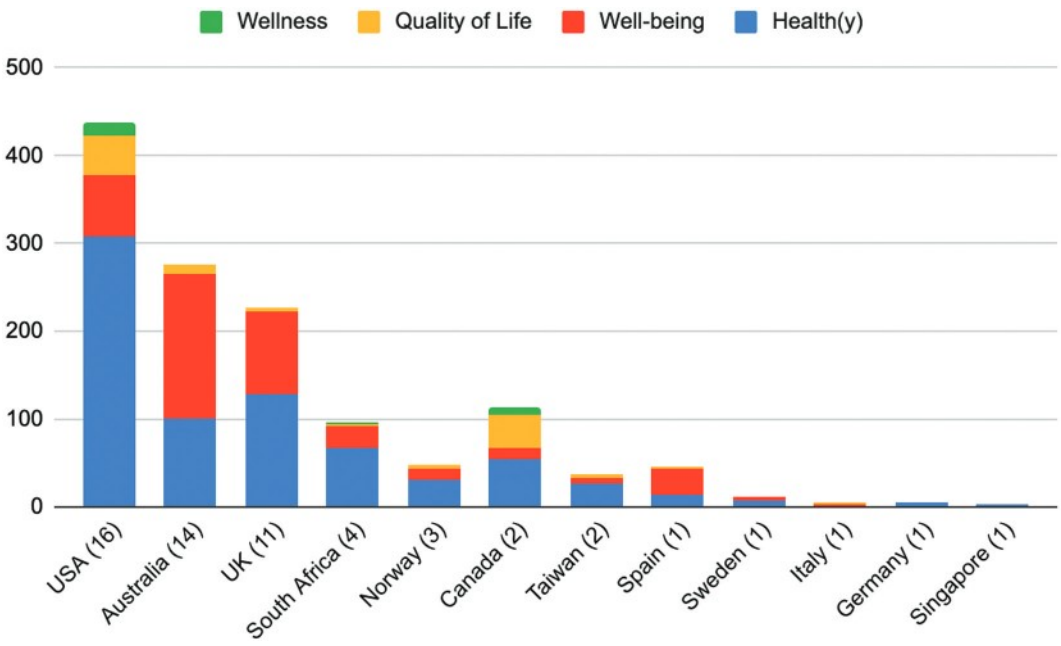

Figure 7: Target term presence organized by country of author affiliation.

and Canada. These patterns demonstrate a similar conceptual presence between Canada and the United States, as well as between Australia and the United Kingdom.

Based on these observable differences, we created a second graph that indicates the proportionate use of target terms, separating Canada and the United States from the rest of the world. Authors based outside of Canada and the United States tended to use *health* and *well-being* in relatively equal amounts, with very little use of *quality of life* or *wellness*, whereas authors based in Canada and the United States used these latter two terms (and *health*) more frequently, seemingly in lieu of *well-being*.

Sample

The population samples (human participants) in the primary corpus were compared and coded into five categories. Figure 9 displays the results of the explicit-MHW and non-explicit-MHW subcorpora as percentages (accounting for the difference in size between the subcorpora). It should be noted that some articles featured multiple study samples, such as a combination of programme participants and leaders. The study samples of both subcorpora are similar, with two notable differences: the explicit-MHW subcorpus featured more study participants who were 'leaders' (i.e. facilitators, music therapists, educators, conductors, teachers, administrators, etc.) than the non-explicit MHW subcorpus; secondly, the explicit-MHW corpus included *patients* as a population group, while the non-explicit MHW subcorpus instead featured a group we labelled *special populations* (people experiencing homelessness, refugees and Chinese Australians).

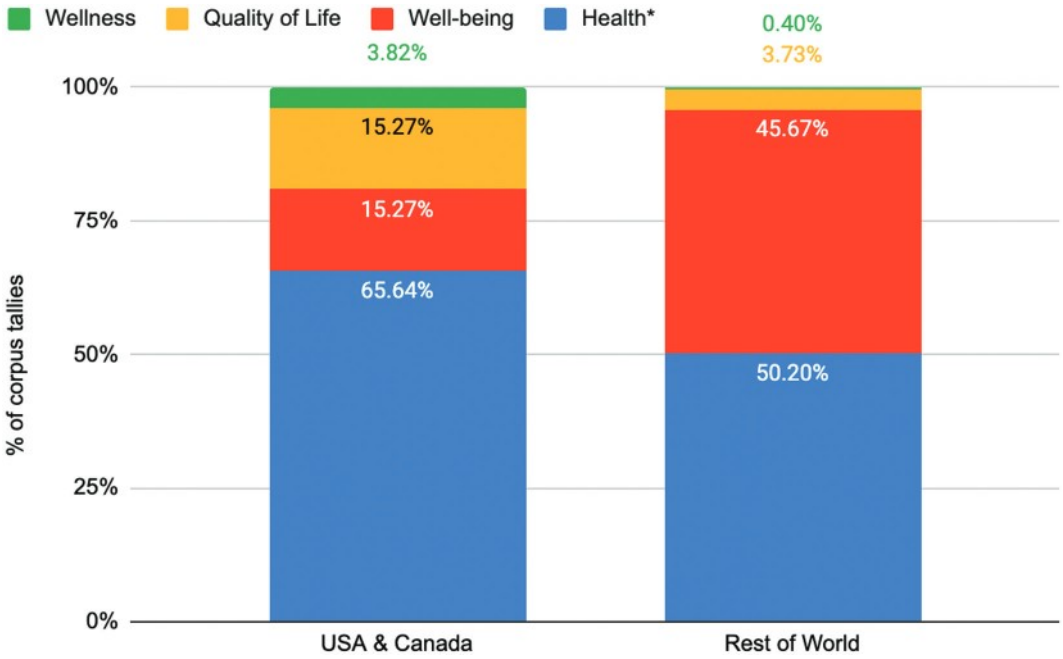

Figure 8: Target term distribution in United States and Canada compared to the rest of the world.

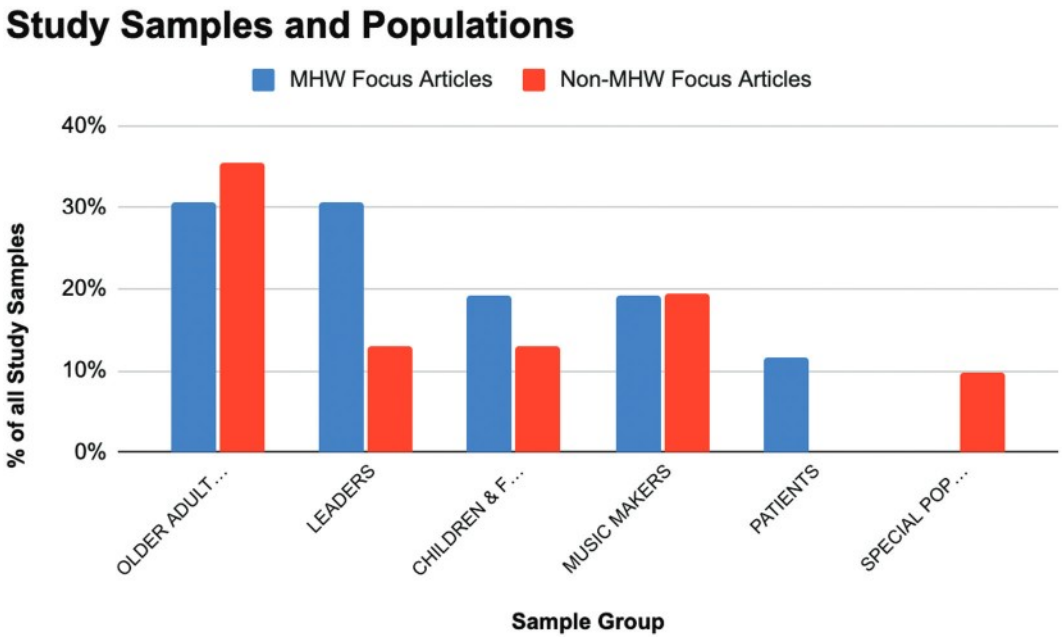

Figure 9: Comparison of study sample distribution between subcorpora.

Populations of interest

The population of interest is generally understood as an implied group of people to whom the findings of a study's sample are relevant (theoretically, statistically, practically). For example, the findings of a study involving participants from a homeless shelter should have implications for the general population of people at homeless shelters. The degree of generalizability (or transferability) from sample to population of interest is dependent upon assumptions of similarity and is open to interpretation. A study based on asylum seekers in Australia may or may not have applicability beyond the study's Australian context.

Table 2 provides a selective but broad overview ('maximum variation') of the samples (human subjects) found in the primary corpus. Sample items in the table are listed alphabetically. The list is not exhaustive, nor does it reflect frequency. Rather, it serves to illustrate the range of health-related populations of interest in the corpus.

Keyword analysis

Keywords signify integral facets of research articles, ranging from concepts and theoretical frameworks to populations and approaches. We focused our analysis on the discrete and total keywords in the explicit-MHW subcorpus to better understand the related terms and concepts. Figure 10 illustrates the presence of explicit-MHW subcorpus keywords coded into categories. To better answer our research questions, we separated keywords pertaining to the practices of medicine and music therapy from those related to broader conceptualizations of health and wellness. As predicted, keywords containing

Table 2: Non-exhaustive array of study samples.

Asylum seekers and refugees in Australia
Australian Aboriginal youth
Community mental health setting
Family/children/teenagers
Health care patients
Homeless shelter
Italian male choir
Lithuanian folk ensembles
Music therapy groups at tuberculosis hospital
Paediatric hospital setting
People with Parkinson's disease
Scots Music Group
Seniors/older adults
Singapore Community Drumming
Skiffle steel orchestra
South African male voice group
The 'dispossessed' in India

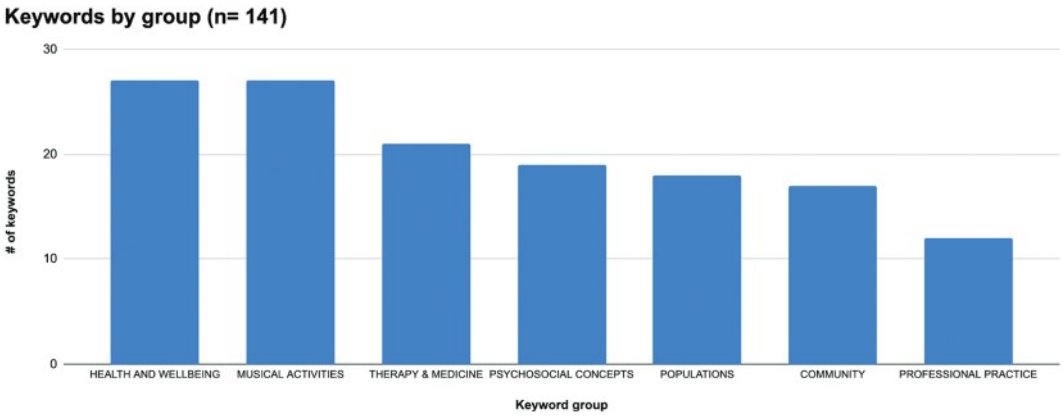

Figure 10: Thematic organization of keywords in explicit MHW subcorpus.

or representing *health* and *well-being* feature most prominently, along with the musical activities or contexts of the studies. Keywords related to *therapy and medicine*, *psychosocial concepts*, *populations* and *community* were less present. Within the category *Health and Well-being*, keywords pertaining to *well-being* (n = 12) were more present than those related to *health* (n = 9). This can be attributed to the division of health terms between this category and the *therapy and medicine* category but reveals that keywords containing or pertaining to *health* lean heavily towards medical and clinical perspectives and away from social or

Table 3: Non-exhaustive array of keywords.

Belonging
Biopsychosocial model
Cognitive training intervention
CoMT
Disability
Ecological Systems Theory
Epistemic communities
Health musicking/musicing
Home environment
Identity formation
Medical ethnomusicology
Mental health
Psychological health
Public health
Racial integration
Selection, Optimization and Compensation (SOC) Model
Social inclusion
Social wellness
Socially responsive pedagogy
Socio-musical flourishing
Successful (positive) ageing
Youth development

broader conceptualizations of health (social health, mental health, psychological health, etc.). Additionally, despite the growing prominence of *music, health and wellness* as a phenomenon and field of study, *wellness* was not featured as a keyword in any articles.

Table 3 provides a selective but broad overview of keywords ('maximum variation') found in the corpus to illustrate the focus and range of health-related research interests. It is listed alphabetically. It is not exhaustive, nor does it reflect frequency.

Methods and frameworks

The primary corpus revealed a range of research methods. Consistent with the history of *IJCM*, which began with the intent of publishing research articles and project reports, some articles blur the lines between 'case studies' and project reports. Several studies used combinations of observation/ ethnography, interviews and/or focus groups, and questionnaires. Qualitative studies were predominant, with just a small number of studies involving quantitative methods. Of those that used quantitative methods, only six studies were identified that used or were based on standardized measures related to health and well-being:

- Coffman (2009)
  - SF-36v2® Health Survey
  - Selected questions from the US Centers for Disease Control and Prevention's National Health Interview Survey
- Carucci (2012)
  - Researcher-designed 'Music Making and Social Wellness' survey based on the Medical Outcomes Study Social Support Survey and the RAND Health Insurance Study Social Health Battery
- Perez-Aldeguer and Leganes (2014)
  - Spanish adaptation of the Ryff well-being psychological scales
- Glen (2018)
  - The Selection, Optimization and Compensation Theory Self-Report and the Social Provisions Scale
- Barbeau and Cossette (2019)
  - The World Health Organization Quality of Life Questionnaire-Bref, the Beck Depression Inventory, and the State-Trait Anxiety Inventory Form Y
- Stanhope et al. (2020)
  - Researcher-designed questionnaire based on the Nordic Musculoskeletal Questionnaire and the Extended Nordic Musculoskeletal Questionnaire

Other studies involving quantitative methods used researcher-designed questionnaires, sometimes with reference to how the questionnaire was developed based on a literature review but with few explicit details provided. Most questionnaires were not included with the published article. One example that was more transparent in its survey design was Paton:

> Well-being is difficult to measure in any precise sense. However, it is possible to gauge certain enhanced or beneficial states of being, and throughout the project a variety of approaches were tested, formal and informal, including a well-being questionnaire [… which] asked questions about levels of relaxation and stress, emotional, physical and mental well-being, and 'before and after' states of mind, and invited general comments.
>
> (2011: 116)

Only a small number of articles provided details on their qualitative analytic process. Two examples of standardized methodological approaches included Schreier's method of qualitative content analysis (Morell and Shoemark 2018) and Interpretive Phenomenological Analysis (Van Rooyen and Dos Santos 2020). By far the most common approach among qualitative studies in the primary corpus was research-identified thematic analysis, most frequently done without explicit reference to a conceptual/theoretical framework. White, for example, deduced quality-of-life factors based on participant self-report:

> Through interviews and focus groups, these individuals identified a number of factors they deemed essential to their quality of life: social relationships, a sense of belonging to a mixed-age community, ease of transportation, social, educational, and exercise opportunities, and opportunities to actively contribute to their communities. Adequate health, financial security, and independence were also noted of greater concern when they were inadequate or absent.
>
> (2016: 158)

Owing to the nature of disciplinary background, a clear distinction was evident between music therapist authors and non-therapist authors. Although one article by music therapist authors (Morell and Shoemark 2018) used a non-therapist framework (Ecological Systems Theory), other music therapist authors in the primary corpus invoked their disciplinary background as isomorphic with a framework. One article in the primary corpus (Jones 2014), by an ethnomusicologist, drew attention to possible similarities and differences between CoMT and the emerging area of medical ethnomusicology:

> Though there are differences between CoMT and the ethnomusicological study of music and health (often referred to as medical ethnomusicology), and there are reasons why it is sometimes necessary to define and defend disciplinary boundaries [...] there is potentially much overlap between CoMT and medical ethnomusicology [...]. Both conceptualize health holistically (including but not necessarily limited to physical, intellectual, emotional, social and spiritual domains). And both disciplines draw upon theoretical perspectives and methodologies from a diverse range of fields to examine the relationships between music and healing.
>
> (Jones 2014: 131)

In the case of non-therapist authors, a discussion of the literature often served as an implied or de facto framework for analysis. Joseph et al., for example, write:

> Music studies undertaken with adults suggest that participants identify improved social connections, enhanced quality of life, benefits to mental well-being and better health (Coffman 2002a, 2002b; Dabback 2005; Rohwer 2005; Rohwer and Coffman 2006; Bowles et al. 2013; Veblen 2013; Weinberg and Joseph 2017) […]. In the main, people sing for fun as a leisure activity and this impacts on their quality of life (Huxhold et al. 2013; Lui and Stebbins 2014). Singing acts as a positive mechanism towards social relationships (Pearce et al. 2015). Music has a strong connection to body, soul and mind and has the power to foster an enhanced sense of well-being and quality of life (Silverstein and Parker 2002; Joseph 2014; White 2016).
>
> (2018: 23)

Five articles (Barbeau and Cossette 2019; Dabback 2008; Lee et al. 2016; Perez-Aldeguer and Leganes 2014; Weston and Lenette 2016) by non-therapist authors provided specific details on a framework used to understand or analyse health and well-being. Barbeau and Cossette (2019) used Engel's biopsychosocial model. Dabback (2008) used Erickson's identity theory. Weston and Lenette (2016) were abbreviated in drawing on the World Health Organization, writing simply, '[w]ell-being in this case refers to emotional, physical and mental health and the complex relationships between the three' (2016: 122). Lee et al. (2016) used Martin Seligman's PERMA model for understanding well-being. Notably, the study by Perez-Aldeguer and Leganes (2014), which used Carol Ryff's Six-Factor Model of Psychological Well-being, was the only article in the primary corpus that provided a discussion of the two primary psychological perspectives on well-being, hedonic and eudaimonic.

Health evidence, health claims

Almost all studies in the primary corpus relied on self-report as evidence of music's health benefits, usually via questionnaire (e.g., Coffman 2009; White 2016) or interview. Some representative examples of the self-reported health and well-being benefits of music by research participants include:

- 'Sometimes there were many things that got entangled in my mind. I chose to listen to music or singing to release me from depression' (Lee 2013: 88).
- 'It would grieve me to lose it, it definitely contributes to my overall sense of well-being' (Joseph et al. 2018: 28).
- 'We forget ourselves with the ukulele. It helps us forget about our health issues and strengthens our concentration, self-esteem and sense of achievement' (Lee and Southcott 2020: 327).

Another approach found in the primary corpus was anecdotal observation. Two representative examples include:

- 'The pleasure of taking part in music activities and the resulting positive effect on well-being was observed by facilitators. In some cases they were aware that participants in the music activities had ceased to take medication for depression and this was attributed to the musical engagement' (Hallam et al. 2012: 168).
- 'One of the most striking observations was the genuine pleasure, camaraderie and enjoyment that all the members seem to experience from participating in the orchestras. This was evident through the smiling and joking, and the friendships that they seemingly share' (Tapson et al. 2018: 301).

Sometimes, however, anecdotal observations took the form of causal claims about music's effects:

- 'Maria, Adriano and Rita all participate in a community where music making seems to play a central role, tightening their affiliative bonds as well as promoting individual growth and well-being' (Calì 2017: 313).
- 'Writing and playing music is an empowering activity that breaks down social barriers and promotes the development of quality relationships' (Anthony et al. 2018: 85).
- 'Participating in 'regular, harmonious and fun interactions with uncompetitive other music lovers' in a singing group boosts quality of life and may reduce financial toll on health and social services' (Joseph et al. 2018: 30).

Overall, claims about music's health and well-being benefits align with the subjective well-being perspective that views health and well-being as the prerogative of the individual. If a person reports feeling well, this is accepted as evidence that a person is well.

DISCUSSION

The purpose of this integrative review was to examine the application, discussion, operationalization and contextualization of music, health and wellness terms and concepts as they appear in *IJCM* (inception to 2020) in order to demonstrate the degree of conceptual coherence on health-related terms. Our

first two research questions were primarily descriptive in nature. Cognizant of Elsbach and van Knippenberg's (2018) suggestion that integrative reviews should generate analysis beyond the descriptive level, we have endeavoured to provide insights on various ways authors have employed and discussed health-related aspects of community music. We turn now to addressing research question number three.

Target terms

The trendline (Figure 5) demonstrates a steady increase in the presence of health-related terms in articles published in *IJCM*. This supports Higgins and Willingham's (2017) observation about the growing importance of health and well-being in the field of community music. The index for the word *health* (Table 1) reveals a wide range of health-related concerns and interests. Despite our original intention to examine several health-related terms in *IJCM* articles, it became clear that terms such as *hedonia/hedonism, eudaimonia* and *flourishing* appeared so infrequently in our initial searches that they were deemed irrelevant to the analysis.[4]

One of the unexpected findings in our study was cross-cultural differences in term usage. In her content analysis of the first 30 issues of *IJCM* articles, Rohwer (2018) found that the majority of *IJCM* articles were published by authors with US affiliations (82), followed by United Kingdom (24) and Australia (nineteen) affiliations. Our study (inception to 2020) included articles from 38 issues. To facilitate a comparison to Rohwer's findings, we removed articles from the eight most recent issues.[5] Whereas Rohwer found the ratio of United States to United Kingdom and United States to Australia-affiliated authors was a ratio of approximately 3&4:1, author country affiliations in our corpus were almost equal among the three countries: United States (12), Australia (11) and United Kingdom (10). Considered in relation to the total number of articles, these figures indicate that 47% of Australian-based articles and 38% of United Kingdom-based articles published in the first 30 issues of *IJCM* contained discussions of health and/or well-being that met the threshold for inclusion in the corpus. By comparison, only 13% of USA-affiliated articles in the first 30 *IJCM* issues met the threshold for inclusion in our corpus, a finding that suggests that, proportionately, community music research in Australia and the United Kingdom (by institutional affiliation) appears to be more concerned with health and well-being than community music research in the United States.

Intrigued by this finding, we created another graph that juxtaposed proportionate use of target term tallies by authors based in the United States with all other countries. Figure 11 shows that authors with US affiliations used *health* proportionately more than authors with non-US affiliations. In comparison to Figure 8 – which included Canadian affiliations – an isolated measurement of term usage by authors from the United States indicates an even larger focus on *health* (70.5% vs. 65.6%).

Figure 11 adds further context to our finding that overall tallies for *health* appeared most often by a wide margin (57 per cent of all tallies), not only in the number of total tallies (738 of 1301) but also in the number of articles (55 out of 57 corpus articles). This translates to 19 per cent of all *IJCM* articles (55 out of 291), inception to 2020. These numbers are inflated by authors based in the United States, however, as demonstrated in the figure. It is worth noting that the three concepts of *health*, *quality of life* and *wellness* are typically

4. It is worth noting that a conceptual article by Powell (2021) focuses on eudaimonia and flourishing, but was outside of our date search parameters.

5. It is worth noting that the relative distribution of articles by country of author affiliation was not impacted by the reduction to the corpus from 38 to 30 issues, especially for the three most common countries: the United States (sixteen reduced to twelve), Australia (fourteen to eleven) and United Kingdom (eleven to ten).

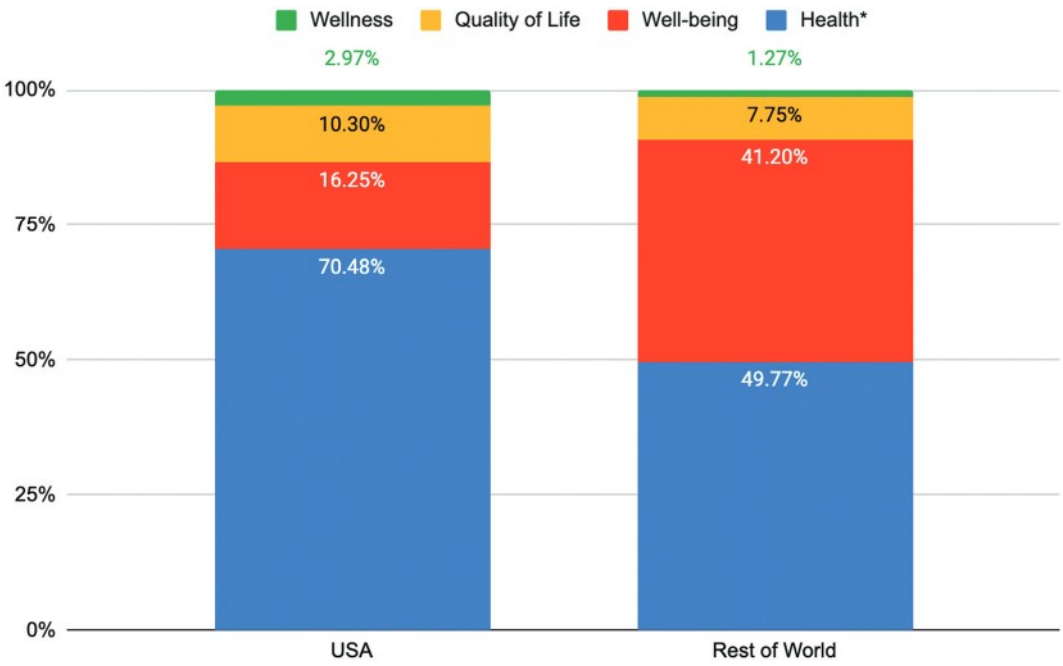

Figure 11: Target term distribution in United States compared to the rest of the world.

associated more with objective than subjective measures, especially compared to *well-being*. Relative to other countries, the presence of *health, quality of life* and *wellness* was higher amongst community music articles written by authors based in the United States. We speculate that this difference may be attributable to differences in healthcare systems (i.e., universal vs. privatized healthcare). It is also worth noting the low number of US-affiliated music therapy authors in the corpus compared to the number of music therapy authors in other countries.

Samples and populations of interest

Congruent with the findings of Rohwer (2018), the most common age group of study samples in the corpus was older adults, suggesting a connection between ageing, health and well-being. The popularity of older adults as a population may be due, in part, to the number of studies on New Horizons ensembles. Notably, articles in the explicit-MHW subcorpus included more studies with 'Leaders' as study samples compared to the non-explicit-MHW subcorpus; nearly one-third of the articles in the explicit-MHW subcorpus focused on facilitators, team members, therapists, teachers, project managers, etc.

Keywords

Keywords in *IJCM* are author-generated. Keywords thus reveal how authors understand (or wish to portray) the conceptual bases of their work. Our analysis demonstrates a wide range of health-related interests and frameworks in

the explicit-MHW corpus (e.g., *biopsychosocial model, cognitive training intervention, racial integration*). While the range of interests reveals the eclecticism of community music research – a feature that can be considered a strength of the field – the lack of coherence (i.e., the lack of focus or repetition) can also be considered a weakness to the extent that replication of studies is rare, thus preventing knowledge from building or advancing. The complete absence of *wellness* as a keyword is also notable.

Method

In an editorial for *Music Education Research,* Burnard (2006) criticized the field of music education for its lack of transparency in distinguishing between method, methodology and theoretical perspective. Burnard argued that, in the absence of explicit discussions of epistemological issues, readers have no basis for evaluating the nature of findings or the claims made on the basis of the findings. Burnard's criticism can easily apply to many of the studies in the corpus we analysed. Although there were notable exceptions, discussions of method tended to be surface-level, largely reflecting a naive realism worldview (Ross and Ward 1996).

The qualitative research articles in the corpus rarely included details on the analytic process, implying that readers should just trust the findings of the researcher or that matters of truth are self-evident and/or universal. Of the quantitative studies in the corpus, six used standardized measures to study health and well-being. While some researchers might criticize the use of standardized measures as empowering the hegemony of the medical scientific paradigm in health-related research, the overwhelming reliance on participant self-report in the absence of epistemological frameworks arguably does little to challenge the medical paradigm.

Health evidence

Music's health and well-being effects and benefits were taken by many authors as self-evident and self-justifying. This was especially true in the articles authored by music therapists. Almost every article we analysed operated from the assumption that music (or music making) was automatically good for people. Considerations of music's potential harms were lacking in the corpus. Overwhelmingly, the health-related benefits of music making in the corpus reflected a subjective well-being perspective, where self-report was taken as *prima facie* evidence:

- 'I witnessed firsthand the power of music therapy to induce relaxation, to improve a sense of well-being, to improve a patient's mood, and to enhance the quality of a hospital experience' (student comment in Clements-Cortes and Pearson 2014: 107).
- 'This sense of relaxation extended to singing with the group, "[w]hen we sing together, I feel very relaxed and I can express myself through singing". CX added "music activities bring us emotional well-being; singing makes us full of spirit and energy"' (Li and Southcott 2012: 66).
- 'On several occasions, members of the dance group make jokes about how dancing and singing prevents dementia, and talk about how music is good for the memory as well as their well-being' (Soderman and Westvall 2017: 51).

None of this is to dismiss the value of subjective well-being or self-report; greater emphasis on and validation of narrative accounts of well-being serves as an important counterbalance to medical/objective paradigms that appear scientifically rigorous but rest on shaky assumptions about music interventions as analogous to a drug or treatment (see DeNora 2013). At the same time, there were few examples of studies in the corpus that went beyond surface-level data generation.[6]

Explicit frameworks were rare in the corpus. Surprisingly, for example, the study by Perez-Aldeguer and Leganes (2014) was the only article in the corpus to discuss the hedonic and eudaimonic traditions of well-being. Lee, Davidson and Krause's (2016) use of Martin Seligman's PERMA framework was one of the few notable examples where researchers employed a model to help provide codified interpretations of participant subjective perceptions. Self-report and subjective well-being perspectives in community music research would arguably be strengthened through greater attention to and employment of conceptual/theoretical frameworks that could provide a stronger basis for comparisons between studies.

Conclusion

Some limitations of our study should be noted. The first is that, like many systematic reviews, ours was dependent on interface-specific search algorithms. It is possible that some studies may have been missed. The second is that we made subjective judgements on the threshold for corpus inclusion, attempting to discern between articles that contained target terms but were deemed as false positives, and those articles where health and well-being were deemed to have enough conceptual relevance for inclusion in the corpus. Thirdly, while our analysis contained descriptive aspects with relatively little interpretive involvement, the assessment of methods, frameworks and health claims necessarily involved a high level of subjective interpretation.

Despite the historical and growing interest in connections between music, health and wellness among community music researchers, our analysis reveals a lack of coherence in the use of health-related terms and concepts. Our analysis also supports many of the criticisms articulated by Clift et al. (2021), such as the over-inclusion of terms such as *arts – music – dance*, the failure to recognize larger structural forces beyond an activity that affect health and well-being, and the weak evidence base for exaggerated claims about effectiveness. As Clift et al. observe, '[i]f people choose to engage in activities they enjoy and value, and they show sustained commitment, is it any surprise that they will gain benefits[?]' (2021: 12). With a few notable exceptions, health and well-being are rarely operationalized in *IJCM* articles. As a result, findings from studies are not comparable and it is difficult for the knowledge base to advance. Individual studies, in other words, remain at the level of individual studies and do not contribute to the deepening of theoretical understanding.

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6. Consider, for example, this finding from White: '"Do you believe that playing an instrument or singing in a musical group has affected your health, either favourably or unfavourably?". A total of 50 respondents provided 61 comments, most of which (86.8%) were positive' (2016: 165). While there may be value in soliciting participant opinions on the perceived healthiness of their musical activity, this finding does not mean that playing or singing *is* healthy (since there are no measures), nor does it generate any theoretical understanding of what health might mean in this context.

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