Music Making in Elderly Community Program for Korean Immigrants in Canada

H. Elisha Jo, Western University

Supervisor: Veblen, Kari K., The University of Western Ontario
A thesis submitted in partial fulfillment of the requirements for the Doctor of Philosophy degree in Music
© H. Elisha Jo 2023

Follow this and additional works at: https://ir.lib.uwo.ca/etd

Part of the Music Education Commons

Recommended Citation
https://ir.lib.uwo.ca/etd/9692

This Dissertation/Thesis is brought to you for free and open access by Scholarship@Western. It has been accepted for inclusion in Electronic Thesis and Dissertation Repository by an authorized administrator of Scholarship@Western. For more information, please contact wlsadmin@uwo.ca.
Abstract

This integrated-article dissertation explores music making in a community program for Korean older adult immigrants in Canada. Drawing upon WHO’s active aging framework and theoretical concepts of active aging, Erickson’s 8th stage, and lifelong learning, this research investigates social participation and engagement through music making among seniors.

The first article uses ethnographic research tools to explore a culturally specific community program for Korean elderly immigrants called Canada Enoch Seniors’ College. Through engaging musically in familiar songs in their mother tongue, participants re-defined/claimed identity and group membership. Music plays an important role as participants collectively remember their shared culture.

The following article is an ethnography of five Korean Canadian first-generation immigrant seniors. After surviving great historical turmoil, including oppression through Japanese rule and the Korean War, these elders chose to move to a foreign land, where they faced many barriers, in order to offer their children a better life. Now participants in the Enoch College, these older adults happily connect and recreate memories of their Korean homeland through music and shared activities in a church-based context. Their stories illuminate how music has been integral to their lives.

The third article assesses the program’s impact using a health-related quality of life survey SF-36v. This survey measures health-related quality of life and overall well-being. The results are statistically significant and suggest that the program provides positive effects to these elderly participants.

This research considers the power of music to promote wellness and active ageing among Korean Canadian seniors. Having a strong sense of meaning and purpose that music can afford is not only associated with well-being in old age, but also relates positively to successful coping with pain and illness. Although limited to a specific population in a particular time and context, this study contributes to growing body of research, filling. Voices of these Korean Canadian seniors offer valuable insights for music educators, community musicians, researchers, community program directors, health care providers as well as those guiding government policy.
Keywords: music, older adults, community program, community music, lifelong learning, aging, well-being, identity, immigrant, culture, engagement, Korean immigrants, Asian diaspora
Summary for Lay Audience

This integrated-article dissertation explores music making in a community program for Korean older adult immigrants in Canada. Drawing upon WHO’s active aging framework and theoretical concepts of active aging, Erickson’s 8th stage, and lifelong learning, this research investigates social participation and engagement through music making among seniors.

The first article uses ethnographic research tools to explore a culturally specific community program for Korean elderly immigrants called Canada Enoch Seniors’ College. Through engaging musically in familiar songs in their mother tongue, participants re-defined/claimed identity and group membership. Music plays an important role as participants collectively remember their shared culture.

The following article is an ethnography of five Korean Canadian first-generation immigrant seniors. After surviving great historical turmoil, including oppression through Japanese rule and the Korean War, these elders chose to move to a foreign land, where they faced many barriers, in order to offer their children a better life. Now participants in the Enoch College, these older adults happily connect and recreate memories of their Korean homeland through music and shared activities in a church-based context. Their stories illuminate how music has been integral to their lives.

The third article assesses the program’s impact using a health-related quality of life survey SF-36v. This survey measures health-related quality of life and overall well-being. The results are statistically significant and suggest that the program provides positive effects to these elderly participants.

This research considers the power of music to promote wellness and active ageing among Korean Canadian seniors. Having a strong sense of meaning and purpose that music can afford is not only associated with well-being in old age, but also relates positively to successful coping with pain and illness. Although limited to a specific population in a particular time and context, this study contributes to growing body of research, filling. Voices of these Korean Canadian seniors offer valuable insights for music educators, community musicians, researchers, community program directors, health care providers as well as those guiding government policy.
Acknowledgments

*Grace* - a gift freely given - is perhaps another word to sum up this experience.

I have been blessed beyond measure to receive the best gift of all: a relationship built on trust and patience.

Dr. Kari Veblen has been a living example to me, walking the very path I aspire to follow. With a smile like a gentle wind, so refreshing that it can even beautify some of the darkest moments. She has always been there for me, sincere and kind, embodying the wisdom I hope to emulate someday. I wouldn't be here if it hadn't been for her faithful support when others, including myself, doubted. More than words can express, I want to extend my heartfelt gratitude to you, dear Kari, for your help in every possible way.

‘Help’ holds a significant meaning for me. The story takes us back to a time when my dear sister and I ventured through what felt like a dark abyss in our lives - a period marked by financial, physical, and emotional struggles. Seated across from each other at a café, our words were few. Perhaps as an effort to break the silence, I impulsively directed a question at my sister, but in truth, I was posing that question to myself. I asked, “What is your deepest wish?” After a brief pause, she responded softly, “To be a helper.” No further explanation was necessary; our emotions nearly overwhelmed us. “Me, too…” I whispered to myself. In that moment, it felt like a prayer, stemming from our feelings of hopelessness.

Since then, I have learned the truth from the Word of God and the wise words of elderly Koreans like Yong, Kay, Kim, and Min. They have reminded me that it is not about the circumstances themselves, but rather about how we respond and learn from what happens to us.

This journey with elderly Koreans was a delightful surprise in many ways. Spending every Thursday – Enoch day – with these wonderful individuals, their faces etched vividly in my heart, brought an unparalleled joy to my life. It was an immense privilege to have crossed paths and spent time with each and every elderly Korean:
Elder Choi, the grandpa I had never known, who still plays his harmonica in the depths of my heart; his perfect life partner, Kay, who possesses timeless grace; Elder Song, whose undying passion for music continues to inspire; Hyo, whose quiet demeanor speaks volumes beyond words; Pastor Kim, a young man at heart, brimming with the same passion; Min, who blossomed like Spring flowers; CESC director/pastor Kim, your passion for older adults and gentle leadership have contributed to making CESC what it is today, and her faithful supporter and husband, Elder Kim, alongside numerous other elders who willingly opened up their hearts to embrace and welcome me – this experience was genuinely humbling.

I am grateful to Dr. Patrick Potter, whose invaluable contribution and expertise have truly enriched this study.
Dr. Stephen Messenger, your kindness and generosity have made this entire endeavor possible. Thank you for your help.
Dr. Ruth Wright, I can't thank you enough for your thoughtful questions that ensured the message is well thought-out and crystal clear.
Dr. Betty Anne Younker, for your concise insights were instrumental in the study, and I am appreciative of your input.
Dr. Carol Beynon, your encouragement and open-mindedness have been a constant source of motivation as I moved forward with this research. Thank you for your support. Dr. Victor Fung, your cultural insights added a depth to the study, and I'm grateful for the broader perspective you brought.
To each and every one of you, thank you from the bottom of my heart for your unyielding support. Your contributions have made a significant impact on this journey, and I couldn't have done it without you.

To Dad and Mom, whose prayers have brought me this far, I am deeply grateful and so humbled by your love. I am so blessed to be your daughter, and I couldn't have asked for better Appa and Umma. Your sincere and devoted heart to God is the best gift that parents can give to their child. Your continuous support and patience have carried me on this journey. My dearest and lovely sis, Jungsuna~ you are my biggest support, and I thank God for you each and every day. You know that you will always have a special place in my heart.
Dearest Sam, your faithful prayers filled with tears will never be forgotten; they will live on in my heart. I am indebted to your love and incredibly grateful for the greatest lesson in life: always teaching the Word of truth through your unwavering obedience to God. Your compassionate heart and your journey of faith are what I aspire to follow. Thank you dearly for being a source of inspiration and love.

Thanks to JDC family: Jenny unni, Robin, Ruth, Amy, Uncle Paul, Mr. C. Lee, Mrs. J. Jung, Mrs. E. Lee, Mom Lee, Soo unni, EH unni, Yes-i & HY unni, JH unni, Hyerin, Soyeon, Eddy and the list goes on. For all your help, love and prayers, never without coffee and chocolates. Thank you.
Above all, Jesus Did it! Jooha!

More than words can express, more than I can ever know, it is only by grace I am what I am.
**Table of Contents**

Abstract .......................................................................................................................... i  
Summary for Lay Audience .......................................................................................... iii  
Acknowledgments ......................................................................................................... iv  
Table of Contents ......................................................................................................... vii  

Chapter One: Introduction and Overview .................................................................... 1  
  
  Study Overview ........................................................................................................... 2  
  My Background .......................................................................................................... 3  
  Coming to the Enoch Senior's College (CESC) .......................................................... 6  

Purpose of the Study ..................................................................................................... 8  
Research Questions ...................................................................................................... 9  
Theoretical Framework ................................................................................................. 9  
Overview of the Research Framework ......................................................................... 9  
Data Collection and Analysis ....................................................................................... 10  

Design and Method ..................................................................................................... 11  
  
  Ethnography ............................................................................................................. 11  
  Narrative Inquiry ...................................................................................................... 12  
  Principles of a Mixed Methods Approach ................................................................ 13  
  Overview of the Complementary Study Methodologies ............................................ 13  
  Mixed Methods Research ......................................................................................... 13  
    Three Research Designs ......................................................................................... 14  

Quantitative and Qualitative Research Methods .............................................................. 15  
Data Collection and Analysis ....................................................................................... 17  
  
  Health Survey ......................................................................................................... 18  
  Data Collection and Analysis ................................................................................... 19  

Dissertation Overview .................................................................................................. 20  
  
  Integrated-article Format ......................................................................................... 20  
  Study Overview ...................................................................................................... 21
Chapter Four: Enoch Senior’s College for Korean Immigrant Seniors: Quality of Life Effects

Résumé .................................................................................................................. 79
Abstract .................................................................................................................. 80
Introduction ......................................................................................................... 80
Background on the CESC ....................................................................................... 85
Methods .................................................................................................................. 86
Results ................................................................................................................... 89
Quantitative Evaluation ....................................................................................... 89
Qualitative Inquiry ............................................................................................... 90
CESC as Promoting Health and Vitality ............................................................... 90
CESC as Fostering Renewed Perspectives on Aging and Self ............................. 91
CESC as Providing Emotional Support and a Sense of Belonging ....................... 93
Discussion ........................................................................................................... 95
Reflection ............................................................................................................. 100
References .......................................................................................................... 105

Chapter Five: Remembering a Hard Life with Joy: Music-Making among Korean Elders

Literature Review .................................................................................................. 116
Method ................................................................................................................... 118
Narrative Approach ............................................................................................. 118
Continuing Ethnographic Framework .................................................................... 119
Five Narratives .................................................................................................................................................. 119

1. Song’s story: “Wind from a mountain and wind from a river.” ................................................................. 119
2. Yong’s story: Harmonica and “Heidenröslein” .............................................................................................. 121
3. Kay’s story: Joy of singing, thirst for learning .............................................................................................. 122
4. Kim’s story: Music in a life for others ........................................................................................................... 124
5. Min’s story: Grief opens the heart ................................................................................................................ 126

Conclusion ...................................................................................................................................................... 130

Reflection ........................................................................................................................................................ 130

References ...................................................................................................................................................... 134

Chapter Six: Summary and Conclusion ........................................................................................................ 141

Revisiting Research Questions ...................................................................................................................... 141

Research Question 1) What Factors Contribute to Participation in the Program? .............................................. 141
Focus on Wellbeing and Healthy Ageing ......................................................................................................... 142
Music’s Part in the Program ............................................................................................................................. 142
Korean Traditional Culture and Music ........................................................................................................... 143
Familiar Music .................................................................................................................................................. 146
Language Considerations ............................................................................................................................... 146
Cultural Understandings of Ageing ................................................................................................................ 147
Summary of Research Question 1 .................................................................................................................. 148

Research Question 2) How Does Participating in the Community Program Affect Health and Active Aging among Elderly Korean Participants? ................................................................. 148
Health Survey .................................................................................................................................................. 149
Findings from Health Survey ........................................................................................................................ 149
Discussion of Program Features .................................................................................................................... 150

Research Question 3) What Does Music Mean and How Important is it in the Lives of Elderly Koreans? ............. 151
Shared Cultural Identity ................................................................................................................................... 152
Music Making .................................................................................................................................................. 152
Life Narratives ................................................................................................................................................ 152
Chapter One: Introduction and Overview

As countries and cultures experience demographic shifts, wellness and active aging within a population become more and more crucial concerns. Active aging is a global term promoted by the World Health Organization (WHO). It has been employed in diverse policy frameworks which seek to ensure health and well-being for senior citizens in countries which have rapidly aging populations. The WHO defines active aging as “the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age” (World Health Organization [WHO], 2002, p. 12). Here, “active” refers to lifelong engagement in social, economic, cultural, spiritual, and civic areas, rather than simply a person’s employability or ability to remain physically active.

The United Nations has reported that, globally, the number of international migrants increased by nearly 48 million between 2000 and 2010 (United Nations, 2020). In 2020, the number of these persons who live outside of their country of origin reached 281 million. Despite declines in migration flow since 2020 due to the COVID-19 pandemic, this number has been steadily increasing.

In Canada, international migration is the main source of population growth (Statistics Canada, 2022a). Canada has just recently recorded its highest population growth rate—0.3% in the first quarter (January 1, 2022, to April 1, 2022)—and has welcomed 113,699 immigrants (Statistics Canada, 2022a). Immigration represents two-thirds of Canada’s population growth, and immigrants make up more than 21% of Canada’s population; permanent and non-permanent immigration accounted for over 80% of Canada’s population growth in 2019 (Government of Canada, 2021). The proportion of immigrants is estimated to reach between 24.5% and 30.0% in 2036. Moreover, it is estimated that a large proportion of these immigrants, between 55.7% and 57.9%, have been born in Asia, while between 15.4% and 17.8% have been born in Europe (Statistics Canada, 2017a).
My research focuses on visible minority seniors who have a Korean cultural background. Their Korean background makes them the minority among minority groups\(^1\) in Canada. The present study uses the theoretical underpinning of the WHO's active-aging framework. It was conducted in the Greater Toronto Area (GTA), one of the few places in Canada where many immigrant seniors reside and receive support from ethnic organizations. As Canada prepares to address the diverse needs of an increasingly older population and puts policies concerning aging into practice, community programs rooted in ethnic communities can provide worthwhile, efficacious exemplars. Situated community programs are uniquely positioned to adapt, tailor, and implement culturally appropriate and relevant learning opportunities for the elderly.

### Study Overview

This dissertation focuses on wellness and active-aging among Korean-Canadian immigrant seniors who were participating in a community-based, ethno-cultural music-making program for seniors at the Enoch Senior's College (CESC) in the Greater Toronto Area. This chapter introduces the study, highlights the significance of the study, and provides an overview of the research framework and thesis structure.

The dissertation takes the form of three integrated articles which, from complementary perspectives, examine wellness and active-aging through music in the selected cohort of Korean-Canadian immigrant seniors. The first article studies the group via an ethnography, providing an introduction and backdrop to the study. Understanding the context of the cohort, how it is situated and planned, and who is involved helps to provide insight into the group.

The second article presents personal narratives of self-selected members who offer their unique experiences of musical engagement. Only a few stories are shared here because participation was voluntary and only a few volunteered. The narratives add depth and richness to the study and help to create a broader perspective that is helpful in the analysis of other data.

\(^1\) According to the most recent census data available, Korean population accounted for 0.5% (188,710) of the total Canadian population in 2016 (Statistics Canada, 2017b).
The third article uses a health survey to analyze well-being. The health survey showed the effectiveness of the program and how music played a positive role in the lives of the Korean seniors. The survey findings are especially helpful for community workers who are looking for ways to improve the lives of community-dwelling seniors. The present study may indeed provide a resource to inform similar community-based seniors’ programs. Overall, although the three articles were written separately with three different views and designs and with different purposes, they complement each other as a whole.

My study of wellness and active-aging among Korean-Canadian immigrant seniors began with an ethnography of the Enoch Senior's College (CESC) where I acted as a participant observer to collect data from multiple sources. “Enoch,” as it is called by the elderly Korean participants, is a community program for seniors offered by Westside Presbyterian church. The first of its kind in Ontario, the program began in 2003. The history of CESC and positive comments from the seniors themselves about the program sparked my interest. News of CESC spread by word of mouth among Korean seniors in Korean communities in the Greater Toronto Area as CESC became a popular gathering place for seniors. As its regard grew, the program developed more classes for seniors and helped other churches implement similar programs.

I joined the CESC music program in 2013 as a volunteer, first as an accompanist for small groups, then in a variety of roles from photographer to greeter to program assistant. Hearing the stories of elderly Korean immigrants’ hardships, resilience, and wisdom, first-hand, has been a significant, life-changing experience for me.

My Background

I was born in Korea into a loving family with one sibling, my younger sister. We have an extended family of aunts, uncles, and cousins and, since members of my family are devout Christians, many of the friends we have met through church have become like family to us. It was also probably in the church where I was first introduced to music. The musical activity I most enjoyed was singing in a Sunday school choir. I would recall songs that I had learned previously and sing them on my way to school, and during time alone. Looking back, I think I found singing entertaining and enjoyed learning new songs every Sunday. I participated in a music class once a week in day school where we focused mainly on musical literacy which did
not excite me. We had an upright piano at home and my mother occasionally sang and played hymns. As a toddler I would sit on the piano bench with my mother who gave me my first piano lesson. My formal piano education began when I started primary school at age six at the local hagwon (after-school class).

Hagwons are scattered around most Korean cities as the most common way of offering education that meets the educational demands and needs of Korean parents for their children in subjects ranging from academics to aesthetics. The piano hagwon I attended was like many others: There was a main room where the head teacher taught lessons; there were a few small private piano practice rooms and a common area where students learned music theory. Other teachers were available to teach piano and theory under the direction of the head teacher.

I went straight to hagwon after school four or five times a week and spent about an hour there. Upon arriving, students could choose to complete a theory worksheet assigned for the day or practice piano and prepare for the lesson, until the teacher called them into the main room. After their lessons, students were given assignments to complete before being dismissed to go home. (Students in Korea can attend several hagwons. The most popular are hagwons for core school subjects such as math, English, and Korean, but there are others for the arts, such as drawing and piano.)

Although I liked music, the hagwon was not an unmixed experience. I did not like to be confined alone for an unknown length of time in the practice rooms, and I struggled to play in front of people. I felt self-conscious and embarrassed to have a lesson in an open room where others could judge my playing. I would volunteer to go for the lesson last after most students had gone home. My teacher was nice but strict and would strike my hands with a baton whenever I made mistakes, a common teaching practice then. She later told me that I was mostly punished because I played from memory instead of looking at the music score. While I may have developed a fear of performing, I did continue to pursue music.

My family moved to Canada when I was in high school, and we settled in a small village where my parents owned a convenience store. We lived above the store, and my sister and I helped out when we could. Living in Canada was especially difficult because of the language and cultural barriers, and because we felt the hostility of Canadians toward foreigners and strangers.
In Canada, ethnic churches have played a vital role throughout the history of immigration in the process of acculturation (Hurh & Kim, 1990; Tirrito & Choi, 2004). Newcomers usually have no family members to help them and it can be almost impossible for anyone with limited English to find the help they need. Because they do not have credibility in their new country, recent immigrants need someone to co-sign to rent an apartment, send children to school, and apply for social services. Like many of our first-generation immigrant predecessors, my family first landed in Canada without any extended family or acquaintances. For us, too, the Korean church and its members became an important resource providing practical support and linking us to a family doctor, schools, and jobs. The church helped us navigate the foreign Canadian system.

After high school, I obtained a BMus degree in Organ Performance at McGill. This was an extension of my musical study of piano. It happened that across the street from the high school where I attended was a church with a pipe organ. The music director, an organist, was willing to take on a student. Since I was one of few Asians who could not speak English, the school was a difficult place and lunch time was especially hard. Having no one to talk to, I retreated to the church to practice the organ.

As I contemplated applying to university, I was most interested in music education but part of me wanted to continue to play and learn the organ because it represented the dominant western culture. I may have thought that studying the western art canon would soften the barriers of prejudice I experienced in high school and that I would feel more accepted. Given encouragement, I went on to complete the Master's degree in organ performance. From my early experience at the piano hagwon where I had watched other students play, I had developed a perception of what a ‘performer’ is and I concluded that I did not have the natural flare to be a performer. However, I pursued performance studies in graduate school, taking the opportunity to broaden my musical milieu. There was always a part of me that felt I was lacking in cultural competence for western music, so I took this opportunity to delve further into the culture I to which I had always felt foreign.

My interest in music education began while taking an elementary music education course in graduate school; that course led me to a practicum in a pre-K (Little Musicians’) music class.
Because of my high school experience, I could not bear the thought of facing high school students again, but working with little children was different. Being brought up in a non-western culture and studying western music, I saw the benefit of early exposure to music and the importance of early music education.

In an elective course I took at McGill, I became interested in the question of identity and how it is closely linked to culture. The elective course, called Soul and Soul Music, was offered by the Faculty of Religion. The professor had once witnessed a student committing suicide upon receiving a failing final grade and this had provided the genesis for his course. This professor believed education should be about students finding who they are through experience. Through engagement in the arts (attending art exhibitions, music concerts, and films), we engaged in a series of reflective writings. The course made me aware that some of my colleagues shared my search and feelings of being ‘other.’ My interests expanded and I continued questioning: What is the influence of music and how is it expressed? What is the ‘culture’ and ‘identity’ of Korean Canadians? What is the link between theories of identity and its practice in the community? These questions have led me to my current doctoral program and my present research.

**Coming to the Enoch Senior's College (CESC)**

In 2007 my father retired from his business and devoted more of his time to volunteering at our church. He found a sense of achievement and fulfillment through this work and gladly volunteered to help the director of Enoch when she asked for his help. This move became significant for me when I responded to my dad’s request to help him there.

I vividly remember my first days at Enoch because they were filled with music, especially singing. Well-remembered songs like “Home in the Springtime” made me feel at home; it turns out that Korean elders and I share the same heart songs from our childhoods. “We all become children,” one participant told me. Elderly Korean participants become children again at Enoch in the sense that they can let go of themselves—can be open to change, learning, loving, and most of all, hope—despite their perceptions of old age. In my mind, Erikson’s words, “(a) return to childlikeness seasoned with wisdom” (Erikson, 1964, p. 133), capture the essence of Enoch participants.
Although most of the Enoch elders shared health concerns and issues which often disturbed their nights, they were able to provide empathic support for each other. Perhaps, at Enoch, Korean seniors felt valued, and appreciated by the supportive team of volunteers who worked closely with Pastor Kim, a senior herself. The team led by Pastor Kim demonstrated an attitude towards serving elders as if the seniors were their own parents. Lunches, for example, were planned with care to deliver nutritionally balanced meals that met digestive concerns yet had flavors to make the meal enjoyable. The Korean greeting “how are you” can also be expressed by “have you eaten?” “Have you eaten?” is an expression of care and concern. Eating is a value-laden word in Korean culture and treating someone to a nice meal is one way to show appreciation.

The significance of music in the CESC program cannot be over-emphasized. Pastor Kim, who had been planning the seniors’ program, clearly knew that music would play a central role. Perhaps largely because of the importance of music to Korean seniors’ cultural identity, music accompanied all programs and sessions seamlessly. I particularly remember my very first observation of the Harmonica ensemble. Mr. Choi, who was also a participant, volunteered as a facilitator/teacher. The informal class was filled with impromptu musical bursts, such as solo singing of “Heidenroselein” in German by Mr. Choi himself. The ensemble had no need for a conductor. When Mr. Choi used the magic words, “Let’s play like we sing,” the group would instantly fix any musical issues and play perfectly in unison.

To learn more about the prevalence of music at Enoch, I asked the seniors about the meaning of music in their lives. The question, however, was redirected back to me with blunt looks. “How can anyone not like music?” they asked. Most shrugged and treated my inquiry as a rhetorical question. Perhaps less well-articulated but obviously deeply felt was how music was always remembered and shared by the Korean seniors. While musical recollections elicited smiles, other complex emotions surfaced. For example, one favorite song is “Home in the Springtime” 2 which began as a poem about a remembered home which is lost. The poem was

---

2 The lyrics of the Home in the Spring Time: ‘Flowers bloomed in my home town, long time ago. Peaches, apples and apricots...and pink blossoms too. Red and violet of the rainbow, flowers paint the town. I still long to go back to my hometown in the sun’.

put to melody as a song during the time when Koreans were under Japanese colonial rule. Although not directly expressed, the song implied longing for home by Korean resisters who went to fight for the independence of the nation against Japan. The elders at Enoch understood the history of the song and had indeed learned it in their childhood. Like the resisters fighting the Japanese, the seniors could not return to the home of their childhood. That place no longer exists. Despite this loss, the singers remember their childhood filled with happiness that will not come again. “Home in the Springtime” is both a joyful and a sorrowful song, tinged with defiance and memories of the resisters fighting for independence.

**Purpose of the Study**

Broadly conceived, my study is an investigation of the role of music and musical community in the lives of community-living older adults. Major themes concern wellness, the role of music role in lifelong learning, community music, and immigrant experiences. Emerging themes include life review and reminiscence.

More specifically, the aim of my study is to examine the role of music and active aging in the lives of community-living Korean seniors in a particular Canadian community program. I make observations and explore the seniors’ perspectives on their experience. I review recent and relevant studies regarding aging trends in Canada, and health disparities and the needs of visible minority groups in that country. I also consider the role of faith-based organizations in immigrants’ lives within a brief overview of the Korean community and the history of Korean immigration to Canada.

The specific objectives of my study are to

i. document a successful ethno-cultural program—one with a focus on music—called “Canada Enoch Senior’s College” (CESC) for Korean-Canadian seniors;

ii. identify factors that contribute to the program’s success and sustainability and evaluate its impact on the participants’ health-related quality of life;

iii. explore narratives of aging among Korean-Canadian seniors through the
experience of music by examining individual experiences and perceptions of music-making and their influences on participants’ overall sense of well-being.

**Research Questions**

My study is designed to offer a closer look at the role of music in a community program as it relates to active aging in community-living Korean seniors in the Canadian immigrant context. My main question concerns how musical engagement shapes the identity and influences the wellbeing of Korean elders. I explore the following sub-questions:

1) What factors contribute to participation in the program?
2) How does participating in the community program affect health and active aging among elderly Korean participants?
3) What does music mean and how important is it in the lives of elderly Koreans?

**Theoretical Framework**

My study is constructed upon three interlocking notions that serve as a theoretical framework for the research: 1) Active aging is the main concept, with 2) Erickson’s Stages of Psychosocial Development and 3) lifelong learning as subset concepts. These topics are addressed in the literature review in Chapter 2.

**Overview of the Research Framework**

The first phase of my study documents the unique features of CESC through ethnographic methodology, providing an exposition of the program while examining (a) the barriers to program participation as well as (b) the support provided by CESC that enabled continued program participation on the part of seniors.

The next phase of my research was informed by findings from the first phase of my research. I explored narratives acquired through in-depth interviews with five seniors. I used a musical lens to better understand the importance of music in their lives. In this phase, I also conducted an explorative inquiry to determine health-related benefits of participation, if any, using a health survey tool, the Short Form 36 Version 2 (SF-36v2), to measure the health-related quality of life (HR-QOL).
In the third and final phase of my research, I used a mixed-methods approach (which was informed by the first phase) to evaluate the health impact of the program on participants. The quantitative findings were supported by in-depth qualitative interviews of the participants.

**Data Collection and Analysis**

As a participant observer, I conducted most of the ethnographic fieldwork during two consecutive terms between April and October 2014 while I attended classes and performed the roles of greeter, photographer, and sectional accompanist. A researcher may gain a deeper understanding and knowledge of the single (case) culture-sharing group by participating as a volunteer in the program (Stake, 1995; Yin, 2009). I gathered data from a combination of field notes, informal conversations with the participants and class instructors, and self-reflections (Denzin & Lincoln, 2005).

In order to observe and document the participants' manners of involvement with music (engaging, singing, and performing) in the program, I also used video recording to supplement data collection as I could not observe, participate, make notes, and fully engage in the environment all at the same time (Bogdan & Biklen, 2003; Goldman-Segall, 1998). Video-based data provided visual contextual information, including the ambiance or natural setting and verbal and non-verbal behaviors of participants that aided in cross-checking the data.

I collected additional data from public records (newspaper articles) and photographs as well as official documents such as course resources and materials, schedules, and internal publications, to acquire a more contextualized and holistic examination of the program. I collected data from multiple sources to enable triangulation and strengthen validity of findings. I transcribed and translated official documents and informal conversations as necessary. I am a native Korean-speaker. As well, I collaborated with a bilingual translator (Korean-English) to ensure I correctly conveyed nuances, innuendoes, cultural/ethical assumptions, and cultural expressions as needed.

---

3 The CESC Spring term ran for 11 weeks from April 10 to June 19, 2014, and the Fall term ran for 8 weeks from September 4 to October 23, 2014.
The process of data analysis was done by reading and re-reading transcribed texts and watching video clips to determine emerging themes (Green & Thorogood, 2009). Analysis of this ethnographic case study was conducted in five parts:

1) organization of data: reducing data into manageable and meaningful chunks or files;

2) coding: developing themes that involve making sense of the textual data by assigning codes to chunks of data;

3) description of context: taking a narrative approach to provide a holistic picture of the context (for example, describing the activities in the CESC programs);

4) interpretation: describing the findings in a meaningful way, adding significance to the analysis, and illustrating patterns and relationships;

5) representation: employing narrative to represent the findings and taking themes from data analysis with direct quotes to support and link the themes.

These steps allowed to make a detailed and holistic description and analysis of the case and the context (Creswell & Creswell, 2018).

Design and Method

Here I outline general principles of mixed-methods qualitative and quantitative research. I present the types of research used in the order in which they were employed in the articles that comprise this dissertation.

Ethnography

Ethnography arose from the field of anthropology and seeks to understand cultural phenomena as a whole. The word itself comes from *ethnos*, meaning “folk or people,” and *graphos*, meaning “to write.” In an ethnographic study, the researcher, as a participant observer, may immerse herself in the culture - living, interacting, and engaging - to come to a holistically understanding of a way of life in a natural setting (Bresler, 1995; Creswell & Creswell, 2018; Fetterman, 1998). Through detailed observations and explorations of a cultural group, the

Becoming a part of the daily life of a group fosters “thick descriptions” (Geertz, 1973) or multilayered descriptions of the actions or events that help seek cultural and social meanings, beyond the mere observation or semiotic reading of the culture. As a result, a deeper understanding of local setting and cultural knowledge of a community may be acquired. The ethnographic case study design is employed in this research to provide a contextualized description and understanding of the CESC program and a unique cohort of first-generation Korean immigrants who are engaged in the program. According to Clandinin and Connelly (2000), “Context is necessary for making sense of any person, event, or thing” (p.32). A qualitative report filled with rich descriptions of people, places, and events, draws readers closer to a more complete account of participants’ views of the reality and the contexts in which motivations and meaning construction are created.

**Narrative Inquiry**

Narrative inquiry (Freeman, 1997; Josselson, 2006) relies on "telling a life story, retelling a life story, and reliving a life story," a story from which our identities are constructed and from which more knowledge can be gained (Clandinin & Connelly, 2000, p.418). This method allows a researcher to investigate how the participants construct self-understanding and how “their way of being” itself is “storied” (Connelly & Clandinin, 1990, p.12).

Participants decide what is meaningful to them; they decide how the story is told, in what way and with what emphasis (Bell, 2005). Following the notion of social constructivism, narrative inquiry allows access to embedded social and cultural differences as well as forces and ambiguities that help contour the concept of self, and help one make sense of the world. This approach is particularly relevant in uncovering the cultural narratives of this cohort of Korean older adults who are pioneer first-generation Korean immigrants in Canada and have endured a great deal of conflict and instability in their lives, such as that caused by the Korean War and its aftermath.
I used the narrative inquiry approach to capture detailed and deep personal accounts of participants’ experiences related to music. The approach permitted me to preserve the integrity of their narratives (Bell, 2005; Clandinin & Connelly, 2000) while revealing the culturally and historically embedded experiences they found meaningful.

**Principles of a Mixed Methods Approach**

**Overview of the Complementary Study Methodologies**

Mixed methods research is an emerging research approach in the social and health sciences that combines both statistical data and narratives to study human and social problems. Mixed method research involves the merging, integrating, linking, or embedding of qualitative and quantitative techniques within the study (Creswell & Hirose, 2019). The potential contribution of two distinctive approaches can strengthen the study because one method can offset weaknesses of the other method (Creswell & Creswell, 2018).

An example of the complementary advantage to using mixed methods research techniques can be illustrated with an analogy to a recent natural phenomenon. Media have been reporting a series of earthquake in Turkey. While news reports emphasize factual data, including number of people who died, number of injuries, and possible losses, a more complete understanding of the phenomenon is gained from survivors of the earthquake through interviews and personal accounts.

**Mixed Methods Research**

Mixed methods research is one kind of multimethodology that includes, combines, or integrates elements of qualitative and quantitative methods. Researchers may employ mixed methods to gain a deeper understanding of a given phenomenon (Creswell & Hirose, 2019). Creswell and Creswell (2018) maintains that mixed methods research is not just having both quantitative and qualitative data. While mixing is central to the mixed methods approach, the studies must integrate, link, and connect both kinds of research.

Conceptualization of integration occurs through linking the methods of data collection and analysis (Creswell & Plano Clark, 2018). Creswell and Plano Clark (2018) suggest that
linking can occur in several ways: connecting, building, merging and embedding. \textit{Connecting} takes place when one type of data is linked with another type of data through the sampling process. For example, in this study, in-depth qualitative interviews of the participants were selected from the respondents to the SF-36v2 Health Survey. Integration through \textit{building} occurs when results from one data collection method inform and shape the data collection approach of the other method, with the latter method expanding upon the former. For example, ethnographic data on the cultural community program suggested potential health impacts on elderly Korean participants and the importance of language barriers and cultural understanding in interpreting the wording of the questions. This allowed for cultural adaptation in the interpretation of the SF-36v2 survey. Integration through \textit{merging} of data involves the combination of two databases for analysis and comparison. In this study, merging takes place after the statistical analysis of the SF-36v2 and the qualitative analysis of textual data. Integration through \textit{embedding} may occur when data collection and analysis involve any combination of connecting, building, or merging. A distinguishing feature of this approach is the linkage of qualitative data collection with quantitative data collection at multiple points. This approach is especially important in interventional advanced designs.

\textbf{Three Research Designs}\

Three designs—three ways to integrate data—characterize mixed-method research (Creswell & Plano Clark, 2018). One a is a ‘convergent mixed-methods design.’ Collection and analysis of qualitative and quantitative data occur roughly at the same time so that one database can be checked against the other. A mixed methods approach captures two different perspectives such as, for example, one perspective from a survey and one from interviews; then the data and analysis are brought together.

A second mixed method research design is an ‘explanatory sequential mixed-methods design.’ Research occurs in two phases. First, a quantitative measure such as a survey is administered and analyzed. With insights gained from the survey, a researcher then conducts a qualitative phase, perhaps an ethnography or interviews. Each phase of the study propels the next phase and allows for interpretation. For example, a researcher may use a survey to collect data
from a large group of people, and then later may select members of that group to interview to gain insight into the survey results. The qualitative data help interpret the quantitative data.

A third design, the reverse of the second design, is called ‘exploratory mixed-methods design.’ It is also a two-phase design but starts with qualitative data collection such as interviews that explore the context and individual views, and then, in light of the findings, is followed with quantitative techniques such as a questionnaires or experiments. This method is most often used when developing and testing a new instrument.

**Quantitative and Qualitative Research Methods**

Quantitative and qualitative research methods are different with distinct features. Perhaps a basic way to distinguish the two is that data collection in qualitative research involves words, and quantitative research involves numbers (Greene, 2007). Quantitative research methods focus on promoting an objective investigation of observable data using a variety of tools. Numerical and statistical analyses give statistical results which may be generalized to the larger population. Quantitative research tools can be efficient and help answer some kinds of questions. However, this type of research has limitations in that quantitative tools do not reveal the reasoning behind participants' responses, and they often do not reach underrepresented populations.

Qualitative research methods depend on the use of open- or closed-ended responses which are possible in interviews, observations, or both. Data are open-ended and allow for the voices of the research participants to be heard; they are subjective, and the results are presented as a narrative report. Qualitative research arises from and is most often used in social science disciplines such as sociology, psychology, and anthropology (Creamer, 2018). The research questions posed in these areas center on human interactions, perceptions, cultural norms, and beliefs. Qualitative research is most useful when trying to understand people’s behavior and the meaning they give to their experiences. Qualitative research typically involves interviews, focus groups, or observations to provide data that are rich in detail and context. Information sources may include ephemera, notes, verbal reports, books, works of art, maps, interview transcripts, and photos or videos. The amount of information gleaned from these data sources can be exhaustive.
Qualitative researchers rely on several analytic strategies: coding, pattern thematic analysis, and content analysis. Coding analysis happens when the researcher associates main themes revealed through phrases and words and interprets their meaning. In pattern thematic analysis, information is sorted into patterns as the primary basis for organization. Through content analysis, the researcher makes valid inferences linking the data to the context (Krippendorf, 1980). Computer tools may aid such analysis.

Qualitative research has limitations. One is that the vast amount of material generated during an investigation necessitates careful reflection and analysis. Interpretation is necessarily subjective as the researcher’s experiences are part of the inquiry. The relationship between researcher and participant is pivotal and may be volatile. Although the information is rich and descriptive, the sample in qualitative research is usually small. Given that interpretation then extends to a select group, results are unique.

I have used a mixed-methods approach for my study, employing both quantitative and qualitative strategies, to collect and analyze data. Creswell & Creswell (2018) explain that a mixed-methods design is useful to capture the best of both quantitative and qualitative approaches as it may allow a researcher to generalize the findings to a population and develop a detailed, personal account of a phenomenon or experience and what it means to the members of the cohort. Among the three designs mentioned in the previous section, I have chosen the explanatory sequential mixed-methods design. Their two-phase design works well with my research as a large collection of quantitative data are taken and analyzed followed by a qualitative phase interview to gain further insights into survey result and aid in interpretation. A mixed methods approach works well for my study’s objective—to understand the role of music in the lives of Korean seniors in an active aging program. Moreover, a careful design may help neutralize or cancel the biases inherent in any single method (Creswell & Creswell, 2018). For example, a health survey can quantitatively measure the quality of life (QOL) whereas semi-structured interviews allow the researcher to explore and understand participants’ perceptions. As QOL is influenced by socially constructed contexts as well as personal characteristics, this construct may be difficult to explore solely through quantitative research methods. Therefore, the study adopted in-depth interviews with Korean elderly participants and ethnography to gain an
understanding of participants’ perceptions and experiences within their context. These detailed voices complemented the quantitative findings.

Triangulation or increasing credibility and validity of research findings is made possible through employing several complementary approaches (Creswell & Creswell, 2018). To this end, my study draws on ethnography and narrative inquiry as well as the SF-36 health survey with semi-structured interviews.

Data Collection and Analysis

I interviewed five Korean seniors during a four-month period starting at the beginning of the fall term in 2014. The five interviewees had known me for some time through my involvement in CESC as a volunteer. Establishment of rapport with interviewees is an essential component of narrative inquiry (Bell, 2005; Clandinin & Connelly, 2000; Fetterman 1998). This allows a dialogic relationship between the researcher and the participants as they engage actively, interacting morally, emotionally, aesthetically, and intellectually in the exploration of meaning (Bochner, 2001; Clandinin & Connelly, 2000).

As a dialogic and collaborative practice, a narrative approach is sensitive to culture through listening, telling, and sharing (Bochner, 2001; Bochner & Ellis, 2003); narrative inquiry not only validates the analysis but also elicits insightful accounts as it allows a time of reflection, learning, and discovering who the narrator is and how he or she sees the world.

My interviews began by my inviting seniors to talk about their earliest experiences related to music. I initiated interviews as conversations which the interviewee guided. These interviews, conducted face-to-face at a location chosen by the interviewees, lasted over two hours, and continued through emails, phone conversations, or in person during school hours at CESC, as suited each person. Follow-up questions facilitated the narrative.

I recorded all interviews, transcribed them into Korean, and translated the Korean into English. I checked with each individual to ensure that the interview was correct and complete. This was a further opportunity to clarify and talk further.
A narrative analysis may start at the very moment in which the researcher organizes the descriptions of events into a coherent story. The narrative approach accepts that life experiences are not simple; they are complex, multidimensional, and at times, chaotic. Stories, therefore, may swing between the past, the present, and the future. As well the stories can interweave between past, present, and future time periods to reflect evolving identities. A non-linear order of narrative can pose challenges in the data analysis process (Clandinin & Connelly, 1999; Josselson, 2006; Polkinghorn, 1995). Thus, narrative analysis is traditionally begun by organizing descriptions of events into a coherent story. A temporal framework organizes pivotal moments to establish initial coherence (Polkinghorne, 1995). The analysis continues to a paradigmatic analysis, which includes a more explicit interpretation of the narrative. During the process, themes emerge to be checked and crosschecked against all the interviews (L. Cohen et al., 2007; Creswell & Creswell, 2018).

**Health Survey**

In order to gain a more complete understanding of participants' health and to measure the effectiveness of the program related to health status, I performed a quantitative evaluation of health-related quality of life using the SF-36v2 Health Survey to assess participants' physical and mental health outcomes after participating in the CESC program. Health-related quality of life assessment was an addendum to this study to provide outcome measures for physical and emotional well-being of participants in the CESC program.

The Medical Outcome Study-Short Form (SF-36), originally developed for the Rand Corporation's Health Insurance Experiment (Ware & Sherbourne, 1992; Ware & Gandek, 1998), measures health across eight domains. The SF-36 survey is the world's most widely evaluated generic health outcome measurement (Garratt et al., 2002); it has been translated for use in more than forty countries, including Korea (Han et al., 2004). I chose the SF-36v2 because it is a validated evaluation tool of health using multiple criteria such as body function, mood, symptoms, and social interaction that are relevant to participating seniors and has been effectively used as a community-based health survey for older adults (Walters et al., 2001). Even a physical symptom such as chronic low back pain is known to have psycho-social factors such
as emotional distress and has been found to be a strong predictor of outcomes (Pengel et al., 2003).

The survey comprises thirty-six items across eight domains of status and perceptions of health. These can be summarized in two large measurements, one concerning physical health (Physical Functioning, Role-Physical, Bodily Pain, and General Health), the other concerning mental health (Social Functioning; Role-Emotional; Vitality and Mental Health). The physical functioning domain uses ten items to examine limitations in physical activities such as walking and other vigorous to mild activities. The role-physical domain uses four items to measure problems with activities as a result of physical health. The bodily pain domain contains two items to assess limitations caused by pain, and the general health domain uses five items to assess perceptions of self-rated health such as expectations.

The social functioning domain uses two items to examine physical or emotional effects on daily social activities. The role-emotional domain uses three items to examine limitations due to emotional problems that impinge upon daily activities. The vitality domain uses four items to assess energy and tiredness, and the mental health domain uses five items to assess feelings of happiness and nervousness that are related to psychological symptoms. The survey was translated into Korean, and pilot tested with three participants to ensure clarity and to determine if changes were necessary (Williams et al, 2003).

Data Collection and Analysis

During two consecutive terms in 2014, a total of 79 participants completed survey questionnaires. The survey was distributed twice per term. The pre-test was distributed in the second week of the term because the first week of the program is spent on greetings and special events to welcome previous and new members. Participation was voluntary, and while some participants opted to fill out the surveys at the site, most took them home and returned them to me the following week. The program is structured and organized in such a way that little time is

---

4A subset of participants (n=25) completed questionnaires in Spring term (April 10 to June 19) and fifty-four completed the questionnaires twice in Fall term (September 4 to October 23) of 2014.
provided for any other activities than the scheduled classes and meal; it is a highly active program, so many participants chose to complete the survey when they had extra time at home.

The second (or post-) test was distributed during the second to last week of the program and most completed tests were collected in the following week. Data were analyzed by conducting paired t-tests to determine the statistical significance of the difference between the baseline and the result after seven to ten weeks of participation at CESC for each health measure. A total sample of 79 pairs was analyzed. I conducted semi-structured interviews with eleven participants in the fall term. I recorded all interviews then transcribed them into Korean after which I translated them into English. This phase of the survey used ethnographic data for triangulation to increase the validity of the study results.

Dissertation Overview

This dissertation is written in the integrated-article format. Here, I discuss and justify my choice of this format.

Integrated-article Format

The integrated-article thesis (or multiple journal article thesis) has gained popularity over the traditional monograph dissertation as a requirement for the Ph.D. degree. This format consists of a collection of scholarly papers. A selection of separate articles (e.g., submitted articles, unpublished but publishable articles, articles already published in a journal or conference publication series, or a combination of such articles) make up individual chapters of the dissertation.

An integrated-article dissertation has several pragmatic advantages over the traditional dissertation. Because each chapter may stand on its own as a separate piece of research, they can be ready to submit for publication quickly, thereby facilitating the transfer of knowledge to a wider audience of practitioners and colleagues in a timely manner. Although dissertations are accessible to the general public through university libraries, the length, style, and format of the dissertation may challenge the lay reader, and readership is likely be limited largely to members of the academy. Moreover, the integrated article format provides doctoral candidates experience in writing for journals, thereby better preparing them for an academic research career after their
degrees have been granted and facilitating a smooth transition from student to published researcher.

The integrity of the traditional dissertation is maintained in the integrated article format through the establishment of an overarching logical connection that provides overall coherence to the work. An introductory chapter and a concluding chapter describe the research and synthesize the chapters as a whole. The individual papers thus are given the unitary and cohesive focus of a single program of research much like the monograph thesis format.

**Study Overview**

Three integrated articles, all of which have been published in peer-reviewed publications, form the heart of my research. Chapter 3, the first of the integrated articles, presents an ethnographic study of a seniors’ college in Mississauga, Ontario, Canada, where first-generation Korean immigrants come together to connect, engage, and learn on a weekly basis over the two-semester school year. The college serves as a social hub for many Korean seniors living in the Greater Toronto Area. Ethnographical findings reported in this article serve as a background for the next two articles. Chapter 4, the second of the integrated articles, examines the effects of the community-based senior’s college program on the quality of life of the older Korean immigrants. It employs semi-structured interviews, self-reported health measure questionnaires, and field notes as data collection tools. The third of the integrated articles presented in chapter 5 explores the salience of music in the lives of five seniors who are members of the college. This case study may be seen as a more in-depth approach to uncovering each person’s understandings of the complex systems of their own histories.

Following the present introductory chapter, my dissertation is organized in six chapters. Chapter 2 provides relevant background literature in wellness, the immigrant experience, music’s role in lifelong learning, and community music programs. Chapters 3, 4, and 5 present published peer-reviewed articles that comprise the integrated-articles of this dissertation. Chapter 3 presents the findings from the ethnography of CESC which provides an overview of the program in which salience of music is evident. Chapter 4 presents the findings from the quantitative phase of this research in which the CESC
program was evaluated using a health survey supplemented by interviews. Chapter 5 presents the narratives of five Korean-Canadian seniors of their life stories through musical experiences. Chapter 6 concludes this dissertation by presenting findings, summarizing main outcomes and contributions of this research, discussing implications, and offering recommendations for practice and future research. Supplementary material is contained in two Appendices: 1) Terminology, 2) the SF-36v2 Health Survey.
Chapter Two: Review of Literature

This literature review comprises an analysis of themes that are relevant for the three articles at the heart of this investigation. Four main topics propel this study: 1) wellness and active ageing, 2) the immigrant experience, 3) music’s role in lifelong learning, and 4) community music programs. The literature review is organized as follows:

1) Models of wellness are examined through the concept of active ageing, an overview of the World Health Organization’s (2002) active ageing framework with its underpinning theory, and the demographics of ageing in Canada.

2) Immigrant experiences in Korean communities in Canada are examined. Health disparities of immigrant communities are identified as is the need for research in this area. The role of ethnic faith-based organizations in active ageing, the historical background of seniors in Korean society, and Korean identity are all examined.

3) Lifelong learning and music’s role in lifelong learning is traced through current international research.

4) Literature concerning recent and relevant developments in the emerging field of Community music is examined.

Wellness as Understood Through the Concept of Active Ageing

The conceptual model for the present study is partially provided by the World Health Organization’s active ageing framework and the life-course perspective inherent to that framework.

WHO’s Active Ageing Framework

The concept of active ageing has been established as the leading policy response related to population ageing in European countries, gaining its widespread currency from international governmental organizations including the World Health Organization (WHO), the United Nations (UN), and the Organization for Economic Co-operation and Development (OECD) (Foster & Walker, 2013; 2015; Walker, 2015). The adoption of the term active ageing by the WHO in the late 1990s played a major role in its rapid diffusion (Walker, 2002). The WHO
defines active ageing as “the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age” (WHO, 2002, p. 12).

“Active” refers to lifelong participation in social, economic, cultural, spiritual, and civic areas, encompassing a person’s employability and ability to remain physically active. This concept has been widely applied not only in policy but in research and practice and has helped to distance the discourse of ageing from the traditional portrayal of old age as a period of inactivity and dependency (Boudiny, 2013). Active ageing derives from the activity perspective promoted by the gerontology of the 1950s and 1960s, which described a connection between various forms of physical activity and well-being (Walker, 2015). This perspective came about as the antithesis to disengagement theory which portrayed old age as an inevitable period of withdrawal from roles and relationships (Cumming & Henry, 1961).

Similar concepts such as healthy ageing, successful ageing, and productive ageing have also surfaced in the past few decades as have divergent views about their meanings. Active ageing is sometimes used synonymously with these terms, but even active aging has been defined differently by various authors (Boudiny, 2013; Hung et al., 2010; Mendes, 2013), and none of the terms are without criticism. Successful ageing is the most common term found in the literature (Hung et al., 2010; Peel et al., 2004). The term “successful ageing” connotes a focus on productivity or success related to western cultural values; it has been criticized as having too narrow a focus (Boudiny, 2013). Some authors (e.g., Rowe and Kahn, 1997) have broadened the notion of activity by labeling an activity as productive “if it creates societal value, whether or not it is reimbursed” (p. 434), a notion which can include care and voluntary work in addition to paid labour. Rowe and Kahn’s (1997) definition nevertheless fails to include leisure activities as it focuses on economically and socially productive activities. Further, productive ageing also has variations in definition but is restricted in its application because most definitions are related to the promotion of economic contributions to society through labour market participation (Davey, 2002).

Active ageing as proposed by the WHO "goes against the trend towards a detrimental view aimed only at employability" and takes a more inclusive approach that considers factors from both personal and social spheres (Mendes, 2013, p.180). Active ageing is broader in scope
than its precursor terms, productive ageing and successful ageing, in that it refers to activity that does not focus exclusively on productiveness. Emphasizing productivity can be problematic because older women who are involved in domestic tasks, including care for others, would be considered active, but whether such activity contributes to their well-being is questionable—the context and the nature of the work, and whether the activities are health-sustaining activities, would have to be considered, particularly in immigrant contexts in Canada. Seniors who are sponsored by family members to come to Canada may be asked to take care of their grandchildren and can experience social isolation even while living with the family; further, these seniors may be more susceptible to elder abuse as they do not have financial independence (Matsuoka et al., 2013). In fact, studies show that seniors who live with their spouses and adult children have lower overall psychological well-being than those who live alone (Han et al., 2007; Wong et al., 2007).

Active ageing is a more inclusive term than healthy ageing as the definition goes beyond the issue of health care to involve various factors that affect how individuals and populations age (Kalache & Kickbusch, 1997). The comprehensive nature of the WHO's active ageing framework has its roots in the health promotion models designed by the Ottawa Charter for Health Promotion (WHO, 1986) and the Jakarta Declaration on Leading Health Promotion into the 21st Century (WHO, 1997). In this respect, the active ageing framework has similarities to the “healthy ageing” term adopted by Health Canada. Unlike other definitions, Health Canada's understanding of “healthy ageing” derives from a population health approach and is inclusive of health promotion. This approach emphasizes the importance of broad determinants of health, including key personal health practices and environments that support healthy behaviours (Health Canada, 2002).

Health Canada defines healthy aging as “a lifelong process of opportunities for improving and preserving health and physical, social, and mental health” (Health Canada, 2002). Health Canada's adoption of the “healthy aging” concept focuses on health care as part of a lifestyle that can help people maintain optimal health (Healthy Aging and Wellness Working Group, 2006). This approach may be seen as similar to the active ageing framework adopted by WHO (2002). Both approaches endorse similar actions for healthy aging: maintaining social connections, increasing the level of physical activity, maintaining healthy eating habits, reducing the risk of
falls, and quitting smoking (Healthy Aging and Wellness Working Group, 2006; WHO, 2002). Supportive environments and age-friendly communities promote positive outcomes (Smith et al., 2013). Such supportive environments may include a variety of features—such as opportunities for social connection through increasing interactions and civic engagement. As well, accommodating urban design might provide safe places to walk and be active, accessible transportation, appropriate housing, and neighborhood access to services as well as restaurants and grocery stores welcoming to seniors. Such adaptations reduce inequities as they enhance independence and quality of life.

The WHO suggests that, for active ageing to be realized for people, actions are required in three spheres: participation, health, and security. Participation refers to active involvement of people not only in their civic duties but also in their involvement in social and other aspects of community life. Having social, economic, and physical security enables people to participate and live freely. As people age, autonomy and independence become increasingly important to maintaining the quality of life (WHO, 2002). Health affects one's ability to lead an independent life which, in turn, affects how one experiences one’s surroundings and interactions with the environment, including participation in many areas of life. The WHO highlighted eight main determinants of active ageing in which actions are necessary to bring about the changes that promote active ageing: culture, gender, health, social service, behavior, physical environment, social environment, and economic determinants of those related to the individual (WHO, 2002).

Within the three spheres of active ageing, my study focuses on participation. First-generation immigrants often face multiple challenges as they adjust to the host country. Limited cultural and language understanding pose barriers to information, access to services, and community participation (Ahmed et al., 2016; Chai, 2023; Rohr et al., 2019; Zeidan et al., 2023). Being able to maintain good health enables people to participate in leisure activities. For immigrants, their official language proficiency and knowledge of the social and health systems of the host country affect their participation in the host society in many ways. Research suggests that level of participation varies by immigration generation status, and is lower for the first generation, especially for leisure activities such as involvement in sports clubs or hobbies like dance and the arts, involvement which in turn can affect quality of life (Statistics Canada, 2003). Moreover, without having met social, financial, and physical security needs through supportive
policies and programs, a person cannot have the opportunity to achieve good health in the first place or engage in meaningful activities or contribute to society.

Multiple agencies provide services within the provinces and their communities. The Ontario Ministry of Citizenship and Immigration is an umbrella organization that offers resources for settlement, and information about language programs (Ontario Council of Agencies Serving Immigrants, 2020). The ministry also provides aid for housing, health, education, recreation, and community regional health services. Each region has its own community-based multicultural agency to provide settlement related services. For example, in the Peel region, which is the site for this study, COSTI (not an acronym) provides services such as housing, employment, education, health and social engagements for all immigrant families and individuals (COSTI Immigration Services, 2022).

Some scholars have suggested that active ageing can be an unattainable ideal if people are not supported by the resources needed to implement their choices (Asquith, 2009; Mendes, 2013). There is also a concern that WHO and local health frameworks lack clarity regarding their interpretation (Clarke & Warren, 2007; Ranzijn, 2010). While the strength of the framework is in its comprehensive nature, this also can be a source of weakness. The challenge lies in how the framework can be operationalized so as to reach all citizens, including vulnerable groups of older adults such as those who are frail or have disabilities (Boudiny, 2013; Walker 2002). The implementation of a comprehensive strategy requires a collaboration of many distinct but closely linked disciplines and sectors, such as “employment, health, social protection, pensions, social inclusion, technology, economic policy and research” (Walker, 2015, p. 6). The inclusion of cross-cutting themes of culture, social protection, and gender are particularly pertinent to older populations such as single seniors who are disproportionately women. 27% of single women had a lower income than 5.2% of coupled seniors as reported in a 2013 study (Jackson, 2016). Foster (2010) argues that “the gendered nature of poverty in older age reflects women’s constrained opportunities across the life course including the unequal provision of care, its impact on employment, and, subsequently, women’s greater likelihood of reaching retirement with inadequate pensions” (Foster & Walker, 2013, p. 3). This is true in the Canadian context; for senior women from visible minority groups, the gap is likely to be even greater. Thus, an ageing
framework needs to consider the specific challenges that women face in the ageing process as well as their economic disadvantages.

Active ageing and healthy ageing are terms I use interchangeably throughout this thesis. Regardless of which term is used, both represent a common goal of wellbeing, and the expansion of opportunities for older populations to achieve physical, mental, and social health.

**Life Course Perspective to Active Ageing**

A life course perspective is inherent to the concept of active ageing. Recognizing the importance of the effects of earlier life experiences on people’s health as they age, the WHO's active ageing framework is rooted in a preventative life course orientation (Walker, 2015). Evidence is accumulating that chronic health conditions such as diabetes and heart disease may begin in early childhood. The risk of these diseases is subsequently shaped and modified by socio-economic status, experiences, and other factors across the whole life span. This is a useful view to consider, not only for biological reasons, but because older adults are not a homogeneous group, and individual diversity tends to increase as one ages. For ethnic minority seniors their unique cohort’s historical experiences as well as their individual life stories can inform us who they are as individuals and as a group, and how their health fares in comparison to the native-born population.

**The Demographics of Ageing in Canada**

According to the United Nations, a society with a proportion of seniors at 14% or higher is regarded as an “aged society” whereas a nation with a proportion of seniors at 7% or higher is categorized as an “ageing society” (United Nations Department of Economic and Social Affairs, Population division, 2015). Statistics Canada (2022a) reports that the number of seniors aged 65 and older rose to 18.3% or 7.0 million in 2021, accounting for nearly one-fifth of the population. Canada would therefore be regarded as an aged society. Children aged 14 and under actually decreased by 0.3% during the same period (Statistics Canada, 2022a). In 2022, the only age group with a growth rate higher than 20% was above age 60 and in the five-year groups, the 60- to 64-year-old group saw the greatest increase at 29.1% (Statistics Canada, 2012). All projections indicate that Canada will enter an era as a “super-aged society” in the next few decades, where more than 20% of the population is over the age of 65.
The far-reaching social and economic consequences of an increasing senior population raise issues about demand for health care resources and social supports. While Canadians are now living longer, with an average life expectancy of 81.7 years, the research shows that their functional health decreases as they age; seniors tend to decline more rapidly after age 65 (Decady & Greenberg, 2014). The latest estimate, using the Healthy Utility index which uses health-adjusted life expectancy, shows that an average Canadian may live roughly 10.5 years with some level of disability which limits activities (Decady & Greenberg, 2014). The greater pressure on social and health services that is expected as a result of more Canadians living longer presents a challenge for society to find a way of prolonging individuals’ healthy years while enhancing the quality of their lives.

Even with improvements in quality of life and longer life expectancies, today’s senior citizens are more likely to suffer deteriorating physical and mental health conditions than in the past. In fact, four out of five Canadian seniors have reported chronic health conditions such as arthritis, hypertension, back pain, heart disease, and cataracts (Health Canada, 2002; Kembhavi, 2012). Chronic pain is indeed a major health issue for seniors. It is estimated that 27% of seniors living in private households experience pain on a regular basis, and the proportion of seniors affected by chronic pain is even higher, at 38% (Fitzpatrick et al., 2005), for institutionalized seniors. An increase in pain over a two-year period is associated with a higher likelihood of being unhappy or having negative self-perceived health (Fitzpatrick et al., 2005). Any efforts to reduce pain, independent of the presence of chronic conditions, would then have the potential to improve the well-being of seniors.

Canada has experienced a significant increase in its visible minority population in the past decade. The 2016 National Household Survey shows that approximately 22.3% of the Canadian population are members of a visible minority group, approximately a three-point percentage increase from 19% in 2011 (Statistics Canada, 2017a). Ethnic and cultural diversity

---

5 Functional health is measured using a scoring system based on self-reported performance on eight key health attributes: vision, hearing, speech, mobility, dexterity, feelings, cognition, and pain (Decady & Greenberg, 2014).

6 Health-adjusted life expectancy refers to the equivalent number of years a person can be expected to live in good or “full” health (Decady & Greenberg, 2014).
have important implications in policies and programs affecting Canadian seniors. Recent estimates show that more than one-quarter of seniors born between 1947 and 1951 and between 1957 and 1961 are immigrants. This proportion of immigrants is estimated to increase in subsequent cohorts to at least 36% of the 1967-1971 cohort and to reach nearly 47% of the 1997-2001 cohort (Carrière et al., 2016). Immigration has played a significant role in determining the size and diversity of various cohorts of seniors. As immigration from primarily European countries shifted to immigration from primarily Asian nations (including the Middle East) in the past few decades, the socio-demographic characteristics of the Canadian senior population has changed to show a significant increase in the share of seniors who belong to a visible minority group (Carrière et al., 2016; Statistics Canada, 2013b).

By 2032 when the remainder of the 1967-1971 immigrant cohort should begin turning 65, more than one in four seniors in Canada will belong to a visible minority group, compared to 13% of the 1947-1951 cohort (Carrière et al., 2016). This increase will widen the cultural spectrum of Canadian seniors. Furthermore, it is estimated that when the 1997-2001 cohort reaches 65 years of age, which will be between 2062 and 2066, nearly half (44%) of Canadian seniors will belong to a visible minority group (Carrière et al., 2016). The shifting profile of the Canadian senior population, with its expected increase in ethnic and cultural diversity, calls for special attention directed toward understanding and serving seniors who belong to visible minority groups that are markedly different in cultural and linguistic background from the mainstream culture.

**Life Review and Reminiscence**

Life review refers to the recollection and attribution of meaning to past memories throughout one’s lifespan. Older adults often review their life experiences. Studies show that earlier life experiences affect one’s later life and that change occurs continuously throughout the life span, even in the final stages of life (Elder & Giele, 2009; Vaillant, 2012).

Erikson’s psychosocial development theory (1958, 1964) proposes that personality develops in eight stages throughout a person’s life. Influenced by Freud at first, Erik Erikson with the aid of his wife Joan Erikson, moved beyond Freud’s psychosexual theories to develop a broader perspective of self and other. This broader theory maintains that social context and
interactions are valuable throughout the lifespan. Each stage of life involves a crisis or developmental task that can be identified as a turning point in life. These developmental stages revolve around what are termed syntonic and dystonic dispositions such as trust versus mistrust (Erikson, 1964, p.139). A positive resolution of crises from each stage achieves psychological virtues or inherent strengths necessary for growth and thus are a foundation for the following stages. Developing a healthy personality and sense of self associated with each stage contributes to overall psychological wellbeing. As Erikson’s theory evolved, it became clear that the stages were fluid. See Table 1 for an overview.

**Table 1: Erikson’s Psychosocial Stages Summary Table**

<table>
<thead>
<tr>
<th>Stage</th>
<th>Basic Conflict</th>
<th>Important Events</th>
<th>Key Questions to be answered</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infancy (0 to 18 months)</td>
<td>Trust vs. Mistrust</td>
<td>Feeding/Comfort</td>
<td>Is my world safe?</td>
<td>Children cultivate a sense of trust when caregivers consistently offer reliability, care, and affection. Conversely, the absence of such nurturing attributes can result in the development of mistrust.</td>
</tr>
<tr>
<td>Early Childhood (2 to 3)</td>
<td>Autonomy vs. Shame and Doubt</td>
<td>Toilet Training/Dressing</td>
<td>Can I do things by myself or need I always rely on others?</td>
<td>Children require the development of a sense of personal control over their physical skills and the cultivation of independence. Achieving success in these areas fosters a feeling of autonomy, while encountering failure can lead to feelings of shame and doubt.</td>
</tr>
<tr>
<td>Preschool (3 to 5)</td>
<td>Initiative vs. Guilt</td>
<td>Exploration/Play</td>
<td>Am I good or bad?</td>
<td>Children require the initiation of asserting control and power over their environment. Success in this pursuit engenders a sense of purpose. However, children who attempt to exert excessive power may face disapproval, which can lead to feelings of guilt.</td>
</tr>
<tr>
<td>School Age (6 to 11)</td>
<td>Industry vs. Inferiority</td>
<td>School/Activities</td>
<td>How can I be good?</td>
<td>Children must learn to effectively manage new social and academic demands. Achieving success in these endeavors fosters a sense of competence, while encountering failure can lead to feelings of inferiority.</td>
</tr>
<tr>
<td>Adolescence (12 to 18)</td>
<td>Identity vs. Role Confusion</td>
<td>Relationships / Identity</td>
<td>Who am I and where am I going?</td>
<td>Adolescents require the development of a sense of self and personal identity. Success in this process results in an enhanced ability to maintain authenticity, while failure can lead to role confusion and a weakened sense of self.</td>
</tr>
<tr>
<td>Young Adult (19 to 40)</td>
<td>Infancy vs. Isolation</td>
<td>Initiate Relationships</td>
<td>Am I loved and wanted?</td>
<td></td>
</tr>
<tr>
<td>------------------------</td>
<td>-----------------------</td>
<td>------------------------</td>
<td>------------------------</td>
<td></td>
</tr>
<tr>
<td>Young adults require the establishment of intimate, loving relationships with others. Achieving success in this endeavor fosters the development of strong relationships, while encountering failure can lead to feelings of loneliness and isolation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Middle Adulthood (40 to 65)</th>
<th>Generativity vs. Stagnation</th>
<th>Work and Parenthood</th>
<th>Will I provide something of real value?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults require the creation or nurturing of things that will have a lasting impact, often achieved through having children or making positive changes that benefit others. Achieving success in these pursuits engenders feelings of usefulness and accomplishment, while encountering failure can lead to a sense of shallow involvement in the world.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Maturity (65 to death)</th>
<th>Ego Identity vs. Despair</th>
<th>Reflection on life</th>
<th>Have I lived a full life?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older adults require the reflection on life and the experience of a sense of fulfillment. Achieving success in this stage fosters a feeling of wisdom, while encountering failure can lead to feelings of regret, bitterness, and despair.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. Erikson’s stages summary chart was modified from Erikson’s stages by SYCH-MENTAL HEALTH HUB. n.d. (https://pmhealthnp.com/eriksons-stages/).

The first stage of infancy concerns themes of trust versus mistrust. During the early years of life, the child is dependent on caregivers for stability and consistency. If the infant is well cared for, then he or she learns trust and hope. Erikson reminded us that the capacity for hope is the most essential virtue/quality in life that will remain lifelong (Erikson, 1964). During the second stage, the child encounters autonomy versus shame and develops personal will. The third stage involves play where themes of initiative versus guilt are experienced and purpose emerges. During the school years when the fourth stage emerges, themes of industry versus inferiority are faced. At the fifth stage, the adolescent experiences identity versus identity confusion as he or she enters adulthood. During the sixth stage young adulthood’s struggle/crisis is that of intimacy versus isolation with love emerging. During the seventh stage, the individual undergoes generativity versus stagnation.

Erickson identified the final stage, the 8th stage in old age, as a stage of life review when adults confront “a renewed and old-age-specific willingness to remember and review earlier experiences” (Erikson et al., 1986, p. 40). During this eighth and final stage, the individual encounters integrity versus despair and disgust. Acceptance of one’s past and present can develop a feeling of well-being and satisfaction with life (Clayton, 1975; Hearn et al., 2012)
while a negative resolution leads to depression and hopelessness (Erikson, 1963). Successful resolution results in wisdom and maturity which Erikson defines as an "informed and detached concern with life itself even in the face of death itself" (Erikson et al., 1986). In old age, the ability to maintain a sense of wholeness and coherence are essential for achieving integrity. Older adults will not only accept and find satisfaction in present life, but a sense of coherence and wholeness that will enable them to look forward and accept death without fear. (Erikson, 1964). Indeed, Erikson pointed out that the main components of maturity in life are the awareness, acceptance, and integration of knowledge of one’s impending death (Erikson & Erikson, 1997).

The eighth stage of Erikson’s theory of psychosocial development is most pertinent for my study of older adults. As described in chapter five, the seniors in my study were considering the value and meaning of their lives as they confronted their mortality. Erikson’s theory is useful in helping to illustrate the ways in which this group could share their stories with each other to find community and resonance.

The concept of life review was first formulated by Robert Butler (1963) who posited that life review is a natural, universal, and normative process that helps one come to terms with past conflicts. Butler also stressed that reviewing, reviving, and reinterpreting experience is especially significant in old age as it is necessary in order to find acceptance as the individual faces death. Both Erikson and Butler supported achieving an integrated view of the past as necessary to finding acceptance and satisfaction at the end of life.

A similar construct to life review is reminiscence as used in therapeutic settings. Ross (1989) defines reminiscence as personal memories of a distant past, and personal long-term memories of events. As part of the process of recollecting memories, life review (or reminiscence) is related to death acceptance, identity construction, problem solving, boredom reduction, and intimacy maintenance, and is useful for conversation and instruction (Webster et al., 2010; Westerhof et al., 2010; Westerhof, 2018). Although a potentially negative aspect of this process may be production of feelings of rancor or resentment, life review can be effectively used to evoke positive memories, to enhance positive feelings, and to help stabilize identity (Westerhof et al., 2010; Wong & Watt, 1991). More recently, life review has been accepted as a
therapeutic intervention, an intervention therapy to support and promote the mental health and wellbeing of elderly people (Butler, 1963; Hendriks, 2019; Mastel-Smith et al., 2007).

Therapeutic uses of reminiscence have shown to be effective in treating a variety of afflictions in older adults, such as loneliness, anxiety, depression (Stinson et al., 2010), low self-esteem (Chao et al., 2006), loss of well-being (Chiang et al., 2010; Tam et al., 2021), intellectual disabilities (Korte et al., 2011), loss of cognitive functioning (Haslam et al., 2010; Pinquart & Forstmeier, 2012), dementia (Brooker & Duce, 2000; Fang-Yu et al., 2019), Alzheimer’s disease (Cammisuli et al., 2022; Duru et al., 2016), and other severe mental disorders (Liu et al., 2021). However, reminiscence is not particular to old age, as people reminisce about and review their lives throughout their lives (Merriam & Cross 1982; Pasupathi et al., 2006; Webster & Gould 2007).

Life review may be differentiated from reminiscence as being a process which involves a systematic review of one’s entire life span. While life review may refer to the process of integration and evaluation of both negative and positive memories with an evaluative component, reminiscence may refer, simply, to the mere recollection of past memories (Burnside & Haight, 1994; Butler, 1963, Gibson, 2011; Haight & Burnside, 1993; Webster et al., 2010). In practice, older adults who are able to integrate and evaluate their memories through a successful life review often come to a place of self-acceptance and meaning in their lives. However, those who are unsuccessful are likely to continue to struggle with past conflicts, resulting in regret and depression.

Studies have shown that ego integrity and despair do not only pertain to old age, but can occur throughout the lifespan (Pasupathi et al., 2006; Westerhof et al., 2010). Time spent reviewing one’s life can result in the development of integrity and a sense of wholeness through an acceptance of the reality of past and present. Overall, life review is an important developmental task, and the management of one’s development throughout the lifespan can mean the difference between wholeness and despair (Fivush et al., 2011; Pasupathi et al., 2006; Westerhof & Bohlmeijer, 2014).
Korean Community in Canada

According to the most recent data available, Korean-Canadians make up one of the smallest non-European ethnic groups in Canada, a minority among minorities (Statistics Canada, 2013). According to the 2021 Canadian Census, there are about 222,000 (0.6 %) Korean Canadians in Canada (Statistics Canada, 2022c). Like all other immigrant groups, most Koreans settled in one of Canada’s major Census Metropolitan Areas (CMAs), namely Toronto or Vancouver. Toronto has the largest Korean community, accounting for 53,940 individuals (Statistics Canada, 2017a), where ethnic enclaves (“Korean towns”) offer cultural resources and support. According to a 2021 Statistics Canada article, Korean-Canadians have one of the highest poverty rates among all visible minorities, a rate hovering between 27% and 32% (Statistics Canada, 2022b).

Members of the Korean community are less likely to live alone than are the members of other minorities. Among the population 15 years of age and older, just 6% of Canadians of Korean origin live alone; in 2001 this proportion was more than doubled to 13% (Lindsay, 2007). The trend is similar in the Korean senior population. Statistics Canada in 2016 reported that 17.3% of seniors of Korean origin live alone while 27.7% of all seniors in Canada live alone. Korean seniors are also more likely than other seniors to live with members of their extended families. For example, 13.7% of Korean seniors live with relatives, including the family of a son or a daughter, compared to 5.9% of all seniors in 2016 who live with relatives (Hou & Ngo, 2021). Previous research, however, shows that even those who are living with families can experience isolation; older Chinese and Korean immigrants who live with their spouses and adult children have lower overall psychological well-being than those who live alone (H. Han et al., 2007; Wong et al., 2007).

In terms of education, people of Korean origin are more likely to have a university degree than their Canadian counterparts. According to Statistics Canada, 37% of Korean Canadians are university graduates; only 15% of the overall population in 2001 were university graduates (Lindsay, 2007). While both men and women of Korean origin are more likely to have higher

7 Current statistics are unavailable at the time of writing.
education levels than their respective counterparts, men tend to be more highly educated than women. Despite the higher level of education, Korean Canadian employment rates are about ten percentage points lower than that of the overall Canadian population. Moreover, average income for this group tends to be lower than the national average, and 43% of the members of the Korean community have income levels below Statistics Canada’s low-income cut-off, compared to 16% in the total Canadian population (Lindsay, 2007).8

Korean seniors in particular are likely to have low incomes. According to the 2021 census, close to one in five (19.0%) Korean Canadians live in poverty in Canada, more than twice the national average and the highest rate among all racialized groups (Statistics Canada, 2022b). In 2000, about 80% of seniors who lived alone had incomes below the low-income cut-off, which is about double the rate within the Canadian senior population as a whole.

The Canadian government provides two major income security programs for seniors that many immigrants can access. The Old Age Security program provides a modest pension if immigrant seniors have been in Canada for ten years, regardless of their previous employment status in Canada (Durst, 2005). The Canada Pension Plan, however, is dependent upon participant contributions and number of years enrolled in the plan, so immigrant seniors may not be able to access this program as effectively as Canadian-born seniors. While there are international social security agreements between Canada and other countries which allow people to qualify for benefits in either country, these agreements are mostly with developed countries, leaving some of the seniors from visible minority group still vulnerable. Those seniors who immigrated late in life may find that they have to rely on their sponsored children for income, further contributing to vulnerability and compromising their financial independence (Han et al., 2007).

The vast majority of Koreans (over 82%) reported their mother tongue as Korean (Statistics Canada, 2022c). Based on the 2016 census of 22 main immigrant mother tongues in

8 It appears that rates of poverty are falling in Canada since this source was written, however more specific statistics for Korean Canadians are not available at this time.
Canada, the rate of retention (how frequently the mother tongue is spoken at home) is very high among ethnic Koreans. Complete retention—meaning the mother tongue is spoken most often at home—is almost 80% for the Korean mother tongue group (only three other groups exceed 80%: Mandarin, Punjabi, and Tamil) (Statistics Canada, 2016). This suggests that older Korean immigrants are more comfortable speaking Korean. This is likely true for earlier generations such as the first-generation immigrant seniors involved in this study.

**Health Disparities and Research Needs of Visible Minority Groups in Canada**

While increased decline in physical and mental health status is evident in older age, racial health disparities that exacerbate the problem have been extensively documented (Krieger et al., 2013; Nazroo, 2003; Williams & Collins, 1995; Williams & Sternthal, 2010). Much literature in the U.S. has focused on the health disadvantages of African Americans, with increasing interest in the Hispanic/Latino population; less attention, however, has been paid to minority populations from Asian countries, now the fastest growing minority populations in the U.S. (Markides & Rote, 2015) and in Canada (Khan et al., 2015).

A recent review of the research on the role of race or visible minority status on health in Canada identified a major gap in health information and research on this heterogeneous group. Khan et al. (1915) found that only five out of 99 studies have examined nationally representative data to compare visible minorities with their white counterparts on specific health conditions or behaviours. Even within the existing research, most studies fail to distinguish immigrant or foreign-born and Canadian-born visible minorities (Khan et al., 2015). Visible minority groups are often grouped with their racial identity (e.g., Asian or South Asian) although there exists a large variation of distinct ethnicities within the Pan-Asian groups which can result in conflation of the findings. Moreover, there are scarce data on visible minority seniors' health (Khan et al., 2015). Available research suggests that visible minority seniors in Canada have worse mental and self-rated physical health than their white counterparts or the senior population in general (Lai, 2004; Newbold, 2005).

In the area of gerontology, Durst (2005) found that most published social research has focused on single ethnic groups identified as Asian, Hispanic, African American, or Native American. Durst cautions against aggregating data from these disparate groups as this form of
reductionism invites misperceptions and requires assumptions. To fully appreciate participants’ cultural, historical, and social backgrounds, the unique contextual factors of immigrant visible minority groups should be considered in any analysis of research data.

Most Korean seniors in Canada are either first-generation immigrants (81% of the total Korean population according to the 2016 census) or recent immigrants. Because the history of Canadian immigration is too short for the second generation of immigrants to belong to a senior age group, most if not all immigrant seniors will belong to a foreign-born category of visible minorities (Statistics Canada, 2017a). Determinants of health in visible minority groups consist of many well-known factors including socio-economic status (Bergeron et al., 2009; Dunn & Dyke, 2000; Lofters et al., 2010), social support (Reitmanova & Gustafson, 2009) and health literacy (Choi & Smith, 2004; Omariba et al., 2011), in addition to factors more relevant to foreign-born seniors such as immigrant status (Frisby, 2011; Koehn, 2009; Koehn et al., 2011) and linguistic proficiency (Fryer et al., 2012; Ng & Omariba, 2014).

Immigrants attempting to access care in both social and health areas experience barriers to services due both to the immigrants’ lack of knowledge about navigating their new country’s systems and to the service provider's inability to provide key practical resources in the language of the immigrants’ choice (Dixon-Woods et al., 2005; Lindesay et al., 1997; Sadavoy et al., 2004). Cultural variations in how immigrant seniors utilize services also exist. A study comparing Chinese with Korean seniors in Canada found that Korean seniors tend to use fewer local services than their Chinese counterparts (Hwang, 2008). However, consistent findings from the Barriers to Access to Care for Ethnic Minority Seniors (BACEMS) study in Vancouver (Koehn, 2009) and other studies of visible minority seniors revealed that many ethnic seniors were uninformed about what services are available to them and unaware of where to go to access those services (Johnson et al., 2005; Lindesay et al., 1997; Sadavoy et al., 2004).

While older immigrants are more likely to suffer psychological issues than their Canadian-born counterparts, immigrant seniors face a number of challenges when they attempt to access services and support (Rudner, 2011). They tend to access services less frequently because of the cultural stigma associated with healthcare. They may decide to keep their symptoms to themselves, believing that talking about mental health issues is a sign of weakness.
or a personal failing, behaviour that further contributes to their isolation (Guruge et al., 2015; Johnson et al., 2004; Koehn et al., 2016; Mental Health Commission of Canada [MHCC], 2013). Indeed, the recognition of symptoms of illness can be culture specific. In some cultures, depression, for example, may be viewed simply as stress or related to spirituality rather than as a medical concern, making it more difficult to provide much-warranted attention (Ahmad et al., 2004; Marwaha & Livingston 2002; Sadavoy et al., 2004).

Although it has not been examined extensively in Canada, links exist between poor health outcomes and discrimination (Khan et al., 2015). Analysis of data from the Longitudinal Survey of Immigrants to Canada showed that visible minorities who have experienced discrimination or unfair treatment are more likely to experience worsening of self-reported health status than their white counterparts (De Maio & Kemp, 2010). A 2009 General Social Survey reported discrimination or unfair treatment among visible minorities was almost double that of non-visible minorities in Canada during the five years preceding the survey (Chui & Meheux, 2011). Those visible minority individuals who suffered discrimination were more likely to experience worsening of self-reported health status than their white counterparts (DeMaio & Kemp, 2010).

Recent research based on crowdsourced data shows that since the beginning of the pandemic, some visible minority groups, particularly Korean, Chinese, and Southeast Asians, experienced frequency in harassment based on race, ethnicity, and skin colour (Statistics Canada, 2020). Indeed, studies show that discrimination against immigrants in North America can be a great source of stress in the adjustment to new life and may contribute to psychological distress (Bernstein et al., 2011; Guo & Stensland, 2018; Leong et al., 2013; Noh et al., 2007; Tummala-Narra et al., 2012; Yip et al., 2008). While these factors warrant attention, barriers to health and social care may be just as likely compounded by limited language proficiency, cultural beliefs and practices, and immigrant status (Ahmad et al., 2016; Jung et al., 2018; A. H. Kim et al., 2012; Saldov & Chow, 1994; Weerasinghe & Numer, 2011). The ineffectiveness of many existing services for Korean immigrant seniors may also be attributed to the lack of culturally-relevant information in implementing appropriate services (Choi, 2001; Lee, 2006). Additionally, among immigrant groups, reliance on family, friends, and the ethnic community for assistance is rated highly, and ethnic immigrant seniors are more likely to gain useful information regarding health and social services when information is provided in their own languages (Dixon-Wood et
al., 2005; Koehn et al., 2016). Empirical findings are needed to substantiate the significance of culturally unique factors in relation to an immigrant’s quality of life; such factors can then be used to inform the development of culturally appropriate programs and services for immigrant visible minority seniors, including Korean seniors in Canada. Delivering culturally sensitive services requires an awareness and respect for a person’s contextual factors (Chen et al., 2010; Jafari et al., 2010; Tiwari & Wang, 2008). Ng et al (2011) indicate that this awareness should begin during the training of health practitioners, and social services workers.

**Role of Ethnic Faith-based Organizations**

Faith-based organizations such as Christian churches and Buddhist temples have played a valuable role in immigrant societies. In addition to meeting the spiritual needs of the immigrant population, they have provided social and emotional support by giving people a sense of belonging and safety, and a meaning or purpose to life (Hwang, 2008; W. Kim, 2012; Y. S. Kim, 2013; Min, 1992; Richards & Bergin, 1997; Schwarz & Cottrell, 2007; Yang & Ebaugh, 2001). Prayer, forgiveness, social support, and other coping mechanisms are some of the dimensions of religion that influence people’s psychological well-being (Koenig et al., 2001; Krause, 2006; E. O. Lee, 2007; Roh et al., 2013). The role of faith-based ethnic organizations pertains not only to religious and social out-reach activities. These organizations also serve as vehicles for hard-to-reach visible minority populations in health promotion programs, education, and screening services offered by external or government agencies (Y. S. Kim, 2013; E. Kim, 2016; Kim-Goh & Baello, 2008; Jo et al., 2010).

**Korean Church’s Role in Welcoming Immigrants**

Ethnic churches have played a crucial role in assisting immigrants with the settlement process and their integration into the hosting society by providing practical resources, social support, and venues for ethnic networks (Bankston & Zhou, 1996; Chen, 2006; Hurh & Kim, 1990; Lee & An, 2013; Min, 1992; Tirrito, & Choi, 2004). Historically, Korean immigrants to North America have built ethnic communities centering on their churches to provide major social resources not only for spirituality but also for other inter-personal dimensions of their lives. It is not surprising that, while about 25% of Koreans profess the Christian faith in Korea, this profession rises to 75% to 80% upon immigration to the U.S. (Min & Kim, 2002; Mui et al.,
Similarly, in Canada, a greater proportion of Koreans (58.3%) belong to the Christian religion than to any other (Statistics Canada, 2022c, https://www150.statcan.gc.ca/n1/daily-quotidien/221026/dq221026b-eng.htm). In fact, previous studies report that a high percentage of immigrant Korean seniors (77% to 97%) maintain close ties with Korean faith-based organizations (Hurh & Kim, 1990; Lee et al., 2004; Lee & Hwang, 2014; Min & Kim, 2002; Mui, 2001; Roh et al., 2013).

As Korean immigrants adopt a new country, a different culture, and a foreign language, Korean churches have helped them to cope with changes and challenges by providing a place for them to socialize, share information, and build networks in a familiar setting where the Korean language and culture is the dominant form of interaction (Boddie et al., 2011; Choi, 2001; Y. S. Kim, 2013). Ethnic Korean churches have traditionally been well-established centres that are inclusive and accessible to all Koreans (Ayers et al, 2009). For example, Korean churches have taken up the responsibility of transmitting Korean culture and maintaining Korean identity in the host nation by offering Korean language schools for second- and third-generation Korean Canadians. Moreover, the church promotes senior programs targeting first-generation or recent immigrant seniors (Y. S. Kim, 2013; E. Kim, 2016). Such programs are especially useful for Korean seniors, who can participate using the mother-tongue language with which they are comfortable.

According to the Ethnic Diversity Survey by Statistics Canada (2003), first-generation immigrants are almost half as likely as second- or third-generation Korean Canadians to participate in sports clubs or service clubs or be involved in charitable organizations. Even for those who participate, however, the frequency of participation among first-generation Korean Canadians is less than the participation of subsequent generations (Statistics Canada, 2003). Furthermore, the proportion of first-generation immigrants involved in hobbies, art, dance, cultural groups, or community organizations is also lower than the proportion of second- or third-generation immigrants involved in such pursuits. The only areas in which participation rates are higher among first-generation immigrants are religious-affiliated groups and ethnic or immigrant associations. Government statistics highlight the importance of the existence of the Korean church and its associated services for immigrant seniors (Statistics Canada, 2003). These
Such findings are not surprising given that first-generation immigrants are more likely than other generations to rate their ancestry highly and state that maintaining the customs and traditions of their ethnic heritage are important to them (Statistics Canada, 2003). They also report having a stronger sense of belonging to their ethnic or cultural group than other generations. Indeed, research shows that older Korean adults have a strong desire to maintain ethnic ties and surround themselves with familiar cultural touchstones, including ethnic foods (Hurh & Kim, 1990; Lee, 2007; Son & Kim, 2006).

Since social interactions and network participation often decline when seniors retire from the workforce, participation in various activities that can contribute positively to seniors’ quality of life and well-being become even more important. Previous research shows that, independent of socio-demographic and health factors, social relationships are significantly associated with health and well-being (Adams et al., 2011; Berkman & Syme, 1979; Escobar-Bravo et al., 2012; Fiori et al., 2006; Glass et al., 2006; Lund et al., 2010; Mendes de Leon et al., 2003; Wang et al., 2002; Wilkins, 2003). Additionally, for first-generation Korean immigrants, adherence to Korean culture and ties has a healthful effect. Having well-established ethnic ties is associated with better mental health outcomes (Kim, 1999b). While there is increasing evidence of benefits with such affiliations and program offerings, many questions have yet to be addressed. It remains unclear by what mechanism and to what extent the programs offered by ethnic organizations—programs like ethnic senior school—provide social, emotional, and health benefits to participating seniors.

**Historical Background of Korean Immigrant Seniors**

Korean immigration to Canada began in the mid-1910s (Yoo, 2002) when Canadian missionaries working in Korea sponsored a group of Korean students to help the missionaries in the field as they expanded their work in Korea. The first group of Western missionaries went to Korea at the end of the 19th century when Korea began to allow missionaries into the country. Western missionaries, including Canadian missionaries, devoted themselves to evangelical work and improving living standards. They established schools and hospitals and taught new agricultural methods (Yoo, 2002).
A Western educational system, which allowed women and the poor to be educated, was introduced in Korea through the establishment of modern mission schools in the 1890s. These schools included western music as a subject (Sohn, 1992; Son 1998; Underwood, 1951). Because very few western musical instruments were available at that time, music classes consisted wholly of the singing of translated hymns taught by missionaries and accompanied by small reed organs. Later, western folk songs were introduced with Korean lyrics. Examples include “The Battle Hymn of the Republic” and “Auld Lang Syne” (which was later sung during the March First Movement in 1919, an independence movement against the Japanese) (J. H. Kim, 2014; Min, 1966; Seth, 2011). Similar patriotic songs set to hymn or folk tunes were widely adapted and continued to be sung in secret during Japanese colonial rule (Lee, 1985; Min 1966).

During the Japanese annexation (1910-1945), the mission school system was controlled by the Japanese government as the chief means to assimilate Koreans into Japanese culture. The topic of Korean history and culture was removed from the schools’ curricula, and later the use of the Korean language was forbidden in schools (H. Y. Lee et al., 1997; Seth, 2011, Tennant, 1996; Yoo, 1992). Similarly in music education, music textbooks consisted almost completely of Japanese songs focused on cultural assimilation, propaganda, and the military preparation of Koreans to serve in the Japanese army (J. H. Kim, 2014; Seth, 2011). Since songs taught in schools were solely western or Japanese melodies, a group of Korean composers began writing children’s songs in the western style (Han, 1988). The content of the newly created children’s songs included expected themes such as the beauty of nature; songs that reflected the reality of colonialized Korea were censored (Han, 1988; Lee, 1985; Ryoo & Ko, 1996). Many Koreans born during Japan’s annexation of Korea (1910-1945), which ended when the Japanese surrendered to the Allies at the end of WWII (Seth, 2011, Tennant, 1996; Yoo, 1992), are now immigrant seniors, survivors and witnesses of the most turbulent time in Korean history.

A time of peace after the liberation of Korea from Japan was soon followed by the Korean War (1950-1953). Korea was divided by two opposing forces in 1948—communist-led Chinese and Russian troops occupied the territory north of the 38th parallel, and the southern part of the territory was supported by the United States military (Green, 1950; Tennant, 1996). The unresolved tension between the two regimes resulted in the Korean War (1950-1953) which began on the 25th of June, 1950, when North Korea, supported by China and the Soviet Union,
marched into South Korea (Cumings, 2005). The war ended with an armistice in 1953 but Korea still remains divided. Korea is still officially in a state of war. This devastating result of the war was evident in the war’s four million casualties, about half of which were civilian (J. H. Kim, 2014). Many people lost their homes and families in the chaos of the war. The aftermath left survivors with many challenges and a lack of hope.

As the South Korean government sought to reconstruct the nation after this series of social upheavals, the South Korean people unified with a ferocious work ethic and the determination to revive the nation from the post-colonial ruins of the wars. The resulting industry induced unprecedented economic growth in the 1960-70s (Park, 2009). Diligence and a rigorous work ethic was matched with aggressive governmental programs that resulted in rapid economic growth. South Korea was recognized as one of the world’s fastest growing economies from the early 1960s to the late 1990s. The per capita Gross Domestic Product (GDP) of $73 in 1953 rose to $21,695 in 2007 (Park, 2009). The group of elderly Korean immigrants featured in my study raised during this significant time in history are part of the great effort that helped to rebuild and shape South Korea.

The modern wave of Koreans arrived in Canada in the 1960s after a liberating reform in immigration policy was initiated by the Lester Pearson government in 1966. This policy opened the doors to skilled Asian immigrants, in line with the policy’s emphasis on economic and population growth. The results of the reformed immigration policy began to show in the 1970s. The largest share of Korean immigrants to Canada, however, are relatively recent arrivals, with 60% of the current Korean population having arrived between 1991 and 2000 (Lindsay, 2007). The first wave of Korean immigrants came to Canada either through the skilled worker category or as sponsored by family (A.H. Kim et al, 2012).

Due to significant changes in immigration policy in the 1990s and 2000s, there was a shift in immigrants’ demographic characteristics. The changes under the Immigration and Refugee Protection Act in the early 1990s increased the share of immigrants from diverse

---

9 The changes may include admission-class distribution, source regions, pre-landing Canadian work experience, and the cities or regions in which they settled) (Hou & Picot, 2016)
economic classes, and a revision of the system again in the early 2000s favored those who had higher levels of education and charter language proficiency. While these changes resulted in a decline in the family reunification and refuge classes, there was a significant increase in the concentration of immigrants entering through the economic class in occupations such as engineering and information-technology (Hou & Picot, 2016). This affected the share of immigrants from particular countries, favoring English speakers (Hou & Picot, 2016).

**Korean Elder Identity**

An examination of Korean elders’ identity involves the exploration of self as situated in shifting socio-cultural contexts (Min & Kim, 2002; Schwartz et al., 2010). The ways that people contextualize, embody, and present themselves are necessarily fluid because identities are constructed through a flood of socio-cultural interactions, each with ever-changing personal, social, and cultural dimensions.

For the purposes of my study, it is essential to consider the ways that Koreans conceptualize ageing. Each culture’s perceptions are embedded in its language. In Korean, the connotation of ‘old’ is ‘always (all the time)’ which also conveys the idea of ‘staying the same.’ Interestingly, whereas in English the word ‘young’ is the antonym of ‘old’ in English, in Korean ‘young’ is an adjective (describing a noun) (National Institute of Korean Language, 2020). Thus, the Korean word for old (neulgda) is an action verb that describes the process of getting older. This suggests that, in Korean culture, while one’s thoughts and mind continue to develop no matter what one's age, one is not getting older, only wiser. This notion may help to explain how an on-going learning attitude, reflective of the Korean heritage, is embedded in the Korean language. Perhaps the Korean attitude toward ageing can be better illustrated by calling upon the wisdom of cultural knowledge.

As an illustration of the culturally embedded meaning of a word, the Korean understanding of ‘old’ can be traced to the ancient history of Korea. Koreans use a unique alphabet called Hangul, which was invented by King Sejong during the Chosun Dynasty (1393-1910) in 1446. Until that time, Korean elites adopted Chinese characters (Hanja) for writing and bureaucratic purposes. Only the upper class and nobles were allowed to learn these characters. They maintained social control by forcing the common people to remain illiterate. It was King
Sejong’s development of the Korean alphabet that democratized the Korean writing system (70% of Korean letters still derive from Chinese characters). Therefore, to better understand the meaning of a word like “old” (neulgda), one must refer to Chinese characters. Chinese characters for Koreans are analogous to Latin for Europeans. The origin of “neulgda, in Chinese characters, is “老”, pronounced “Ro.” This Chinese character illustrates a hunched old man leaning on his staff. It denotes ageing, slowness, getting used to something, experienced, and always (all the time). Although the word often has negative connotations, old men in agricultural societies are respected for their knowledge and the depth of wisdom that comes with experience (M. W. Kim, 2016).

Kim Si-Seuop (1435-1493), a scholar and a great poet who was also highly regarded by King Sejong, tells a story related to ‘old’ (‘老’ Ro). He was recognized as a genius, not only because he learned to read and recite literature at the age of three, but also for his creativity and poetic depth of understanding (S. Kim, 2015). Hearing of Kim’s wisdom, a high official, Huh Joh, visited the poet when the boy was only five years old. To test Kim’s wisdom and determine whether the lad’s reputation was deserved, the aged scholar asked Kim, using the word, ‘old’ (‘老’ Ro), to recite a poem for him. Kim recited, “老木開花心不老” (read in Korean as - Ro Mok Gea Hwa Sim Bul Ro Moon), which translates as “an aged tree still flowers just like the heart that never grows old.” Amazed at the boy’s understanding, Huh Joh left, assured of Kim’s reputation. Kim’s abilities were reported to the Palace and eventually reached the King Sejong’s ear (S. Kim, 2015).

Kim Si-Seiop’s verse expresses a depth far beyond his age. In testing Kim, Huh might well have underestimated what would impress an aged and well-experienced man of intellect. It is also possible Huh reflected his own perception of ageing, as he was becoming an old man himself, and so was curious to know what a little boy would think of the meaning of ‘old.’ When Kim was able to answer Huh without hesitation, the boy challenged the scholar’s expectations by redefining the meaning of the word to go beyond the obvious, physical realities of ageing. Kim’s composition brings new insight by focusing on a vigorous mind. In other words, as long as one continues to gain knowledge and understanding, one is, despite outward appearances, still young (S. Kim, 2015).
The poem’s evocation of a blooming mind gained through continuous learning also references Korean cultural heritage as deeply rooted in Confucianism through its prioritization of education (Im, 2021). Modern Korean society prizes educational capital as a means of furthering social mobility. One manifestation of this esteem is the system of learning centers, or Hagwon, which teach a variety of subjects. Even in old age, a similar fervour is evinced in the pursuit of active living and well-being, as the Korean song, “What’s Age Got to Do with It,” captures so well.

Like members of other Asian cultures, Koreans are family oriented, and traditional family values find expression through social relationships (Im, 2021; Lee & Holm, 2011). Influenced by the Confucian tradition of filial piety, elders are respected and valued for their wisdom. Respect is also embodied in the use of the formal, polite words which are spoken to the elderly. As the heads of families, seniors are consulted for advice and support and in decision-making and the resolution of family conflict. Older adults maintain a sense of self and control as decision-makers in their families. Social isolation and loneliness are prevalent risk factors for poor mental and physical health in older adult populations as many seniors must rely on increasing family support (Donovan & Blazer, 2020). However, as immigrant Korean elders adopt more and more of the western values of individualism and the egalitarian culture in Canada, more Korean seniors choose to live alone (A. H. Kim, 2010).

In a recent study reporting elderly abuse among four groups of elderly immigrants from different cultural backgrounds (Chinese, Korean, Tamil, and Punjabi) in the GTA, Korean older adults, with the lowest rating of English proficiency among the groups, reported social isolation as the most relevant risk factor (Guruge et al., 2021). While another study reported similar risk factors for elderly Koreans, it was also noted that family support and relationships with family members are crucial in preventing and ameliorating depression among elderly Korean immigrants (Lee & Holm, 2011).

A well-recognized, culturally bound symptom, Hwa-byung, is a Korean traditional emotional illness that has been noted and addressed for centuries (Min & Suh, 2010). Hwa-byung (hwa means ‘fire and anger,’ and byung means ‘illness’) is also identified as ‘anger syndrome’ which is caused by the suppression of anger and emotions. Suppressed emotions
include depression, worry, anger, fear, and shock, all of which are accompanied by various somatic and psychological symptoms such as sensations of heat, pressure in the chest, epigastric pressure, heart palpitations, headache, insomnia, and sadness (Donnelly, 2001; Min & Suh, 2010). Hwa-byung is a unique adaptive response to life’s hardships and struggles and has long been studied as an established and documented disorder among Korean Americans (Lin et al., 1992; J. Lee et al., 2014). There is a strong association between hwa-byung and depressive disorders (Im, 2021). Many Koreans do not feel comfortable sharing their feelings; reticence is a culturally-valued disposition, especially among older Koreans, which helps to explain the prevalence of hwa-byung and the risk of depressive disorders among these elders (Min & Suh, 2010; Sin et al., 2004).

Lifelong Learning

The term lifelong learning was coined in a UNESCO report in 1972 (Friesen & Anderson, 2004). The report, entitled “Learning to Be,” otherwise known as the Faure Report (Faure et al., 1972), proposed the concept of lifelong learning throughout one’s life span as 1) vertical integration denoting lifelong learning continued throughout life, and 2) horizontal integration which is a life-wide concept (Faure et al., 1972). In addition, the parallel concept of life-wide learning emerged, referring to learning that occurs in all aspects of life, not specific to a specific time of life or age, but that is continuous through multiple contexts, situations, times, opportunities, and needs. It is inclusive of and impartial to a variety of ways of learning—formal, nonformal, and informal learning contexts (Field, 2001; Jones, 2009).

A policy document from The Commission of the European Communities emphasizes that “Lifelong learning is no longer just one aspect of education and training; it must become the guiding principle for provision and participation across the full continuum of learning contexts” (2000, p.3, emphasis in the original). Understanding lifelong learning entails an understanding that learning is continuous and ongoing throughout one’s life. It views learning as an essential and necessary aspect of living if a person is to grow and adapt to rapidly changing society (Jarvis, 2006). Jarvis (2009) explained that, as an “intrinsic part of the process of living” (p. 10), learning is a part of living that occurs as an incidental, unplanned, and preconscious means of responding to everyday situations which provide diverse learning experiences within a
social context. It is suggested that learning begins with the fetus in a mother’s womb and continues until death (Jarvis, 2009). This enhanced view of learning posits that life “itself is as much about learning” (Jarvis, 2006, p.10) as learning is about life (Jarvis, 1983; 2009, p. 19).

Learning and education are terms which are often used interchangeably. However, there are important distinctions between the two. The term education emphasizes the state’s responsibility to provide learning opportunities, mostly in institutionalized, formal settings that involve expertise with a specific educational purpose or aim. It is narrow in scope and specific in terms of definition and content (Hayslip, 2014). In short, ‘education’ is intentional, and takes a systematic approach to learning provided through agencies; it does not recognize learners’ responsibilities for their own learning.

Learning is broad in scope, holistic, diverse, and integrated with everyday living (Findsen & Formosa, 2011). Learning occurs throughout a life-span (education during every stage of life) and is life wide, occurring in a variety of contexts (Friesen & Anderson, 2004) which may relate to lifelong learning. The context of learning relates to a person’s progress in gaining knowledge and varies in everyday life from the formal approaches of organized activities to a person’s less methodical search for knowledge.

There are three major types of learning: formal learning, informal learning, and non-formal learning. Formal learning is the most familiar type of learning: organized, institutionalized, and chronologically graded within a hierarchical educational system. Informal learning occurs outside of the formal classroom environment. It refers to learning by experience or learning as the experience itself, reflecting John Dewey’s (1999) broad take on informal experience as the key to learning. Similarly, Rogers (2004) also saw learning as a continuum and saw informal learning from experience as the foundation for other types of learning. Non-formal learning refers to the middle ground between formal and informal learning. It suggests any systematic and organized educational activity carried on outside the formal system; it includes selected types of learning among particular subgroups of a population, such as community-based sports/arts/music programs. Studies support that these leisure-type, non-formal courses are beneficial in the maintenance of older adult participants’ psychological wellbeing (Jenkins, 2011; Jenkins & Mostafa, 2015).
Promotion of Lifelong Learning: World Trends

Promotion of lifelong learning is evidenced across the world. European countries have been particularly active in promoting lifelong learning as the key to bringing economic success in knowledge-based societies (Commission of the European Communities 2000, p. 5). Similarly, international policies also favour lifelong learning as a public good. Gorard et al. (2002) note that lifelong learning furthers national and international interests. Recent policy statements from international agencies such as the United Nations (UN), OECD, World Health Organization (WHO), UNESCO, World Bank, and the European Union promote lifelong learning and individual development in order to increase employability, economic benefit, and social cohesion, which are often linked to formal educational institutions (Field, 2011; Volles, 2016).

The 1997 report of the US Commission for a Nation of Lifelong Learning, for example, made a connection between learning and economic success (Merriam et al., 2007, p. 48). UNESCO (2016) promoted lifelong learning as a guiding principle for the future of education in societies that emphasize equality and human rights. In addition, the OECD’s most recent report actively promoted lifelong learning as vital to adaptation and resilience in the dynamic and turbulent times of the COVID pandemic (OECD, 2021). As well, there is increasing recognition and exploitation of lifelong learning as a market driven commodity. Courses may be offered for profit as individuals upgrade their skills. This is a concerning development because when learning becomes mandatory for employees to ensure employability, compulsory courses may strain family finances (Jarvis, 2006).

Lifelong learning exists in educational and business settings, as it is both individual and institutional, a social movement and commodity, and a policy and practice, but one which requires a multidisciplinary approach if it is to be successful. Above all, lifelong learning must be sensitive to social and cultural concerns. Compared to many Western societies (whose cultures and mores have been shaped in the Judeo-Christian tradition), Asian countries with a Confucian background, like China, Hong Kong, Singapore, and Korea, are more familiar with lifelong learning and have a high regard for education (Han, 2007). The deeply embedded notion of learning recognizes life itself as learning and learning as integral to living. Confucian philosophy has prioritized learning as essential for morality; educational attainment and
intellectual achievements are considered essential to upward social mobility in meritocratic society (Kim & Merriam, 2004). Older adults like elderly immigrant Koreans and those who come from Confucian backgrounds are, thus, likely to display a positive attitude towards lifelong learning and pursue it for personal fulfillment (K. H. Kim, 2004). It is normative for Korean people to pursue their interest in and learning of various topics in order to update their knowledge.

Jarvis (2001) cautions against emphasis on lifelong education as a social phenomenon, which implies attendance in formal educational institutions. Moreover, researchers should take precautions against using the term ‘lifelong’ to indicate extended attendance in institutionalized learning settings through one’s lifetime (European Commission, 2001; 2006, OECD, 2019). Educators should be especially careful in taking part in political discourse that sees education as a means solely to enhance economic competitiveness in the global economy (Merriam et al., 2007). In employing the term lifelong learning, one must ask what it means and what it entails in specific contexts and practices.

Despite a tendency to simply focus on lifelong learning within an economic perspective, research supports the notion that acquisition of knowledge contributes to wellness, promotes well-being, and develops resilience as well as enhancing cognitive functioning (Field, 2011). Learning can be a key component of active and healthy ageing in later life (Boulton-Lewis & Buys, 2015; Jenkins 2011; Jenkins & Mostafa, 2015; Leung & Liu 2011; Narushima, 2008). All learning activities are described as having the potential to contribute to physical, mental, and/or social well-being, whether they are undertaken for pleasure or for another purpose (Boulton-Lewis & Buys, 2015; Dench & Regan, 2000; Panayotoff, 1993). Learning is also socially empowering and meaningful when it enables participants to maintain social networks which sustain well-being over the long term (Boulton-Lewis & Buys, 2015; Dench & Regan, 2000; Findsen & Formosa, 2011; Lassen, 2015; Withnall, 2010).

A cross-sectional study with 416 older adults (aged 60 years and above and enrolled in a community-based lifelong learning program) reported a positive association between the duration of participation in a lifelong learning program and psychological well-being (Narushima et al., 2018). The study reported that self-esteem, self-efficacy, and resilience increased in one
third of the participants, despite a high level of vulnerability (measured across three domains of health, socio-economic status, and social support). Findings indicated that active participation in learning activities enhanced psychological well-being even among those with chronic conditions (Narushima et al., 2018).

In addition, Narushima (2008) interviewed fifteen older adult participants involved in a non-formal, leisure-related, public, continuing-education program in Canada. Findings revealed that participants were motivated to keep physically and mentally active. Participants experienced joy and a sense of mastery as well as increased social support. The study also suggested that non-formal, leisure-based learning can be more beneficial than other kinds of learning because it is more likely to sustain participation (Jenkins & Mostafa, 2015; Narushima, et al., 2018). The English Longitudinal Study of Ageing (Jenkins & Mostafa, 2013, 2015), which examined the relation between participation in later-life learning and wellbeing, reported similar findings.

Other benefits of learning include supporting older adults to gain financial, emotional, and social resources. Quality of life is enhanced through increasing enjoyment, self-confidence, self-concept/identity, self-satisfaction, and the ability to cope (Dench & Regan, 2000). Learning helps elders maintain and improve cognitive functioning by improving neuroplasticity, supporting new neural pathways, and facilitating neurogenesis (Valenzuela, 2009). Wolf (2009) found that older adults who engaged in continued learning reported continued growth in verbal knowledge and less decline in memory into their late seventies. For older adults, learning continues to be meaningful. Withnall’s (2010) study of learning among older adults revealed that individuals have their own varied understandings of learning. Meaning making from learning is important for older adults as it is related to older adults’ well-being (Fisher & Wolf, 2000). Learning experiences can expedite life review and self-reflection allowing a greater understanding of themselves and their individual insights (Withnall, 2000). Finding meaning gives life purpose and strength.

**Older Adults’ Perspectives of Learning**

Boulton-Lewis and colleagues (2006) write that older adults have strong motivations for learning, while Withnall (2006) notes that it is important to address older adults’ own perspectives on learning. Facilitators must be aware that seniors bring lifetimes of experience to
the classroom (Boyer et al., 2014; Wernstein, 2004). Older adults usually have clear ideas about what they want and how they want to learn. Knowles (1970) finds that members of this population tend to be internally motivated and that they are most often self-directed learners who bring life experiences and knowledge to their own learning.

Boulton-Lewis & Buys (2015) conducted a case study to explore the experiences and perspectives of older people involved in both formal and non-formal learning. They found that many older adult participants cited that learning for stimulation, interest, pleasure, curiosity, and simply to keep up with ‘things’ helped them feel alive and functioning. The social component of learning was important as elders interacted and shared learning experiences in a group. Relevancy of topic was held to be of major importance in this learning since it is often an individual learner’s own responsibility to take the time and pay to travel to access learning. Unless the learning activity is relevant to their lives or gives them real pleasure, older people are less likely to participate. For older adults, lifelong learning related to the global economy is probably less about increasing employability, although more older adults are choosing to stay in workforce (Field, 2011), but more to do with the digital literacy that is increasingly essential for successfully living in an increasingly digitized world. For example, the older adults in Boulton-Lewis & Buys (1915)’s and Field (2011)’s studies placed high importance on learning about new technology. Such learning empowers them and enables them to feel alive as they gain knowledge and skills for themselves (Boulton-Lewis & Buys, 2015).

Learning Approach

Providing a supportive learning environment in which older adults can express their curiosity and explore personally meaningful interests is necessary in any successful lifelong learning endeavor (Boyer et al., 2014). Elderly participants prefer direct learning experiences in which they control all aspects of the learning process (Pipkin, 2012). Kang (2007) notes that learners like to shape and actively construct the learning context. Given the research, it is important that every learning activity be designed to be flexible and to take into consideration older adults’ previous learning experiences. One key component is the social interaction amongst participants that can foster meaningful relationships. A supportive community-based program will be most successful when it encourages involvement and participation of older adults as well
as their input to both the content and delivery of the program (Boyer et al., 2014; Hayslip, 2014; Wernstein, 2004).

Although there is a positive shift in societal attitudes towards old age, challenges remain. Common stereotypes exist of seniors who are portrayed as more “feeble and miserable than they really are” (Sherman, 1993, p. 43). Physical and biological change encompasses both greying hair and hidden health concerns (Kaufman et al., 2004; Marsiske et al., 2001). Some seniors experience memory and intelligence loss (Marsiske et al., 2001), and the degree of such loss varies with some seniors experiencing improved memory with age (Honn Qualls & Abeles, 2000). Upon retirement, loss of income impacts social status and social roles, sometimes leading to social exclusion.

Older adults are also vulnerable to age-related discrimination: exclusion from services, resources, activities, and social relations that influence their quality of life and health. Estes (2006) reports an increasing rate of older adults becoming vulnerable to poverty and social isolation that negatively impacts their social functioning. Moreover, ethnic minority older adults are more disadvantaged than other seniors. Nazroo’s study (2006) reported that ethnic minorities in Britain, especially Bangladeshi and Pakistani men, have poorer health and are more likely to suffer financially. Canadian seniors who are of ethnic minority report greater mental health needs because, due to linguistic deficiencies, financial difficulties, and lack of cultural competencies, they experience more barriers to health care services (Chow, 2010; Stewart et al., 2011).

**Formal Older Adult Learning Programs**

A variety of formal learning programs for older adults have been established and are available across North America. The most well-known, formal older adult learning programs are Universities of the Third Age [U3As] or U3As online (n.d.) (https://www.u3aonline.org.au), Lifelong Learning Institutes [LLI] (also called Osher Lifelong Learning Institutes [OLLIs] in North America), and Road Scholar. These programs were established to assist senior citizens to “remain integrated in society and form their own social environment while contributing to their intellectual potential and spiritual development” (Formosa, 2010, p. 198). At the same time, some of these programs have been criticized as middle-class biased, elitist, and female dominated.
U3As have expanded to establish learning centers across the world. There are 19,300 learning centres in China alone which provide courses to older adults (Thompson, 2002). Since U3As and LLIs are usually affiliated with higher education institutions, participants tend to be better educated and come from more affluent backgrounds (Formosa, 2012). Despite their declared intention to provide access to all, the U3As tend to draw an older adult population with better socioeconomic status (Mackowicz & Wnek-Gozdek, 2016). While the U3A programs offer similar benefits in improved life quality, these programs limit participation. They suggest that disadvantaged seniors be offered programs tailored for them. However, cultural situations may limit senior participation. Studies indicate that grandparents assume child rearing duties in Poland and that these obligations prevent some seniors from participating in the programs (Mackowicz & Wnek-Gozdek, 2016). Recognizing these pertinent issues, programs such as “Men’s Sheds” (a community-based program that began in Australia) have been found to be successful in reaching older men from all socioeconomic statuses by offering programs tailored to the social health, well-being, and learning needs of retired men; these initiatives have spread and are now found in Scotland, Ireland, England, Finland, and Greece (Golding, 2011).

The theory of social capital has been used to explain how older adults’ learning contributes to wellbeing (Biggs et al., 2012). Participation in learning activities increases social capital by developing social skills, building social networks, and promoting shared norms and tolerance of others (Field, 2009, p. 23). Older adult participants in U3As or UTA (Universities of the Third Age) programs cited outcomes such as making new friends and gaining social support as a major part of their involvement (Formosa, 2012). Furthermore, learning does not always mean participating in a program. Learning through participation in community activities and volunteering can have similar beneficial effects (Dench & Regan, 2000; Wister et al., 2010).

**Lifelong Music Learning in Community Contexts**

Lifelong learning is the ongoing and voluntary pursuit of knowledge continued through old age. Musical learning involves a variety of musical modalities and activities. Increasingly, music educators seek to foster-lifelong musicmaking because musical engagement can be an important form of participation associated with a wide range of benefits related to health and well-being. Studies support the idea that early exposure to musical activity, such as music
education in school, is directly linked to a person’s preference for and appreciation of music in later life (Cho, 2018; Flowers & Murphy, 2001; Trevarthen, 2002).

Nazareth (1999) offers a perspective on lifelong music education using the idea of vertical and horizontal integration: “Educators should take musical cues from the community by drawing from and contributing to its diversity, heritage, and common practice, and provide music learning opportunities accordingly” (Nazareth, 1999, p. 18). With an emphasis on learning being integrated with life, Nazareth (1998) explains vertical integration as “coordination of learning experiences at different times of life,” while horizontal integration is the “coordination of the diverse range of learning experiences” (Nazareth, 1998, pp. 11, 21-23). In vertical coherence, a program’s entry points and learning opportunities are flexible so that anyone regardless of age or skill can begin musical engagement and learning (Bugos, 2014). Vertical orientation resonates with the notion of a “lifetime continuum of learning” or “lifespan engagement,” which suggests how music-making may be available and open in a variety of settings (Myers 2007). Jones (2009) considers this approach through what he terms “lifewide music learning”: formal, non-formal, or informal learning that takes place across the full array of life activities, which may include academic, personal, social, and professional pursuits, and which may occur at any stage in life.

Lifelong music education can refer to learning processes as well as longitudinal and continuing methodologies. Horizontal coherence concerns the quality of life of learners in that musical learning/music-making provides not only skill-related benefits but also brings personal and aesthetic fulfillment that enhances one’s quality of life (Nazareth, 1998). Horizontal orientation corresponds with ISME’s definition of Community Music Activity: “every individual should have the opportunity to be involved in musical activities reflective of the pluralistic nature of the society” (International Society for Music Education (ISME), n.d.) (https://www.isme.org/our-work/commissions/community-music-activity-commission-cma). Elderly participants’ musical engagement can be successfully fostered through supportive environments in a community setting through community centers, ethnic organizations, or ethnic churches (like CESC, which is featured in the present study).
Myers perceives lifelong music learning as multifaceted: “the act of acquiring knowledge, understanding, and skill through high-quality opportunities made available across the life span” (Jones, 2009, p. 204). Terms and definitions of community are broad and vary across contexts. They may or may not fit every situation. My study is based on an ethnography of a community cultural program for elderly Koreans in a non-formal setting. The quality of the opportunities available to this group remains subjective. Myers’ (2007) definition implies that specific types of opportunities are ‘high-quality.’ Myer’s definition would seem to distinguish between ‘learning’ activities with underlying production as opposed to endeavors which are simply ‘activities.’ The distinction is problematic as music educators know that what learners may experience in musical activities varies, individual by individual, and can be idiosyncratic as well as subjective. Without further clarification, there may be confusion: What is a “high-quality” opportunity? How does it compare to a “low-quality” opportunity? Myers’ (2007) definition carries elitist implications with the potential to marginalize and thus exclude certain learners. My study embraces definitions of lifelong learning that fall under the umbrella of active ageing.

Understanding the challenges that older adults experience, including ageism and age-related physiological, social, and psychological changes, demands awareness of the mechanisms that promote engagement in musical activities. Evidence points to lifelong learning as supportive of psychological well-being and resilience, and as preventative of cognitive decline in older adults (Boulton-Lewis & Tam, 2012). Maintaining high cognitive functioning, which is significant in active engagement, must be interrelated with physical and social functioning if one is to live meaningfully.

Music educators should be careful when taking part in political-economic discourse that constructs education as a means of enhancing economic competitiveness in the global economy (Merriam et al., 2007). Previous studies have revealed differences in learning characteristic of adulthood as compared to childhood, and differences between a teacher-centered approach and a learner-centered approach in which learners take control in planning, setting goals, and determining activities (Bugos, 2014). It is also important to understand and address the learning needs that are relevant to older adults (Boulton-Lewis & Tam, 2012; Kang, 2007). Elders bring prior music-learning experience as well as motivation to the learning process (Lee, 2013).
Cho’s (2018) narrative study with three elderly Korean immigrants indicates that songs from the past are valuable dimensions of their identity. Cho’s exploration of everyday music among older Korean immigrants displays personal meanings paired with homeland songs and reveals emotions that continue to have impact in their old age. Tied to particular life events, the songs continue to be an important way for these immigrants to express, release, and re-experience emotions, while reaffirming who they are.

Less attention has been paid to cultural influences on older adults’ learning. Tam (2012) has sought to fill this gap by offering a dichotomous view of lifelong learning in two different cultural contexts, the eastern and the western. The rhetoric of lifelong learning portrays learning as an obligation and not a choice, an obligation that causes persons to feel pressure to learn in order to survive in a society where learning is available throughout one’s life (Hake, 1999). In Korea, most children attend after-school private instruction – whether in piano, English, or Arts – because they find no peers to play with unless they take these after-school classes. Lifelong learning has been inculcated as a “moral obligation” which individuals are required to accept as their responsibility (Edwards, 2008 p. 31).

Mantie (2012) has pointed out that one problem of lifelong learning rhetoric is that it changes the emphasis from choice to obligation, turning people from learners to doers. From this perspective, it is possible to see how learning enables people to do something in order to participate with others. For example, learners of any age learn to read notes (solfège) so they can play music. While learning to read music is useful, it is not a substitute for the social act of making music with others. If instruction (learning to read music notation) becomes the sole focus of learning, it valorizes individual achievement rather than social and musical engagement. As a result, both teachers and learners may miss, perhaps, the most important aspect of music learning: enjoyment of participating in and making music together.

Community Contexts for Lifelong Music Engagement

The emerging field of community music has expanded the discourse in music education to include direct application to lifelong music learning. It is, therefore, important to consider music making within the community since music education has previously been focused primarily on learning during childhood within school settings.
In Canada, the rich musical heritages of many immigrants are evidenced in the varieties of local music making found in communities (Bush & Krikun, 2013) where community schools and ensembles promote musical engagement. Unfortunately, there is little governmental sponsorship for this kind of micro-musical engagement in Canada. Local community centres and church programs serve the particular needs and interests of their communities. Self-funded and self-directed, these smaller organizations are usually staffed by volunteers. They are vulnerable to the changing needs and resources of their participants. More recently, especially since the pandemic and the growth of virtual networks (i.e., virtual learning, virtual meetings), social networking is increasingly replacing face-to-face interaction and learning (Anderson, 2016; Amit, 2002).

**Community Music: Definitions and Negotiations**

Williams (1976) described community as a ‘warmly persuasive word’ that is “never to be used unfavorably” (p. 76). The word community has positive connotations (Bauman, 2013), and is associated with hospitality (Higgins, 2007). The term community music has been used in different ways in different places and is an emerging field of research (Veblen, 2008).

Community music is premised as an ideal activity in which individuals choose to engage with others in music making (van der Merwe, 2017; Veblen, 2013). With inclusivity as a core value, researchers recognize music’s power to create community (Clothier, 2002; Higgins & Willingham, 2017). Engagement creates a sense of belonging, intervention, and social transformation (Chadwick, 2011; Dunphy, 2018; Garrett, 2010; Goodrich, 2013; Moser, 2018; Rinde & Schei, 2017) as evidenced by community music practitioners in indigenous settings (Marais, 2021) and prisons (Cohen et al., 2021), and with children with disabilities (Mitchell, 2021), older adults (Coffman & Dabback, 2021; Creech, 2018), and minority older adults (Jo, Veblen, & Potter, 2021).

While definitions must be contextualized and may be contested (Elliott et al., 2008), some suggest that the emphasis should be on what community music does rather than what it is (Bartleet & Higgins, 2018). Bush & Krikun (2013) advise that community music is best understood through examining ways in which it is practiced globally. Music learning reflects the informal settings in which community music occurs. Active music making is the focus.
Participants are usually self-directed and responsible for their own learning. The relationship between community music worker/facilitator and participant is reciprocal as roles are fluid (Veblen, 2007).

**Historical Background of Community Music**

Community music in North America was highly influenced by music educator Peter Dykema (1873-1951). Dykema (1916) advocated community music which he defined as “socialized music” (p. 218) and expressed the importance of everyone being given the opportunity for “free and frequent participation in music” (p. 223). In 1919, Dykema (1919) compiled a song book entitled *Twice 55 Community Songs* which promoted national and humanistic views that surfaced after World War I. This song book and others like it included songs from many nationalities. At the end of World War II, in 1945, music making was seen as a positive social force. Many community music projects were funded at this time.

One notable researcher, Willem van de Wall, began his research on the role of music with wounded soldiers in hospitals during World War I. His research made major contributions to the field of music therapy in less observed institutional settings such as prisons, psychiatric wards, and general hospitals. Max Kaplan was a sociologist recognized for his research on music in local community music programs and practices.

In the United States, the largest school music education organization, the National Association for Music Education (NAfME), recognized community music and sponsored the Adult Continuing and Community Music Education (ACME) in the early 1990s. Currently, however, NAfME does not include community music in its organizational chart or on its website. [https://nafme.org/about/](https://nafme.org/about/)

**Community Music in Canada**

In Canada, the rich music cultures of settlers gained attention in the second half of the twentieth century. Cagnon’s historic 19th century collection of French-Canadian songs, *Chansons Populaires du Canada*, was printed in 1965 (Gagnon, 1965). Irish and Scottish settlers in Newfoundland and the Maritimes brought Celtic music. English immigrants and Loyalists from
the United States established singing schools throughout Southern Ontario while Ukrainians, Mennonites, and Icelanders brought singing traditions to the prairies (Bush & Krikun, 2013).

An early campaign called “Music in the Home” was promoted by the Canadian Piano and Organ Manufacturers’ Association who sponsored essay contests, community music weeks, and local music festivals. A recent development reported by the North American Coalition for Community Music involves seventeen music educators meeting to discuss how to make music education more relevant and accessible to all (Bush & Krikun, 2013).

Community vocal ensembles can take many forms. The Barbershop Harmony Society claims nearly 30,000 members. In Canada, the Toronto Mendelssohn Choir is one of the oldest and most famous amateur chorus. Instrumental ensembles such as the New Horizons International Music Association which began in 1991 have become widespread, providing opportunities for seniors to learn and play band instruments. Currently, 17 New Horizons band groups in Ontario are listed on the New Horizons home page (https://newhorizonsmusic.org).

Social Networking in Community Music

Social networking as a medium for music making has become increasingly pertinent since the pandemic (see Waldron et al., 2020). Social interactions and relationships established through musical engagement are seen as one of the benefits of community music activity (Coffman, 2002; Myers & Diener, 1995; Veblen & Olsson, 2002). Depending on the needs and wants of the participants, community programs can offer creative outlets, especially vulnerable groups like older adults.

Missing Research in Community Music Literature

Although many well documented community programs have been designed for seniors who are of visible minorities, there is a distinct lack of research into programs offering music for these groups. The very successful New Horizons Programs may be attracting members of visible minorities, but this is not documented. As well the New Horizons program, at the time of this writing, do not feature cultural musics or instruction in any language besides English. As Cho (2018) shows, familiar childhood music is very important for older immigrants whose cultural milieu is markedly different from that of the host country. I found no specifically focused
community music programs for Korean Canadians. As well, I found very few programs offered in my subjects’ mother tongue and cultural ways. With the advent of the pandemic, those programs that might have emerged were shut down, just as the numbers of elders of visible minorities, Korean Canadians among them, were increasing.
Chapter Three: Korean Immigrant Seniors' Music Making in an Ethno-Cultural Community Program in Canada

H. Elisha Jo
Don Wright Faculty of Music, Western University
London, ON, Canada

Kari K. Veblen
Don Wright Faculty of Music, Western University
London, ON, Canada

Patrick J. Potter
Schulich School of Medicine & Dentistry, Western University
London, ON, Canada

This case study explores music learning, sharing, and well-being among Korean immigrant seniors in a church-sponsored ethno-cultural community program in a Toronto suburb. The all-volunteer community program provides opportunities for Korean-Canadian first-generation immigrant seniors to interact with each other in their mother tongue. Our focus is on ways of engagement, most often through musical practices. Using ethnographic tool, we consider 1) music’s various roles within the program, 2) group and individual identity in the Korean diaspora, 3) how shared culture may be nurtured through the program, with 4) the broader implications for wellness.

10 This paper was submitted for the proceedings from the International Society for Music Education (ISME) 2014 Seminar of the Commission for Community Music Activity in Salvador, Brazil. This research was mainly conceived by Elisha Jo and in the case of co-authorship, Elisha Jo contributed 60 % and co-authors, Kari Veblen and Patrick Potter contributed 40 %.

11 This study is part of a doctoral project in music education exploring diasporas, identity, and musical knowing through the Korean immigrant experiences.
Key words: Music, Community Program, Lifelong Learning, Well-being, Identity, Asian Diaspora, Community Music, Senior, Ethnicity, Immigrant

Introduction

Demographics of a greying population have sparked demand for social activities for older adults, frequently offered through community organizations (e.g., community centers and religious organizations). Participating in such programs, particularly musical programs, can contribute to overall sense of belonging and well-being (Coffman, 2002; Cohen et al., 2006; 2007; Carucci, 2012; Clift et al., 2010; Creech et al., 2013; Sun et al., 2013b; Yinger, 2014). While more social opportunities are needed for seniors in general, immigrant seniors are more likely to be excluded from these services due to linguistic and cultural barriers (Amit & Litwin, 2010; Choi, 2001; Kuo et al., 2008; Y. Lee, 2007; Tendulkar et al., 2012).

With a significant global demographic shift resulting in rapidly increasing aging populations\(^\text{12}\): there is an increased need for targeted programs that serve community-living older adults to maximize their health and well-being\(^\text{13}\). Canada Enoch Senior's College (CESC), an ethno-cultural community program offered by the Korean church in the Greater Toronto Area, established just such a program to meet the unique needs of immigrant seniors living in the community in 2003. For the past decade, the CESC program has been successful in reaching out to Korean seniors who are ethnic minorities in Canada. The all-volunteer community program provides opportunities for Korean seniors to interact with each other in Korean, mother tongue of seniors who are first generation immigrants. Particular attention is paid to music that connects

---

\(^\text{12}\) The World Health Organization (WHO) reports that between 2000 and 2050, the percentage of world's population over 60 years will likely to double from 11% to 22%, that is approximately 605 million to 2 billion (WHO, 2014). Similarly, the percentage of Canada's senior population (aged 65 and over) is expected to increase from 13% to 25% (Statistics Canada, 2006) by 2036. Canada is ranked as one of top 10 countries with the highest proportion of older adults (aged 60 and over) by 2025 (WHO, 2002).

\(^\text{13}\) It is suggested that the physical and social structures of neighborhoods or communities can protect older adults from the risks of loneliness and social isolation documented by MacCourt, Wilson, & Tourigny-Rivard, (2011). WHO also recommends that community level actions are necessary to promote health and support well-being in older adults (WHO, 2007).
Korean seniors to their remembered homeland.\textsuperscript{14} Music making in this instance helps nurture cultural group identity and an exploration of their present and emerging senses of self. Revitalized through music making, these Korean diasporas embody essential social components of community music which includes, "identity, heritage, group solidarity, healing, bonding, celebration" (Veblen, 2013, p. 3).

Singing (art songs and popular songs), dancing (Korean traditional dance, worship dance, and line dance), harmonica ensemble, arts and crafts, sketching and drawing, calligraphy, and Chinese medicine courses attract over 150 participants every year. Although some course offerings change depending on seniors' interests and needs, music constitutes major part of the program and serves as a significant way in which individuals participate, engage and express themselves.

Attending Enoch College is important to these Korean seniors on many levels. Although Toronto is a dynamic and diverse Canadian metropolis, the seniors in this program may go for weeks within a Korean and pan-Asian immigrant bubble where the sights and sounds of their homeland are recreated so being able to interact and communicate in Korean in the Mississauga section of Toronto is especially comforting. Participants share the same ethnicity and a unique cohort history: liberation from Japanese annexation, Korean War, life pre-TV, and political/economic upheavals, as well as immigration. Homeland songs trigger memories of this shared past. Thus, the activities promoted through the CESC program are molded through tacit communal understandings, for example, songs which are chosen are participant-led and consensus-based.

\textbf{Methodology}

Our methodological framework combines a qualitative case study design with a wellness survey tool. Information was gathered from combination of field notes, as well as informal

\textsuperscript{14} Music here is a powerful medium for remembering, for recreating, as also documented by other researchers (Batt-Rawden et al., 2005; Cohen et al., 2002; Halpern et al., 1996; McCaffrey, 2008; Bugos et al., 2007; Ferreri et al., 2014; Paquette & Goulet, 2014; Wang, 2013). It is important to note that seniors at Enoch College engage actively with music through singing, moving, playing, and creating song lyrics.
conversations with the participants, and through self-reflections (Denzin & Lincoln, 2005). Video recording of the activities supplemented other data collection methods (Bogdan & Biklen, 2003; Goldman-Segall, 1998).  

Program Structure

Canada Enoch Senior’s College (CESC) offers fall and spring terms that runs for nine to eleven weeks each year. Over 150 seniors are registered each term. Seniors who are over sixty years are accepted, however, the majority of students are in their seventies. This spring marked the twenty-third term since 2003 and 155 students have registered with 140 successfully completing the term. Every semester a variety of programs are offered. The classes are offered once a week with one session dedicated for a field trip.

Classes start at 10 am and ends at 2:30 pm with the time divided into four periods, somewhat like the formal Korean school system. To start the class, both the Korean and Canadian anthems are sung followed by the Enoch College anthem. Everyone attends a common class for the first two periods that covers a wide range of activities: singing with movement, heavenly message, art song singing with occasional Korean history or Korean literature class and special events. After a communal lunch, students take an elective course and then join their homeroom (or small group) for further social engagement.

Group membership is encouraged through the structural organization of CESC. Everyone is welcomed and valued throughout all aspects of the program. Registered seniors at the college are addressed as students and each student is assigned to a small group referred as homeroom.

---

15 Additional data was collected from public records (newspaper articles) and visual documents (photos) as well as official documents such as course resources/materials, schedules and internal publications. Multiple sources of data collection will be used for triangulation, providing additional validity of findings. As well, we sought to triangulate participant observation with a health survey to measure participant perceptions of their emotional and physical well-being. The Medical Outcome Study-Short Form (SF-36v2™ Health Survey), originally developed for the Rand Corporation’s Health Insurance Experiment (Ware & Sherbourne, 1992; Ware et al., 2003), is used here to measure health across eight domains.

16 In 2013-2014, a total of eleven elective courses are offered including line dance, Korean traditional dance, worship dance, aerobic dance, pop song singing, harmonica ensemble (intermediate level), calligraphy, arts and crafts, sketching and drawing, conversational English (beginner level), and Smartphone 101. The courses reflect current interests of seniors in order to optimize the learning experience.
("Ban"). This homeroom system somewhat mirrors Korean school system but negotiates power dynamics differently. For each homeroom at CESC, two representatives or leaders ("Ban-jang" or leader of class) are selected by vote to assume roles and responsibilities related to their homeroom such as taking attendance, relaying messages or announcements, and facilitating group activities. In a traditional Korean school setting, two leaders of hierarchical relationship ("Ban-jang" or leader of class and "Bu-ban-jang" or sub-leader of class) are voted from the list of nominated students on the basis of academic success and these roles are regarded as a privilege. By dismantling the traditional practice of selecting leaders based on merit, since anyone can volunteer for the role, CESC preclude excluding members while ensuring that all housekeeping duties get done. This homerooms system allows students to get to know one another at a more personal level. A student of Enoch College belongs to two small groups: the homeroom and an elective class. Some opt to be a member of Enoch Choir as well. During the term, students are identified with their homeroom. When individually addressed, homeroom name is called out in conjunction with student's own name. This identification reinforces their sense of membership with the group. An important component of the CESC program is these small groups. This ensures that everyone is included and active participation is encouraged. As a group, students eat lunch together and prepare for various performances such as Festival of Youth and end of school celebration. Other bonding experiences are planned throughout the program: an all-class picnic, poetry contest, singing contest, and Parents’ Day celebration. New friendships are frequently formed. Students exchanging phone numbers, going out for coffee, and extending invitation to each other's homes are observed.

Addressing seniors as students puts all students at the same level despite of their education levels, age, sex, and other social status and appears to evoke formal schooling days filled with possibilities. Many seniors were enthusiastic and felt empowered as they were no longer labeled as 'seniors' or 'retirees' but as students with opportunities for learning, growth, and development. This is reflected in the attitudes of students who have picked up new hobbies from taking elective courses at CESC. One student added that, "I picked up to play the Harmonica at

---

17 Instead of having a separate day to show appreciation to mother and father, both are celebrated together in Korea on May 8th of every year.
Enoch College as an elective course for the first time and now, I am playing with my husband at the intermediate level, who played Harmonica prior to Enoch College." The song titled "So what's age got to do with anything" summarizes the overall sentiment of students succinctly. Others also showed pride in attending Enoch College and satisfaction over belonging to such a "high class group". A student remarked:

I am proud to be a member of this outstanding group of students. It boosts my self-esteem to attend the renowned Enoch College. When I first attended Enoch, I was very impressed by the quality of the teachers and classes here. I've attended number of seniors' colleges back in Korea, but the quality of classes and activities here are by far, excellent, just like the reputation.

Moreover, a sense of belonging is reinforced from the "shared" culture of Korean seniors. Seniors greet each other in the Korean way by literally asking for one's health and well-being ("An-nyung-ha-sae-yo") with bowed heads. One student commented that, "where else can I receive such a warm welcome!" This may explain why seniors take great effort to come to Enoch, despite having to commute a long distance by public transit or having additional barriers such as mobility problems. Enoch students' commitment to the program is exemplified from a student who commutes three hours to attend Enoch. She shared:

I often wake up as early as 3 am as you lose sleep when you become aged, but instead of trying to go back to sleep on days when I have school (Enoch College), I spend extra time to get ready. For fear that I might oversleep and miss the bus that leaves at 6 am because then I won't be able to make it to Enoch on time.

Emphasizing how attending Enoch is a highlight of her week, she opted to celebrate her 80th birthday few months earlier so that she could celebrate with the rest of the group during the term, treating everyone to lunch.
Shared Musical Knowledge Plays a Significant Role in the Program

The students at Enoch College share a cultural background not only in ethnicity and mother tongue\(^{18}\) but also in their musical knowledge, especially in terms of songs from childhood and their elementary and secondary school years. The CESC program uses music to engage students in positive social interactions and participation. Instead of asking students to become acquainted with each other, familiar greeting songs of childhood interwoven with various activities such as hi-fiving with others or bowing heads (a Korean way of greeting) made potentially awkward or dry moments of introducing oneself to a complete stranger more fun and lively.

This familiarity with the music also plays an essential role in art song class, which covers a wide range of classical songs during each term\(^{19}\). Most students were already familiar with classical music and the Western canon, as they had encountered them in schooling. Students were commonly seen humming along the melody, nodding to the beat and singing from the memory with eyes closed, reminiscing the past. This afforded greater flexibility in developing musicianship of students as the teacher could focus on few challenging measures before mastering each score. It only took few classes for students to improve performance of a complete song providing aesthetic fulfillment and a greater sense of achievement. Being able to sing and re-learn songs of past appears to be a meaningful experience, recreating a sense of connectedness within the group.

Health and Wellness

Healthy aging and living are central to Enoch College’s mission. Elective courses offer health-promoting activities such as singing and physical activities like Taekwondo and dancing. The day starts with an assembly singing familiar songs with actions. Once a week, songs are

---

\(^{18}\) These are more visible or audible form of culture.

\(^{19}\) The songs selected for this semester are: "Auf Flugeln des Gesanges" by Mendelssohn, "Annie Laurie" (a traditional (Old Scottish song), "Silver Threads Among the Gold" (an American folk song), "Heidenroslein" (a German lied) and "Geu-nae" or "Swing" (a Korean art song). All songs were sung in Korean.
followed with a twenty-minute Heavenly message, full of stories and healthy tips for living. The principal addresses the whole school with inspiring or uplifting stories of older adults such as the amateur runner still clocking marathons at over 90 years of age. In between classes, students engage in physical activities such as massaging each other's shoulders as they sing a familiar children's folk song such as "Reminiscing older brother" and turn to the opposite direction in a row when a certain Korean alphabet is sung, making it like a game that is both physically and mentally stimulating.

Health is a frequent topic of conversations among students. Most seniors suffer from chronic health conditions like arthritis or back pain. Thus, ways to improve health is a common concern for many. Seniors frequently shared health-related information during breaks and even in classes and sometimes by instructors too, which was always welcomed. For example, when the pop song class instructor shared her traditional acupuncture knowledge related to alleviating shoulder pain, which involved pressing a small section of middle finger, everyone was eager to find out the exact pressure point and tried on themselves immediately.

"Well-being lunch" at Enoch

Enoch College's "well-being" meals are well accepted by seniors as they are nutritionally-balanced with grains, meat or fish, and vegetables and fruits as a dessert. Mixed grain rice which is healthier choice than white rice, is served. Seniors often commented that meals are "excellent" and mentioned that they look forward to having a good meal with friends every week. Some even commented that it is the best meal of their week as they live alone and do not like to cook for themselves alone. This suggests that social aspect of sharing meals is also valuable and may be emotionally fulfilling for seniors.

One student's description of her daily routine provides a glimpse of significant aspect of sharing Korean-style meal. She said:

20 Here too the principal (also the pastor) sets a tone of welcome and equality by injecting humor in his address.
I usually get up at around 4 to 5 am when it is still dark outside so I would read a book till sunrise. Then I take my daily walk by the trail near the lake where I live for about two hours. After returning from the walk, I roast a coffee and drink it with a piece of toast. That will be my breakfast. I don’t usually have cravings for lunch, so I often skip it. For supper, maybe I will cook something simple, like vegetable pancakes (Korean style) I made with fresh chives that my friend shared with me from her garden crops. Occasionally I will put an effort to cook something for my niece who lives alone to attend the university here away from her family. Other than that, I don't like to cook for myself. The meals are always excellent so I get treated very well when I come here.

Valuing and Belonging

A core belief that guides Enoch College is love of God, abiding by the commandment: “Honor your father and your mother.” In keeping with Korean traditional values as well as Christian tenets, seniors are respected. This caring infuses every aspect of the school experience. Students often commented that the "Angel's team," (the name referring to all volunteers involved in the program) serves them "with a glad and cheerful heart" in the words of one senior. Furthermore, she noted that this approach is one of the core elements that distinguishes CESC from other similar programs she had attended. A heartfelt and genuine attitude of the team of volunteers and instructors foster one of kind experience that students look forward to year after year.

Discussion and Conclusions

At CESC, there is history, reminiscence, and joy. This group of Korean seniors is survivals of Korean historical turmoil, of difficult times through Japanese rule and the Korean War. They survived a move to a foreign land where they have faced many barriers. Having made

21 Respecting elders is embedded in the name of "Seniors' College". The seniors' program in Korea dates back as early as 1977, first established by Young-nak Presbyterian church in Seoul. The term used is "Kyung-lo Dae-hak": "kyung" means respect; "lo" means old age or elders; "dae-hak" means university or college, English equivalent of Seniors' College.
the choice to come to Canada and they freely state that Canada is a good place to live. Many undertook their immigration for the sake of their children’s increased opportunities.

Most of the participants in CESC could be seen as having achieved a good life in Canadian society. Membership is drawn from the professions as well as blue collar occupations. But in the process of adjustment to the new country, it was at times necessary to leave their language and familiar customs behind. Attending Enoch College may have brought them back a chance to rediscover what was lost or forgotten in the busyness of life as these seniors experience firsthand a shift in roles, moving from full careers to transitioning to a place where they pursue enjoyable activities and enhance lives with meaningful engagement with others.

CESC presents these seniors with opportunities to come full circle, even as they are now integrated into Canadian society. This program is about seniors first, followed by the component of sharing traditions. But the cultural dimensions are very important, allowing participants to experience as Korean, in Korean language, in Korean culture. They meet, and come together as a group, creating a stronger, tighter bond by sharing, laughing, exercising, singing and eating.

Perhaps if Enoch College was geographically situated in Korea, what makes this program special would be taken for granted. However, these seniors obviously value this opportunity to selectively visit the Korea of their youth, or in some cases to reimagine and reinvent a collective vision, catalyzed and cherished through their music.

Reflection

Looking back, I recall that this experience did not initially unfold as a formal study. My initial engagement with the CESC program started with my intent to offer assistance as a volunteer, extending a helping hand where it was needed most. Through my involvement, I had the privilege of working closely with elderly Koreans, allowing me to become acquainted with their lives and stories. I started to contemplate the experiences of elderly Korean immigrants who lead active lives. I began to question whether this was partially attributed to the program and its influence on their social, physical, and emotional well-being. As I became more engaged in the program, my inquiries evolved into an examination of the importance of music and music-making for the elderly participants in the program.
Inquiring into the program's context and setting, I sought to understand how the CESC program was conceived and executed. Additionally, I pondered whether this program had the potential to actualize its intended goals, specifically in enhancing the quality of life and overall wellbeing of Korean elderly participants. This contemplation extended to exploring the effectiveness of music-making engagements as a means to achieve this objective.

Another primary objective guiding this initial study was to examine and gain insights into the successful practices of the CESC program. This endeavor aimed to facilitate the potential replication of these effective strategies in other comparable contexts, encompassing but not confined to, minority older adult populations.

As the study progressed, it not only enabled me to become competent in ethnographic research but also afforded me the opportunity to identify the pertinent issues concerning immigrant older adults. Simultaneously, I became acutely aware of the scarcity of resources available to address their needs adequately. These elderly Korean individuals are confronted with the challenges of social isolation. Those without familial or community support networks, such as those provided by the Korean community or institutions like CESC, often find themselves isolated due to cultural barriers that impede social participation and accessibility. For many of them, these gatherings served as a vital platform to foster social interactions and garner much-needed support.

I am honored to be a part of this study and to have the opportunity to assist them in their areas of need. My role as a volunteer enabled me to observe them with no expectations, free from the perceptions of older adults that I may have held about Korean elders. Consequently, I was able to take additional precautions to define what 'old' means to me and to also seek the elderly Koreans' own definitions and perceptions of the term. Being immersed in the setting enabled the opportunity to observe, listen, and engage in understanding what it means to be old, as it holds significance for them, both individually and collectively as a group. I also exercised careful attention to avoid making any assumptions in my journal and focused on maintaining a fresh perspective while collecting data.

Upon reflection, I now recognize that it would have been beneficial to inquire about how participants allocate their time beyond the program when they do not have access to CESC
offerings. Delving further into their choices and attitudes regarding health-promoting behaviors, as well as examining any changes before and after participation in CESC, would have provided a broader understanding of active aging and its implications for minority older adults.
References


https://apps.who.int/iris/bitstream/handle/10665/67215/WHO_NMH_NPH_02.8.pdf?sequence=1&isAllowed=y


Chapter Four: Enoch Senior’s College for Korean Immigrant Seniors: Quality of Life Effects 22

H. Elisha Jo,23 Jungsun S. Jo,24 Kari K. Veblen,2 and Patrick J. Potter25

Résumé

Cette recherche à méthode mixte a évalué l’impact d’un programme pour la communauté culturelle d’aînés immigrants coréens en examinant les bénéfices pour la qualité de vie des participants liée à leur santé (HR-QOL) et leur bien-être en général. Bien que la programmation communautaire soit de plus en plus reconnue comme un moyen de promouvoir la santé et la participation active des individus dans la sphère sociale, peu d’informations sont disponibles concernant l’utilisation et l’impact de tels programmes chez les immigrants aînés des minorités visibles. Dans cette étude, 79 participants ont répondu au questionnaire SF-36v2 à deux reprises dans le cadre de l’évaluation de l’impact du programme du Canada Enoch Senior’s College (CESC) concernant le HR-QOL et leur bien-être. Des améliorations statistiquement significatives ont été observées sur les plans de la santé physique et mentale, notamment dans les dimensions liées à la douleur corporelle, au rôle émotionnel et aux limitations de rôle en raison de problèmes émotionnels. Les données qualitatives provenant des entretiens avec les participants ont confirmé les résultats positifs du sondage, par des améliorations aux niveaux de la vie sociale et de la santé des aînés. Ces résultats suggèrent que le programme CESC contribue à qualité de vie et au bien-être des aînés coréens participants. Cette étude permettra de soutenir des programmes communautaires culturels similaires.

22 This manuscript was published in Canadian Journal on Aging / La Revue canadienne du vieillissement, doi:10.1017/S0714980818000211. Elisha Jo conceived of the study. Writing was undertaken collaboratively with co-authors, with Elisha contributing 60 % and co-authors 40 %.

23 Don Wright Faculty of Music, Western University
24 Independent Consultant, Mississauga
4 Schulich School of Medicine & Dentistry, Western University
Abstract

A community-based program is increasingly recognized as promoting health and active social participation in one’s life, yet information is lacking about the use and impact of such programs among immigrant visible minority seniors. This mixed-method research evaluated the impact of a cultural community program for Korean immigrant seniors by examining participants’ health-related quality of life (HR-QOL) benefits and overall well-being. In this study, 79 participants completed the SF-36v2 questionnaire twice to assess the impact of Canada Enoch Senior’s College (CESC) program on their HR-QOL and well-being. Statistically significant improvement in physical and mental health domains was observed: bodily pain and role limitations due to emotional problems. Qualitative data from participants’ interviews supported the survey findings with positive contributions in health and social arenas of seniors’ lives. These results suggest that the CESC program contributes to quality of life and well-being of Korean senior participants and supports similar community-based cultural programs.

Introduction

People aged 60 or older represent the fastest growing portion of the world’s population, increasing at a rate of 3.25 per cent per year (United Nations Department of Economics and Social Affairs (UN DESA), 2015). In Canada, seniors will account for an increasingly larger share of the total population, growing from 15.6 per cent or over 6 million in 2014 to 23 per cent by 2030 or over 9.5 million as the majority of the “baby boom” generation (born between 1946 and 1965) reaches age 65 and older (Government of Canada, 2014). In conjunction with this aging population, the Canadian demographic landscape is changing rapidly with a significant increase in ethnocultural diversity. Immigrants accounted for more than 6.5 million or 20 per cent of the Canadian population in 2006, and this proportion is expected to continue to rise, reaching between 25 to 28 per cent of the population in 2031 (Statistics Canada, 2010).

As a result of recent changes in the immigration sources from traditional Anglo-Saxon European countries to non-European countries, the proportion of visible minority persons among immigrants is also projected to increase to 71 per cent in 2031, compared to 54 per cent in 2006 (Statistics Canada, 2010). For example, the proportion of Asian-born immigrants has steadily increased from 14 per cent in 1981 to 41 per cent in 2006 while the proportion of
immigrants born in European countries has declined from 67 per cent to 37 per cent (Statistics Canada, 2010). Within two decades, more than two out of three immigrants living in Canada are projected to belong to a visible minority group with neither English nor French as their mother tongue (Statistics Canada, 2010). This change will have important implications in programs and policies that support growing ethnic senior populations.

Because advanced age is associated with the likelihood of chronic health conditions (Decady & Greenberg, 2014), improving older adults’ quality of life while maintaining their health and functional independence has become a priority issue in both the public and private sectors (Public Health Agency of Canada, 2010; Ramage-Morin et al., 2010). In Canada, federal, provincial, and territorial governments have identified healthy aging as a policy focus which has necessitated the creation of supportive environments as a means to achieve this goal (Ndegwa, 2011; Plouffe & Kalache, 2011; Public Health Agency of Canada, 2010). To date, all 10 provinces have joined and have implemented the Age-Friendly Community Initiatives, developed by the World Health Organization in 2006, to promote and develop policies, services, and structures to support seniors to lead active, socially engaged, independent lives (Public Health Agency of Canada, 2015). Increased community engagement is sought through multiple streams, such as in-service provision and the promotion of local projects through government funding (Ndegwa, 2011; Public Health Agency of Canada, 2010; 2015).

These government and provincial initiatives are especially promising as ethnic organizations have a greater role to play in reaching out to vulnerable minority immigrant populations who face barriers to existing programs and services. Multiple barriers to accessing health and social care exist, most notably lack of fluency in English, cultural beliefs and practices, and immigrant status itself (Ahmad et al., 2004; Jang et al., 2005; Lai & Chau, 2007; Pourat et al., 2000; Weerasinghe, 2012). Such barriers not only hinder immigrant older adults’ ability to seek and receive necessary care but also reduce social interactions (Kang et al., 2013; Y. S. Kim, 2013; Lai & Surood, 2008; Schaie & Pietrucha, 2000). These barriers and other stressors, such as acculturation, make elderly immigrants particularly vulnerable to poor psychological and physical health (Kang et al., 2009; Min et al., 2005; Mio et al., 2009). In particular, older Korean immigrants have been identified as a high-risk group with higher levels
of depression and suicidal ideation than other senior groups (Jang & Chiriboga, 2010; Min et al., 2005; Mui & Kang, 2006).

In light of recent government efforts through community involvement in developing supportive environments to enable healthy aging, there is a need to better understand the impact that community-based programs can have on the well-being of immigrant seniors (National Advisory Council on Aging, 2005). The role of ethnic communities is vital in achieving psychological and physical well-being in their new, adopted culture (Ahmad et al., 2004; Barrio et al., 2007; Lai & Surood, 2008; Stewart et al., 2011; Weerasinghe & Numer, 2011). The National Advisory Council on Aging (2005) has recommended proactive approaches to prevent social isolation, as cultural and linguistic barriers can be reduced through innovative programs to engage ethnic minority seniors more fully in group activities. Community-based programs targeting ethnic seniors have been effective in reaching out to various ethnic groups and have had numerous positive impacts on the participants’ health outcomes (Hau et al., 2016; Y. S. Kim, 2013; E. Kim, 2016; Koehn et al., 2016). One noteworthy program is the Seniors Support Services for South Asian Community (S$^4$AC) program implemented in collaboration with the non-profit local United Way agency in British Columbia to improve access to existing facilities for South Asian older adults.

In their case study of over a hundred Punjabi-speaking seniors, Koehn et al. (2016) found health benefits that accrued to seniors attending exercise classes offered by the S$^4$AC program. The reported health benefits not only pertain to physical health such as reduced hypertension and improved balance and flexibility but also extended to mental health and well-being through enhanced social interactions resulting from the program (Koehn et al., 2016). Another community-based exercise and health education program, the Boston, Massachusetts-based Healthy Habits Program (Hau et al., 2016) targeting elderly Chinese immigrants, found clinically meaningful improvements in mobility and cognition of the participants at the end of the 6-month intervention period. As well, the researchers found statistically significant improvements in executive function, lessened depressive symptoms, and reduced perceived disability. More importantly, 78 per cent of Chinese seniors achieved the goal of performing exercises three or more times a week during a 6-month period (Hau et al., 2016).
As exemplary as these programs are, the majority of them are structurally implemented with an extensive collaboration with community partners and/or institutions. However, limited research has been conducted on the programs within grassroots from the ethnic community itself. One example of an ethnic community that developed its own program can be found in the work of Y. S. Kim (2013) who investigated Korean senior schools in North America. His qualitative study of a Korean senior school in the United States reported psychological benefits from the perspective of 10 Korean seniors (Y. S. Kim, 2013). Attending senior school positively influenced their psychological well-being by providing the participants opportunities to meet friends and helping them to deal with the psychological distress associated with immigration (Y. S. Kim, 2013).

There are many references to senior schools or “silver colleges” offered by Korean ethnic churches across North America (Hurh & Kim, 1990; Hwang, 2008; E. Kim, 2016; Lee & An, 2013; Sin & Hirsch, 2013), and yet the impact of senior schools has not been fully explored by both quantitative and qualitative means. To Korean immigrants, the ethnic churches are “a core source of various social interactions” (Hwang, 2008, p. 214) that provide social network and resources via a wide range of services and scheduled programs including senior schools that offer various educational classes and recreational activities to elderly Koreans (Y. S. Kim, 2013; E. Kim, 2016; Sin & Hirsch, 2013). The senior programs have a wider reach as they are not only for church congregations but also extend to Korean seniors in the community as a whole (Y. S. Kim, 2013; E. Kim, 2016). Thus, these sites can serve as a venue for further exploration into the community of Korean seniors.

Koreans accounted for 0.5 per cent of the total Canadian population or over 160,000 people in 2011 (Statistics Canada, 2013a). Of the total Korean population, seniors make up about 7 per cent (Statistics Canada, 2013b). Similar to other immigrant groups, most Koreans settled in Canada’s three census metropolitan areas: Toronto, Montreal, and Vancouver. Toronto has by far the largest Korean community, accounting for 42 per cent of the total Korean population in Canada in 2011, where ethnic enclaves ("Korean towns") offer cultural resources and support (Lindsay, 2007). Across the Greater Toronto Area alone, there are at least 11 Korean ethnic churches that offer senior colleges advertised through local Korean newspapers (Garden Kyohae ... , 2014; Gunganghago ... , 2016).
Korean communities may be a good case in point for research into the influence of cultural community programs on the physical and psychological well-being of ethnic immigrant seniors. First, a relatively short immigration history of Koreans in Canada in the 1960s means that most, if not all, seniors are first-generation (Korean-born) immigrants (A. H. Kim et al., 2012; Lindsay, 2007). The findings will be highly relevant to foreign-born minority immigrants including a growing number of late-life immigrants who are adjusting to a new country with a culture and language distinctively different from their own. Second, by understanding the experience of elderly Korean immigrants as a singular population, researchers can better understand the ethnic diversity of minority senior populations and fill a gap in defining and analysing the context and cultural uniqueness of Koreans as an individual ethnic group (Hwang, 2008; National Advisory Council on Aging, 2005). Most of the published gerontology research has focused on a single ethnic group, mainly Chinese, or Asian as a single group (Durst, 2005), and yet variations in subgroups of Asian seniors exist as evidenced by their utilization of local services.

For example, a study in the Greater Vancouver Regional District found that Korean seniors are less likely to use local services and amenities than are Chinese seniors and rely on ethnic churches as a resource (Hwang, 2008). Research also shows that Korean seniors have a strong desire to maintain ethnic ties and surround themselves with familiar cultural touchstones, including in their choice of ethnic foods (Hurh & Kim, 1990; Lee, 2007; Son & Kim, 2006). Moreover, there are generational differences within the Korean population. According to the Ethnic Diversity Survey by Statistics Canada (2003), first-generation immigrants were less likely than second- or third-generation Korean-Canadians to participate in sports clubs or service clubs or to be involved in charitable organizations. The only areas in which participation rates were higher among first-generation immigrants, compared to subsequent generations, were religious-affiliated groups and ethnic or immigrant associations (Statistics Canada, 2003). These findings highlight the importance of these organizations and their associated services for Korean immigrant seniors.

This study stems from an ethnographic case study of Canada Enoch Senior’s College (CESC) that explored the experience of Korean immigrant older adults in a culturally sensitive community program in the Greater Toronto Area (Jo, Veblen, & Potter, 2014). Our earlier
explorative study, utilizing a quantitative survey, suggested positive health effects of the program on participants. The purpose of this current investigation is to further evaluate the impact of CESC in improving the health-related quality of life (HR-QOL) of older adults using both quantitative and qualitative measures and to explore the nature of the outcomes and how they were achieved.

**Background on the CESC**

Canada Enoch Senior’s College is a cultural community program for Korean immigrant older adults centred in a Korean ethnic church in the Greater Toronto Area. It was the first of its kind offered in Ontario for Korean seniors and has served approximately 3,000 seniors over 13 years and currently enrolls an average of 150 participants each term. The program is offered twice a year, in spring and fall, and each term lasts between 8 and 11 weeks. CESC is offered free-of-charge to all seniors and is run mostly by volunteers. Except for the director of the program, who is a part-time pastor at the church in which CESC operation is one of her responsibilities, all staff are volunteers. Staff consists of class instructors, kitchen staff, and others who help with day-to-day activities from class setup to cleanup at day’s end. Many of the volunteers are also members of the church. The number of volunteers per term varies depending on the number of elective classes offered during the term or number of kitchen staff available to prepare meals in a given week. On average, there are about 12 to 14 instructors, about 8 to 10 kitchen staff, plus three extra staff for remaining activities. Some instructors are current or retired professionals sharing their skills or expertise with seniors, and their time commitment during the college term is one to two hours.

The CESC program runs weekly and is conducted in Korean. Each day is divided into four time slots, beginning at 10:00 a.m. and finishing at 2:30 p.m., with a traditional Korean style congregate meal at lunchtime. The morning session is organized as an assembly, consisting of singing and short lectures on topics such as Korean history, literature, and life stories with occasional special events, like birthday celebrations. The afternoon session is followed by an elective class and small group gathering. Typical electives include singing classes (art songs, popular songs, and folk songs), dancing (aerobics, Korean traditional dance, worship dance, and line dance), harmonica ensemble, arts and crafts, calligraphy, saxophone, smartphone 101, and
Chinese medicine. The electives can vary depending on seniors’ interests and availability of instructors.\(^3\)

**Methods**

This study used a mixed methodology to evaluate the effects of the CESC program on the HR-QOL and well-being in senior Korean participants. The evaluation of the program included documentation, qualitative inquiry, and a quantitative survey. We used semi-structured interviews with the CESC participants, self-reported health measure questionnaires, and field notes as our main data collection tools.

The quantitative evaluation used a repeated measures design with no control group. The baseline measures (Time 1) occurred during the first two weeks and the end line measures (Time 2) occurred during the last two weeks of each term. Although a true pre- and post-test design would have been ideal, based on the CESC schedule and director’s recommendation, a decision was made on pragmatic grounds to give study participants an option to complete the questionnaire at home and return it the following week to allow for flexibility and reduce potential barriers to participation since the first week at the college is very busy with orientation. For similar reasons, we administered the post-test survey during the next-to-last week of the program. This means that there were some variations as to how many weeks participants would have participated in the program (i.e., 7 to 10 weeks) based on the timing of questionnaire completion.

The Short Form 36 version 2 (SF-36v2), a measure of health status derived from items used in the Medical Outcomes Study, was what we used to assess the HR-QOL of study participants as it has proven reliable and valid in a variety of populations (Walters et al., 2001; Ware & Gandek, 1998; Ware & Sherbourne, 1992), including older Korean adults (Han & Lee, 2009; Han et al., 2004). The SF-36 measures eight domains of HR-QOL, including physical function (PF), role-physical (RP), bodily pain (BP), general health (GH), vitality (VT), social function (SF), role-emotional (RE) and mental health (MH). These were scored using a scale ranging from 0 to 100, with higher scores indicating a higher HR-QOL. The SF-36v2 survey was translated into Korean by a researcher who is proficient in Korean and English, and the translation and adaptation procedures focused on maintaining conceptual equivalence while
remaining culturally appropriate (Wagner et al., 1998). For example, the questionnaire used the term “four weeks”; this was translated to “one month” to mirror the more common usage in Korean culture. After completion of the first draft, the translation was evaluated by a bilingual Korean speaker to ensure that the interpretation and translation of the survey items were clear and appropriate. The researcher distributed the questionnaires and was available to answer clarifying questions on three different occasions – in the morning before classes, during lunch, and after classes – in order to gather complete data from as many participants as possible. Some people chose to complete the questionnaire at home and brought it back the following week. The participation was voluntary, and ultimately, 79 CESC participants out of 165 eligible participants (25 in the spring term; 54 in the fall term) completed the SF-36v2 questionnaire on two occasions and provided informed consent to permit the use of their data for evaluation purposes.

In the spring term, we distributed the questionnaire to a subset of participants (25) as we originally conceived this study as an exploratory pilot. The survey was administered again in the fall term to increase sample size, so we distributed the questionnaire to all participants except those who had completed the survey in the spring term. The study sample consisted of the same population with little turnover between the terms (< 10%). Out of 150 participants in the fall term, 125 were eligible to participate excluding 25 participants who had already completed the survey beforehand. In total, 79 participants completed the questionnaire on the first occasion (Time 1), and 69 completed the questionnaire on the second occasion (Time 2). However, only 54 pairs from the fall term were included in the analysis due to missing identifiers or having completed the questionnaire only once. To analyse the data, paired-samples t-tests let us determine the statistical significance of the difference between Time 1 and Time 2 for each HR-QOL measure.

The qualitative inquiry component of this study drew upon ethnography of the CESC on the basis of fieldwork conducted during two consecutive terms between April and October 2014 by the researcher in both a participant and non-participant capacity. Additionally, the researcher conducted semi-structured interviews with CESC participants. Adherence to the ethnographic study necessitated that the researcher be immersed in the setting (Bresler, 1995; Creswell, 2007; Fetterman, 1998; Merriam, 2009). Through serving as a volunteer, the lead researcher was able to establish rapport with participants (Bell, 2005; Yin, 2009). The researcher observed all
sessions including lunch breaks and the short informal social gatherings that occurred at the end of each session, with a weekly rotation of elective classes and small group meetings. Multiple sources of information were used as data, including field notes written immediately after observation or participation in classrooms, informal conversations with the participants, and self-reflection (Bernard, 2011; Denzin & Lincoln, 2005). The data supplemented quantitative findings and aided in cross-checking.

A total of 11 participants were interviewed to provide more detailed accounts of the program’s impact as perceived by the participants. The time and place of interviews were chosen by the participants, and most participants chose to meet at CESC before or after the program. The duration of each interview ranged from 15 minutes to two hours. For some participants who chose to meet during lunch hours, subsequent interviews were necessary to continue and conclude their previous conversations. On average, the total interview time per interviewee was an hour. In addition, on these occasions some of the individual interviews became a small group conversation when one or two members sitting nearby joined in to share their accounts. Conversations also continued throughout the term as participants offered their reflections and accounts. Informal conversations were recorded in the field notebook immediately after the conversation took place. The use of email made it possible for the researcher and participants to maintain contact even after the term ended. All interviews and email correspondences were conducted in Korean. Individual interviews were audio-recorded and transcribed verbatim, followed by translation into English. All email communications pertaining to this research were saved and translated into English.

The data were analysed using content analysis (Green & Thorogood, 2009), beginning with open coding of the transcripts followed by an iterative process of inference and analysis where emerging and recurrent topics were highlighted and combined or collapsed to a distinct and encapsulating theme. We ensured the quality and rigour of the data collection and analysis stages by employing a variety of strategies. Participants reviewed themes that emerged from data analysis by a member-checking process, which ensured that the data was interpreted correctly and in the appropriate context (Green & Thorogood, 2009). We maintained the credibility/reliability of the data by a back-translation process whereby the lead researcher, fluent in English and Korean, translated a random selection of paragraphs back to Korean. This was
followed by validation of the quality and conceptual equivalence of paragraphs by the researcher (Guillemin et al., 1993). The final stage of the research sought to capture the detailed context through compiling field notes to create a thick description of each theme, supported by verbatim quotes from the participants, as recommended by Green and Thorogood (2009). This research has been reviewed and approved by a Western University Ethics Review Board.

Results

Quantitative Evaluation

A total of 79 out of 165 eligible CESC participants completed both pre- and post-questionnaires. The mean age of the participants was 74.1 years, and 77 per cent were female (n = 61) and 23 per cent were male (n = 18). All participants were from the Greater Toronto Area and were first-generation (Korean-born) immigrants with Korean as the mother-tongue language. Analyses across the entire sample using one-tailed t-tests were employed since the previous explorative study indicated positive health effects of participants. Table 1 presents mean differences and standard deviations for each of the eight SF-36v2 HR- QOL domains (physical functioning, role-physical, bodily pain, general health, vitality, social functioning, role-emotional or role limitations due to emotional problems, and mental health). Significant differences were found for the two domains of bodily pain and role-emotional. The mean scores for bodily pain (p = .014) and role-emotional (p = .032) for the seniors were significantly higher at Time 2 or after 7 to 10 weeks of program participation. Higher scores refer to better self-rated QOL with regard to each subcategory. The respondents experienced less body pain and had less functional role limitations resulting from emotional issues after participation in the program. Additionally, physical functioning showed marginal, although not significant, improvement. There were no significant differences between Time 1 and Time 2 in terms of role limitation due to physical health problems, general health perceptions, general mental health, vitality, or social functioning in the group.
We conducted a total of 11 interviews (six females and five males). The age range for these participants was 70 to 87 years. The following results are discussed in relation to the three main themes that emerged from the data analysis: (1) CESC as promoting health and vitality; (2) CESC as reducing social isolation and exclusion by fostering a renewed perspective on aging and self; and (3) CESC as providing social support and a sense of belonging.

**CESC as Promoting Health and Vitality**

Participation at CESC helped Korean older adults live healthier lives by increasing their activity levels and motivating them to take better care of themselves. Several of the participants spoke of how dance classes helped them become physically fit. One participant described the benefits of taking a line dance class:

So I started to take the dance class because our legs become weaker as we get older. At first, the steps were very confusing, and it took quite a bit of time for me to follow them correctly. And then there was music on top of it. So you can see the challenges, but it turned out to be good for my health. My legs have strengthened a lot since the class.

Participants also reported improvement in their appetite and energy levels. Several of the participants, who live alone or with their spouses without their families, stated a lack of

<table>
<thead>
<tr>
<th>Health-Related Quality-of-Life Measure</th>
<th>Time 1 ( n = 79 ) Mean (SD)</th>
<th>Time 2 ( n = 79 ) Mean (SD)</th>
<th>( p ) Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Component</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Functioning</td>
<td>77.1 (18.8)</td>
<td>78.9 (18.9)</td>
<td>0.089</td>
</tr>
<tr>
<td>Role Physical</td>
<td>69.8 (23.7)</td>
<td>71.4 (22.2)</td>
<td>0.250</td>
</tr>
<tr>
<td>Bodily Pain</td>
<td>74.0 (23.4)</td>
<td>78.2 (18.7)</td>
<td>0.014*</td>
</tr>
<tr>
<td>General Health</td>
<td>62.6 (21.5)</td>
<td>61.9 (19.8)</td>
<td>0.306</td>
</tr>
<tr>
<td>Mental Component</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vitality</td>
<td>64.2 (22.3)</td>
<td>67.4 (21.4)</td>
<td>0.121</td>
</tr>
<tr>
<td>Social Functioning</td>
<td>83.1 (18.9)</td>
<td>83.2 (18.1)</td>
<td>0.444</td>
</tr>
<tr>
<td>Role-Emotional</td>
<td>75.2 (24.7)</td>
<td>79.6 (22.2)</td>
<td>0.032*</td>
</tr>
<tr>
<td>Mental Health</td>
<td>73.9 (17.5)</td>
<td>73.1 (18.8)</td>
<td>0.470</td>
</tr>
</tbody>
</table>

*Note. HR-QOL = health-related quality of life; SD = standard deviation.

* \( p < .05 \).
motivation or inspiration to cook for only one or two persons. One woman described her cooking and eating habits:

I don’t usually feel like cooking much, so I have a cup of black coffee and a piece of toast in the morning and skip lunch. For supper, I usually make something simple. When I do cook, it is usually for my niece who lives alone away from her family to attend a university nearby.

However, she found herself cooking more frequently at home and adding more variety in her diet due to improved appetite since her participation at CESC. In this regard, the weekly lunch served at CESC may have also played a role. People spoke of getting ideas from the lunch menus and commented that they were eating better at home as a result. Referring to the positive experience of sharing meals with other Koreans, another participant commented, “The lunch here is the best meal of the week!” Several participants echoed her comment about how they enjoy the lunchtime at CESC and stated that their appetites had improved since the school started.

Through CESC, participants were motivated to take better care of themselves since the program provided them with social interaction. One senior mentioned how she ran into another CESC member at a hair salon just a day before CESC’s fall term began; they were both getting “ready” for the school. Another participant described how she finds CESC as an opportunity to dress up. She explained that “there are less social occasions to dress up these days, so I pull out my best ensemble when I go to Enoch College.” This attitude was noted by other participants as well. One senior explained: “Every week, both men and women look polished. You look around and see others paying attention to their looks and attire, so you also become more conscious as to how you look, in a good way.” In this way, the program helped to restore vitality in the lives of older Korean adults.

**CESC as Fostering Renewed Perspectives on Aging and Self**

Elderly Koreans in the program spoke of increasing feelings of isolation and exclusion and their perceptions of the diminished role and value in society. One senior expressed that she felt like “a second-hand citizen” and another said that he often felt “out of place”, not being able to keep up with the fast-changing society. One later-life immigrant (who migrated to Canada at age 66) pointed out:
Unlike in Korea where there are multiple places for retired seniors to hang out, as immigrants in Canada we have no place to go, no one to talk to, and nothing to do. So it’s important that we have Enoch College where we can meet once a week and socialize with other Koreans.

Even those who have been active members of their community also spoke about changing attitudes towards older adults. “I’ve always been volunteering in the kitchen, but I began feeling awkward amongst volunteers because of my age,” one senior explained and continued: “Since I’ve become one of the eldest, I’ve noticed a younger group of volunteers being more self-conscious around me. I am starting to feel like I might be a burden to them and no longer sure of my place.” Other participants also spoke of invisible tension, especially in a mixed-generation setting that impeded participation, further contributing to their diminished social circles and engagement. This also relates to common perceptions and attitudes shared by the participants. One senior explained, “It is a virtue of old people to step back and let the younger ones take the lead.”

However, participants stated that this was not the case at CESC. Several participants mentioned that they were less restricted by their age and social status. One participant explained, “Here at Enoch College, everyone is the same.” Another senior elaborated:

We all become like children, freed from the concerns of world. It is as if we go back in time to our childhood when we played together regardless of our gender or social status. We have a great time enjoying activities together in which we are reminded of how grateful we are to be living.

This friendly atmosphere appears to encourage participants to explore. One senior described how she got involved in art class:

I’ve always wanted to study art, but never got a chance. In a way, I had given it up because I felt I was too old and embarrassed to start something. I was thinking to myself, ‘What would be the use?’ However, here at Enoch College, from watching others I’ve realized that it is never too late to try, so I took up my courage and have been taking art
for two consecutive terms. I found Enoch College to be the place for fulfilling my long-lost dream.

A similar account was related by another participant who was taking a saxophone class; she explained that this was her very first lesson on a musical instrument. Others also spoke of how they expanded their horizons by getting out of their comfort zones, like singing in front of an audience for the first time in life or writing a memoir and getting it published. At CESC, Korean seniors are provided with opportunities to explore and extend their interest, which has helped promote self-awareness and insight in participating seniors.

The overall change in attitude of the group is expressed succinctly in a poem written by one participant:

I won’t give up now just ’cause I am old
Joy comes from serving and sharing
My fellow friends at Enoch College
Let’s shout to the world, our life begins at 80!

**CESC as Providing Emotional Support and a Sense of Belonging**

All participants expressed how they look forward to coming to CESC every week and rarely missed an opportunity to do so. CESC attendees suffer from various chronic illnesses including diabetes, arthritis, and cancer as well as age-related health declines such as vision and hearing loss. Health-related issues did not prevent them from attending CESC. One participant, who came despite having sprained her back the day before, explained:

As long as I am able, I will be here. Attending Enoch College is good for me, it makes me feel better. Now, I will have to take an extra precaution and won’t be able to participate in some of the activities but I won’t miss Enoch.

Participants described how they prioritize CESC. One senior commented, “I have a pretty busy schedule with several commitments with family and church, but I make sure that Thursday is free for my friends at Enoch College.” Being able to communicate in Korean and meeting other Koreans appear to be important parts of CESC that older adults value. Another participant
remarked, “Where else can we meet Korean people?” Others also commented that attending CESC and seeing familiar faces alone is often enough to make them feel better and helps them forget about worries of life. Still another CESC student summed up the experience by saying, “We have such a good time together at Enoch College; we are busy laughing, learning, and sweating from exercising – the day goes by before you know it.”

Through the CESC program, participants extended social ties and networks that went beyond the confines of school terms or activities. All of the participants described how they stay connected with other CESC members throughout the year in one form or another, many using cell phones and text messages. These connections were likely strengthened by small groups which may be unique to CESC. Referred to as home-room (“Ban” in Korean), each student participant was assigned to a small group where two representatives or leaders (“Ban-jang” in Korean) assumed responsibilities related to their homeroom such as taking attendance and facilitating homeroom/group activities. This system was modeled after the traditional primary and secondary school system in Korea. In the CESC setting, it allowed for better communication and created a sense of group belonging as well as opportunities for participants to get to know one another at a more personal level. For example, Banjang would follow up by a phone call when a member was absent the previous week. (See earlier exposition of CESC program; Jo et al., 2014.)

Participants also found enjoyment from sharing stories or YouTube videos with each other via email. One participant explained: “I keep a list of friends from Enoch College whom I often send or forward emails that contain either interesting stories or videos and useful living tips.” Another participant added: “Occasionally we meet up with each other to exercise at a nearby mall and have a cup of coffee afterwards.” These opportunities can also lead to meeting new people, such as when an elderly Korean was introduced to a local hiking club by a fellow CESC member.

Participation at CESC not only enhances social connections but also provides emotional support for older adults. One woman described a time that she came to CESC straight from an eye specialist’s appointment despite blurred vision due to eye drops used in the examination: “I was planning to go home initially after the doctor’s appointment, but I changed my mind. I knew
if I go home I would be alone and feel blue so I came here.” Several participants also shared how they were able to overcome difficulties in life, such as bereavements, family issues, or suffering ill health, through their association with CESC. One participant, who suffered depression after a sudden loss of her husband, described her experience:

I remember my first day at Enoch College. Another participant, whom I’ve never met before, approached me to say hello as I was a new face here. For some reason, I told her about my husband. Without any words she held my hands tightly and I felt like she understood my pain. Her genuine gesture opened up my heart and since then I’ve tried to offer the same kind of support to others who lost their loved ones.

Supported by the care and friendship experienced at CESC, another participant described how he found strength to overcome the pain and loneliness that troubled him, which often kept him up all night. He stated, “Pain shed light out of my life but I regained hope and joy through Enoch College. It gave me something I look forward to.”

Participants not only found solace through CESC relationships but also from various CESC activities. Specifically, group singing seems to have a positive impact on mood and enhances a sense of belonging in CESC members. One participant shared her experience: “When we sing songs from our schooling days, even though it was long ago and forgotten, quite surprisingly the songs come back to you. It brings us back to the joyful time when we were in school.” Another senior shared a similar experience: “The art song class is my favourite class. Singing the songs from past is soothing and I find my mind at peace when we sing together.” This psychological comfort is also noted in the attitudes of other participants. Another senior observed: “You can see people closing their eyes listening to the tunes and humming when we sing together because we are familiar with them. They remind us of good old days of our youth.” Through reminiscence and strengthening bonds, music seems to be a source of comfort among older Koreans.

Discussion

This study sought to evaluate the impact of the CESC program on Korean immigrant older adults’ health and well-being, and to explore, through the use of a mixed-methods approach, the nature of the outcomes and how they were achieved. The results of the quantitative
evaluation demonstrated that participation at CESC was associated with improvements in HR-QOL for physical and mental health domains. Statistically significant results were found for two variables, bodily pain and role-emotional or role limitations due to emotional problems. In the case of self-rated physical health, the program reduced perceptions of bodily pain among respondents and led to a marginally significant improvement on physical function. For the mental health domain, respondents had fewer issues or limitations in carrying out daily activities due to emotional status. The results of qualitative evaluation align strongly with these findings except for the social function variable. Overall, the CESC program encouraged Korean senior participants to live actively and helped them feel physically and emotionally stronger while reducing social isolation.

There are multiple ways in which the program could have influenced the positive health outcomes observed in the participants, including lessened bodily pain and improved role-emotional. One way is through increased activity levels. As a result of participating in the CESC, seniors reported that they were generally more active whether it was through program-related activities like dancing classes or social gatherings/outings outside of CESC. Previous research has shown that individuals who engage in higher levels of physical activity tend to have higher HR-QOL scores (Anokye et al., 2012; Hand et al., 2012; Moore-Harrison et al., 2009; Okamoto et al., 2007). In particular, moderate-intensity, low-impact aerobic activity, including dancing and brisk walking (similar to the exercise program at CESC), have also shown to reduce pain related to musculoskeletal conditions that are common in older adults, such as osteoarthritis, and to improve physical function, moods, and quality of life (Krampe et al., 2014; Hughes et al., 2004; Okamoto et al., 2007). It is interesting to note that physical functioning did not change despite many references to improvements. One explanation might be that the participants are already a high-functioning group. A comparison to the norm data shows that the physical function (PF) score for the group was above the population norm. In Canada, the norm for PF is 75.5 (SD 22.2) for adults aged 65 to 74 (Hopman et al., 2000), whereas the study group had an average of 77.1 (SD 18.8) at baseline examination and 78.9 (SD 18.9) at final examination (p = .089). This high baseline score may have created a ceiling effect, thus making any improvements difficult to observe.
Physical activity also may affect HR-QOL through the effects of self-esteem. Previous studies show that exercise is an effective means to enhance self-esteem in older adults (Li et al., 2002; McAuley et al., 2005; Opdenacker et al., 2009). One possible explanation is that physical activity can help maintain a sense of self-worth for those who have experienced a decline in perceived self-worth due to changes in health or physical abilities. Self-esteem, in turn, has a positive association with QOL.

A comparative study of QOL between Korean older adults and Korean-American older adults found that, for both groups, self-esteem and the ability to perform activities of daily living or instrumental activities of daily living (ADLs; IADLs) were strong predictors of QOL (S. Kim et al., 2009). Increased opportunities for self-achievement also contributes to self-esteem. Participants spoke of trying new activities/exercises at CESC and how they were able to overcome various physical and mental challenges. One senior described how she gained confidence from taking an aerobics class for the first time:

It was so confusing at first because I’ve never done anything like it, moving so fast you know. I thought of giving it up, but slowly I followed the dancing sequences one by one and eventually I was able to do them all. It made me feel so good that I did it! I learned I can do anything once I put my mind to it.

This participant shared that she joined a choir for the first time prompted by her positive experience from aerobics, illustrating that success breeds other successes.

The CESC program contributed positively to Korean older adults’ well-being through social support. The individual interviews found an emphasis on the social aspect of the program – for example, how important it was for participants to be able to interact with other Koreans and to communicate in Korean. Previous studies on arts-based community programs also found social connectedness or sense of community to be an important part of a program that contributed to participants’ well-being and the main reason for continued participation by the seniors (Phinney et al., 2014; Teater & Baldwin, 2014). Similarly, the social aspect and learning were the central parts of the CESC experience which likely contributed to a high participation/retention rate as well as to participants’ health. Previous research has suggested that interaction with members of the same ethnic group is positively associated with psychological
well-being among ethnic minorities (Frable et al., 1998; Sanchez & Garcia, 2009). Members of the same ethnicity can easily develop group cohesion and experience psychological comfort (Otten & Moskowitz, 2000) because of familiarities in customs and culture.

The field note data made broad-ranging reference to the emotional benefits experienced by the participants: People were generally happier; they stated that they felt appreciated and valued. Many seniors called Enoch College “heaven”, reflecting their Christian beliefs, because of the joyful time they had together. They spoke of a supportive and encouraging environment, from the volunteers to instructors to participants, which helped create a positive experience and also put newcomers at ease. In particular, people spoke of music as something dear to them: bringing back childhood memories, comforting them, lightening their moods, increasing connectedness, and strengthening a sense of membership. Psychological comfort experienced by the participants can also be explained through music (Hays et al., 2002; Lally, 2009) helping to manage emotions, change moods, increase positive feelings, experience spirituality (Hays & Minichielo, 2005c; Lee, 2013; von Lob et al., 2010), improve bonding and co-operation, and create a sense of belonging (Bailey & Davidson, 2002; 2005; Blaine & Fels, 2003; Clift et al., 2010; Livesey, et al., 2012; Silber, 2005).

Although the program demonstrated a significant influence on the measure of emotional well-being, namely, role-emotional, there was no improvement in the mental health variable. It is possible that this relates to emotions at a deeper level perhaps requiring a longer duration and/or targeted intervention to make a difference. For Asian older adults in general, identifying depressive moods and anxiety carry a stigma (Baker et al., 2015; Conner et al., 2010; Gary, 2005). When identifying and rating self-health with psychological labeling such as “depression”, Koreans are likely to refrain from expressing it (G. Kim, 2010; Kim et al., 2011b; Sin et al., 2004). Our participants also confirmed similar views towards mental health, referring to a feeling of uneasiness answering questions on the mental health domain. One commented: “Confronting that I’ve been depressed or whatever, makes me feel like I am depressed or I will get depressed.” Moreover, questions associated with negative feelings such as nervousness, fatigue, and depression – as well as positive feelings like serenity, energy, and happiness – may be less relevant to older adults as inconsistent responses may result from a mis-interpretation of negative or positive questions (e.g., Did you feel worn out? Did you have a lot of energy?) (S. H.
Kim et al., 2013). This might help explain why the vitality scale did not show significant change in the participants, which also may have been affected by seasonal variations in mood and behaviour (Jia & Lubetkin, 2009).

Although there were many references to increased social contacts or relationships and ties within Enoch College community and beyond in the interviews, the social functioning measure did not show significant change over time. This may be due to cultural differences in conceptualization of social functioning in Korean seniors. Similar to the findings reported for other Asian countries (Gandek et al., 1998; Lim et al., 2008; Tseng et al., 2003; Wang et al., 2011). S. H. Kim et al.’s (2013) evaluation of the SF-36 in a Korean population suggested that the social functioning variable should be interpreted with caution. Compared to individualistic Western society, Asian cultures with collectivist values tend to conceptualize social roles and social functioning differently. For example, avoidance of social activities due to health problems may be less acceptable for Koreans than for people from other Western countries (S. H. Kim et al., 2013). Indeed, it was observed throughout the school year that weekly attendance to CESC was determined by self-motivation rather than having optimal health, as explained by high participation rates and interview data where participants chose to attend CESC despite having pains from injuries or other health issues.

Although this study provides support for the health and social benefits of the CESC program, there are limitations. Unlike a randomized controlled trial, our study design has known limitations related to the internal validity of results. These limitations include seasonal variations in health status and mood, lifestyle factors, and self-reporting and self-selection biases. For example, there may be an important difference between those who completed the questionnaire on two occasions versus those who did not. The reasons for non-participation were not sought out and would need to be considered in future studies. The detailed socio-demographic information on the study participants was not collected as pre-testing of the survey questionnaire with a sample of seniors found it unduly long, making it a barrier to participation. For future studies, this should be better planned. For a qualitative research component, we used a relatively small convenience sample of participants who volunteered to be interviewed but whose experience may not have been representative of all CESC participants. However, the results of this evaluation confirm findings of earlier research (Jo et al., 2014), and we have gone a step
further through the use of quantitative measures of health and well-being in the context of real-life settings.

In conclusion, this study provides evidence of the effectiveness of CESC in improving quality of life of Korean immigrant seniors. Considering that CESC is rooted in the ethnic community and run by volunteers, it has great potential – as an economical and effective program – for conferring health and social benefits to other elderly community-living adults. Partnership with ethnic organizations can be a valuable starting point as they may be better positioned to provide more culturally relevant and accessible services to minority immigrant seniors through the knowledge of shared cultural heritage and established networks. Future research might focus on (1) programmatic components of CESC such as an ethnic organization’s capacity, commitment, and potential route for partnerships; and (2) an exploration of perspectives from the volunteers and organizers of this program. Because relatively few grassroots programs like this exist, it would be useful to identify essential implementation elements that contributed to the program’s overall success in order to replicate the program in various cultural contexts. Similar research on the community-based cultural programs throughout the minority immigrant senior population would provide further methodological context to validate this evidence. Nevertheless, there is no doubt that CESC has made a lasting impact on the life of Korean immigrant seniors. In the words on one CESC member: “Many activities at Enoch College may seem a bit childish, but for us this is a loving nest that fills us with life’s joy and happiness that are meaningful because we create our lasting memories together.”

Reflection

Following the initial ethnography that introduced this study, the second and third studies emerged in close succession. As I formulated the questions for this dissertation, I reconsidered the approach and adjusted the order of the questions:

2) How does participating in the community program in the community program affect health and active aging among elderly Korean participants?

3) What does music mean and how important is it in the lives of elderly Koreans?
Therefore, the chapters are now organized in the order of the quantitative study, followed by the narrative study as the final piece.

Since these elements grew together and nested within an overarching theme, it seemed logical to employ a mixed methods approach. Greater insight can be gleaned from integrating two methods, qualitative and quantitative methodologies, into one study than from either approach alone (Creswell & Plano Clark, 2007). Moreover, I found that combining and linking quantitative and qualitative databases reduced personal researcher biases. The combined results serve to validate the data. Moreover, the narrative and statistical elements together create a more compelling story.

The study used a survey to measure health-related quality of life (HRQOL), which encompasses the ways in which health impacts an individual's subjective perception of health and well-being (Hays & Morales, 2001). The Short-Form Health Survey was chosen for several reasons:

1) The Medical Outcomes Study 36-item Short-Form Health Survey (SF-36) is one of the most widely studied and validated HRQOL instruments. It is utilized as a translated and tested generic measurement across the globe.

2) This survey is designed to be applicable across all diseases, conditions, and medical interventions, as well as a wide range of populations (Bullinger et al., 1998; Garrett et al., 2002; Ware & Gandek, 1998; Ware & Sherbourne, 1992).

3) The SF-36 is also considered the reference instrument by most researchers.

The study utilized a Korean version of the Short-Form Health Survey version 2.0 (SF-36v2) (Jang et al., 2018), specifically tested and validated for measuring HRQOL among Korean elderly individuals (Han et al., 2004). In adapting this self-reporting survey, I was guided by Dr. Potter, whose contribution significantly improved the study by enhancing the qualitative findings. Dr. Potter (MD, FRCP(C)) is an Emeritus Professor at Schulich School of Medicine. His specialties lie in rehabilitation, spinal cord injury, and medical issues affecting professional musicians. Additionally, he is a performing musician himself. Dr. Potter's expertise in medicine and wellness, coupled with his passion for music-making, provided a quantitative perspective to
the project. This expert believed that the SF-36 survey could gauge underlying physical and mental health domains to address the research questions.

There are two other generic HRQOL surveys that I have identified, which could enhance the findings if used in conjunction with the SF-36 survey. They are 1) the World Health Organization Quality of Life Assessment (WHOQOL) and 2) the European Quality of Life Questionnaire – 5 Dimensions (EQ-5D). Either option could have been viable, however, given that the Short-Form Health Survey (SF-36) was adapted for Korean participants, this survey appeared to be the most promising choice. For potential follow-up research, both of these surveys could be administered, as both are widely accepted across various cultures and populations.

1) the World Health Organization Quality of Life Assessment (WHOQOL)

The World Health Organization Quality of Life Assessment (the WHOQOL) -100, was developed collaboratively in diverse cultural settings to establish a reliable, valid, and responsive quality of life assessment applicable across diverse cultures (WHOQOL Group, 1994; 1998). The WHO defines quality of life as a subjective assessment rooted in cultural, social, and environmental contexts. With a focus on participants' perceptions of variables impacting an individual's quality of life, numerous field centers worldwide took part in developing an instrument using a cross-cultural approach that is genuinely international (WHOQOL Group, 1998). The WHQL-100 is designed with 100 questions across six domains: physical capacity, psychological, level of independence, social relationships, environment, and spirituality/religion/personal beliefs. It measures HRQOL as well as overall QOL, encompassing domains such as "environment" and "spirituality" (WHOQOL Group, 1994, 1998). This section provides a space for individuals to express their personal and spiritual beliefs, as many turn to religion, personal beliefs, and spirituality for comfort, meaning, a sense of belonging, and purpose in life.

The World Health Organization Quality of Life Assessment would be useful in determining respondents' religious or spiritual orientations. For instance, Confucianism, renowned for its moral and ethical doctrines, as well as socio-political philosophy, holds significant prevalence in Korea (Ro, 2018). Alongside Confucianism, Buddhism has exerted a
vital influence as a national religion during the Koryo (918-1392) and the unified Shilla (668-935) periods, as well as in the Three Kingdoms era (57 B.C.E.-668 C.E.). In addition, Daoism is latent in Korean consciousness as an influence on Shamanism, which is a part of Korean indigenous culture (Jung, 2000).

2) European Quality of Life Questionnaire – 5 Dimensions (EQ-5D)

The European Quality of Life Questionnaire – 5 Dimensions (EQ-5D), developed by the EuroQol Group, has been translated into over 130 different language versions [www.euroqol.org]. It is also widely used for HRQOL evaluation, having been tested and utilized in both clinical trials and general population surveys. The health status is defined and measured across five dimensions: mobility, self-care, usual activities, pain/discomfort, and anxiety/depression (Brooks, 1996; Rabin & de Charro, 2001). Each dimension is scored using three levels of severity: no problems, some (moderate) problems, and severe problems. Designed for self-completion, respondents also rate their overall health between 0 (the worst imaginable health state) and 100 (the best imaginable health state) on the day of the interview using a vertical, graduated Visual Analogue Scale (VAS).

HRQOL studies have utilized more than one health survey tool to measure the subjective perspective of health and wellbeing. Both the SF-36 and the EQ-5D surveys are considered brief and easily manageable tools for assessing HRQOL in the general population (Javanbakht et al., 2015; Mayo et al., 2011; Nordlund et al., 2005).

Notes
1. The term visible minorities is defined in the Canadian Employment Equity Act, as “persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour” (Employment Equity Act, 1995). Statistics Canada’s identification of visible minorities mainly includes the following groups: Chinese, South Asian, Black, Arab, West Asian, Filipino, Southeast Asian, Latin American, Japanese, and Korean (Statistics Canada, n.d.).
2. The Greater Toronto Area is the metropolitan area surrounding and including the city of Toronto, Ontario, Canada. This includes four surrounding regional municipalities: Durham, Halton, Peel, and York.
3. See Jo, Veblen, and Potter’s study (2014) for a detailed program structure and components.

4. Sometimes identified as “Hwa-Byung”, a Korean term for anger syndrome caused by repression of emotions, can be found in Min and Suh’s study (2010).
References


https://med.fsu.edu/sites/default/files/userFiles/file/AGS%202015%20Depression%20Poster%20FINAL%205%207-15.pdf


Lally, E. (2009). The power to heal us with a smile and a song: Senior well-being, music-based participatory arts and the value of qualitative evidence. *Journal of Arts and Communities I*(1), 25–44. https://doi.org/10.1386/jaac.1.1.25_1


http://seniorspolicylens.ca/Root/Materials/
Seniors%20From%20Ethnocultural%20Minorities%20NACA%202005.pdf

Canadian Agency for Drugs and Technologies in Health.
https://www.cadth.ca/media/pdf/Initiatives_on_Healthy_Aging_in_Canada_es-17_e.pdf


https://doi.org/10.1123/jsep.31.6.743


https://doi.org/10.1016/j.gaceta.2011.11.001


Chapter Five: Remembering a Hard Life with Joy: Music-Making among Korean Elders

Elisha Jo Heesun, Kari K. Veblen, and Patrick J. Potter

The World Health Organization (WHO) estimates that the number of people aged sixty or older is expected to more than triple between 2000 and 2050, from approximately 605 million to 2 billion, representing 22 percent of the world’s population (WHO, 2014). WHO has called upon stakeholders to enact policies and programs to promote active aging. Defined as “the process of optimizing opportunities for health, participation and security in order to enhance quality of life” (WHO, 2002), the term active aging is more inclusive than healthy aging because it acknowledges other dynamics in addition to health care. Recognizing that seniors can make meaningful contributions, the WHO chooses to use the term “active” because it entails continuous involvement in social, economic, cultural, spiritual, and civic affairs. In this context, opportunities for social engagement through lifelong learning, volunteering, and leisure activities become more important, given that older adults are less likely to continue in the workforce.

This research expands on an ongoing ethnographical case study of an ethnocultural community program for Korean immigrant seniors (Jo, Veblen, & Potter, 2014). Previous work found that shared musical knowledge plays a vital role in this program structurally and through fostering group membership. Our current study goes deeper into individual experiences to explore narratives of active aging through music.

Literature Review

Researchers suggest that a major deterrent to active aging is social isolation, which is a widespread health concern among older adults living in the community (Nicholson, 2012;
Statistics Canada, 2006). Social isolation is associated with an array of negative health consequences, such as risk of cognitive decline (Beland et al., 2005) and physical risks such as an increased number of falls (Faulkner et al., 2003). Community programs for older adults, and community music programs in particular, have been found to promote active aging through multiple domains of health by generating opportunities for social engagement.

Group music-making – for example, New Horizons Bands in North America – makes a positive contribution to the overall health and well-being of seniors who participate (Carucci, 2012; Coffman, 2002; Jutras, 2011). Such events are also socially, culturally, and/or musically meaningful to the participants (Dabback, 2007; Creech et al., 2014; Kruse, 2007; Lally, 2009; Phinney, Moody, & Small, 2014) since they actively engage participants in their own interests and knowledge. In a comparative study, Cohen and colleagues (2006) found positive health outcomes for seniors who participated in a choir: fewer doctor visits, lower medication use, fewer falls, and less loneliness, as well as higher morale and activity involvement than among those who did not participate. Research focusing on musical engagement has demonstrated the positive influence of music on seniors’ emotional, cognitive, physical, and social health and well-being (Clift et al., 2010; Creech et al., 2013; Hays & Minichiello, 2005a; 2005b; Solé et al., 2010; Sun et al., 2013).

Venues for social engagement are especially valuable for immigrant seniors from ethnic minority communities, who face a higher risk of isolation, for they often lack social support from others (Kim, 1999a, 1999b, 2013; Lee, 2007). Older Asian immigrant adults often suffer from psychological distress, resulting in poorer physical and psychological health than among their native-born counterparts (Choi, 2001; Kim et al., 2010; Tendulkar et al., 2012; Wong et al., 2007). Many community music programs offer benefits to seniors living in the community; however, immigrant seniors from backgrounds markedly different ethnically and linguistically from mainstream culture may face barriers to participation if the program or service is only offered in the dominant language, such as English (Emami et al., 2000; Kim et al., 2011; Mui et al., 2007; Stewart et al., 2011). This necessitates culturally sensitive programs such as CESC, designed for Korean immigrant seniors.
Method

Our research examines (1) individual perceptions of music-making within a community program, and (2) that program’s influences on participants’ health and well-being. The study employs a mixed method design, but at its core, it is a qualitative inquiry consisting of narrative case studies within a larger ethnography, augmented with quantitative data.

Narrative Approach

This phase of the research relies most heavily on a narrative approach that follows Clandinin and Connelly (2000) – “telling a life story, retelling a life story and reliving a life story” (p. 418) – to best understand how music may reveal identity construction through various stages of life. As a dialogic and collaborative practice, a narrative approach takes a sensitive approach to culture through listening, telling, and sharing (Bochner, 2001; Bochner & Ellis, 2003). Older adults’ needs may vary, from training to continued or voluntary employment, to health and wellness, to digital literacy, to caregiving, to leisure and travel, to personal development (Merriam & Kee, 2014). However, the most significant learning needs in this stage of life may be the ones that focus on seeking the meaning and value of one’s life, for a person’s purpose in life is no longer delineated by his or her employment (Fisher & Wolf, 2000), nor as that person’s identity.

I interviewed five participants for their life stories and musical experiences. These narratives serve as the heart of the data (Polkinghorne, 1995). The individuals who shared their stories were among the more than 150 participants in the Enoch College program; circumstances, natural affinity with the interviewer, largely due to sharing culture and mother tongue, and willingness to be part of the project were the determining factors in their initial selection.

Being aware of a possible bias by being drawn to people who share similar qualities to ourselves such as making assumptions, and impacting data analysis, I sought rigorous approach from data collection to analysis. For example, I transcribed interview and showed interviewees for them to check for facts, mistakes and or if they wished to add or subtract any information either via email, or personal communication. Semi-structured interviews, with open-ended questions, were conducted in an informal manner. Participants chose the location of the
interview – for example, a favorite coffee shop or park. Each interview lasted more than two hours, with follow-up conversations over the phone, via email, and in person during school hours at Enoch College. Interviews were recorded, transcribed into Korean, and then translated into English.

The actual interviews followed improvisatory routes as prompted by open-ended questions; later, though, the information was organized chronologically for analysis (Creswell, 2007; Josselson, 2010). Each narrative was fit into a narrative sequence, using a beginning, middle, and end, a process referred to as restorying (Creswell, 2007). Through reflective and repetitive reading of the texts, the key elements were determined (Green & Thorogood, 2009). More detailed sub-themes were drawn from field notes and additional sources such as publications and choral compositions.

**Continuing Ethnographic Framework**

Since CESC is integral to our contributors’ worlds, we continued participant observation of the program at the Presbyterian Church in Mississauga. The principal researcher’s proficiency in the Korean language and cultural understanding from a shared musical knowledge aided data collection. Findings were cross-checked for validity and possible bias from an emic perspective. Other sources included field notes, document analysis, observation of classes, informal conversations, and self-reflection (Denzin & Lincoln, 2005), with video recording to supplement data collection (Bogdan & Biklen, 2003; Goldman-Segall, 1998).

**Five Narratives**

1. **Song’s story: “Wind from a mountain and wind from a river.”**

   Song was born in 1942, and his father died soon after that, leaving his mother as sole bread-winner. When the Korean War (1950–53) and Communist regime inflicted further hardship, the family fled Seoul, clinging to the rooftop of the train, as they could not afford to ride inside. They reached safety in Busan, at the southern tip of the country, but poverty continued to haunt them: “I think my childhood was greatly affected by the war, psychologically and emotionally.”
Song remembers singing at his primary school for refugee children. It was not much of school, for it consisted of a marquee set up for children and teacher to gather around in the open air. Nevertheless, he recalls his singing with pride, for he had a good voice with “a clear and loud tone ... My teacher must have picked up my voice while we were singing as a class, because she selected me out of all classmates to sing for the class.” Standing tall in front of his class, Song belted out his favourite song, “The wind from a mountain, and the wind from a river.” This song expresses gratitude to the wind that blows and comforts hard-working laborers, refreshing their souls.

Another early memory is of the keyboard instruments at school: “I just loved the sound of the small organ and piano. Even though I didn’t know how to play the piano, I would imitate and play the few notes and remember being so thrilled to hear the sound of it.”

Song recalls early successes, such as being elected vice-president at his new school. This was a notable triumph, since only students with high marks were eligible to run for presidency and were then elected by popular vote. Despite these triumphs, some barriers were insurmountable – lack of funds meant that he never had formal music lessons, couldn’t go on class field trips, and, worst of all, was rejected for class registration due to unpaid fees.

However, Song studied music on his own, and when he was eleven he found his outlet through choral singing in the Sunday school choir. This experience nurtured a love of music that led to him conducting his Sunday school choir only a decade later. His memories of this choir are so vivid that he can still recall each child’s name: “When children sang a song in the open air near the coastline, people could not help but listen intently, peeking their heads out to search for the angelic voices echoing through the railway.”

Under Song’s direction, the children’s choir won numerous competitions. He notes: “As a conductor, there’s always part of me that longs for more, to make the best kind of music with my choir.” His thirst for learning motivated him to become a very good musician himself. For example, although he had no professional training, he wrote a manual for his choristers. Consisting of thirty-six pages of handwritten comprehensive instruction, this handbook includes vocal anatomy, pedagogy, basic theory, musical terms, history, and a philosophy of singing.
In 1993, after a life as a successful businessman who travelled to more than twenty countries, Song immigrated to Canada, where he again faced challenges in a foreign land. Here, too, music eased his mind. “I was having a quiet moment, deep in thought, standing by the window in my high-rise condo.” he recalled. “I wrote lyrics, something like a poem. It was about asking why are you so anxious when God takes care of you? He will lead the way and so you should not worry.” There, he confronted his fears, doubts, and worries and found comfort in God and expressed it through a song: “With this lyrics, I composed a simple melody and harmony for choral singing.”

Today, at seventy-two, Song still feels a longing for the creative process. However, his physical condition prevents him from more active music-making. Six years ago, a triple bypass surgery forced him to retire from conducting, although he occasionally helps out. He is increasingly subject to exhaustion. Song comments: “I have unfulfilled aspirations as a conductor, and wish to make great music, and at the same time, I am also aware that I am aging.”

Although physical infirmities slow him down, Song continues to make music. Most recently, he directed a small ensemble for the semester-end recital, with a short song with rhythmic clapping that he had composed. Song has recognized the need for programs like Enoch College for what he calls “Young Seniors,” as he is acutely aware of the diminishing role for seniors, particularly immigrant seniors, in society. In fact, one reasons why he registered at Enoch was to observe the program for possible implementation in his own church.

2. Yong’s story: Harmonica and “Heidenröslein”

Yong was born in 1932 to a doctor’s family in rural Korea. His father declined a secure position in the Severance Hospital in Seoul to care for the underprivileged farmers in a rural area reachable only by miles of gravelled pathways. Yong remembers the country in turmoil, the Japanese annexation (1910–45), and the Korean War, when hundreds of thousands of South Koreans fled south after the North Korean army invaded.

Yong’s early musical memories are of singing in the Sunday school choir until one day, he found a mysterious object in a desk drawer. When he blew air into the holes, he realized that it was a musical instrument, and thus began his a lifelong absorption with music-making,
experimenting with the sounds and playing his harmonica alone. Such an outlet was doubly welcomed since daily life was incredibly difficult at this time. Social and religious activities were restricted, for the Japanese occupiers were seeking to eradicate Korean culture and language.

Yong also remembers music in schools, such as his first day of high school German class. The new teacher had just returned from Germany with pedagogical ideas: “He told us that ‘the best way to learn German, a foreign language, is to learn the song first,’ and to illustrate, he began singing ‘Heidenröslein’ to the class.” This Romantic lied from a poem by Goethe tells of unrequited love. Yong immediately fell in love with the song’s sad beauty and learned it by heart. Since then, the song has resonated with Yong through his life, and he sings it now at Enoch College.

At age eighteen, Yong was forcefully recruited as a soldier into the Korean War, which cut short his dreams of becoming a medical doctor like his father. After the war, he continued in the army, working as an electronics technician. This brought opportunities to study in the United States for a year. Opportunities also came through Yong’s wife Kay, whose profession as a nurse allowed her to go to Winnipeg, Canada, in 1966. After a few months, Yong followed her with their two young children. The family moved to Toronto in 1974 when Yong found a job there as an aviation technician for Air Canada.

After retiring, the couple began attending Enoch College and taking an active role in a harmonica ensemble, where he facilitates music learning and making. He continues to learn various musical instruments such as guitar, accordion, and clarinet, most of which he picked up after retiring, to play alone, in a duet, or in a group.


Kay was born in 1932, the only child of a landowning family in the northern part of Korea. Her earliest memory of music is singing at school. There was one coveted musical instrument: “As kids, we would sneak into the classroom to play the piano. At times, the class would line up and take turn[s] to have the chance to play the piano.”
Kay’s most influential musical experiences started when she was at freshman at Yonsei University’s College of Nursing. Daily chapel services were part of this university, established by Christian missionaries. Kay became a Christian, joined a choir, and began what she calls her lifetime “joy of singing.” In 1950, Kay’s life changed forever when Communist troops invaded, separating her from her parents and kidnapping her classmates. Only eight of forty students in her freshman class survived to graduate. Worse still, she never saw her parents again.

Although only a student, Kay worked as a nurse, since there was a shortage of medical professionals during the war. She experienced trauma and brutality first-hand in hospitals and at UN prison camps. When the Korean War ended in 1953, she returned to her school, now relocated to a remote island in southern Korea. The reunited student choir began singing again as they had in the chapel. But now, as war survivors, the choir found new meanings of hope, strength, and resilience in the old songs.

Kay graduated into a responsible nursing career, teaching at the university. She also fell in love with and married Yong, who shared her passion for choral singing. When an opportunity arose for Kay to immigrate to Canada as a nurse at a hospital in Winnipeg, she took the job. Canada was still in the early years of accepting immigrants from Asian nations, having begun to ease national origin criteria in 1960s, and the young couple was among the first wave of Korean immigrants in Canada (A. H. Kim, 2012; Yoo, 2002).

Since there was no social or family support system in place, they shared responsibilities for their two young children. Kay took permanent evening shifts in the hospital, while Yong worked during the day. Although in Yong’s words: “Leisure did not even occur to us,” Kay and Yong joined the church choir and sang on Sundays when they could.

Now retired from nursing, Kay has time to pursue her many musical and artistic interests. She took a certification course for interior design from a local college, is a member of the Etobicoke Quilters’ Guild, and is planning her first quilt show. Although very active, Kay is increasingly aware of the work required for her to participate in music at age eighty-two. She notes:
Last Christmas, I joined the choir for the fundraising benefit concert for North Korea. In addition to added choir rehearsals, I rewrote the words in large letters in thick black ink for easy reading. I marked difficult sections in the score and listened to the recordings constantly as the music for this event was a challenging Christmas Cantata sung in Latin. It required exceptional attention to detail both in the music and unfamiliar language.

Kay’s strong work ethic and high level of professionalism are evident not only in her personal endeavours but in other areas as well. As a member of the Korean Canadian Women’s Association since its inception in 1985, when the organization faced challenges that jeopardized its existence, she even switched her full-time position to part-time in order to take on additional responsibilities to provide support for the organization. This year, the KCWA will be celebrating its thirtieth year of supporting the lives of Korean Canadian women in Ontario. This is only a glimpse of Kay’s achievements. She continues to share and take a leading role in music-making with her husband Yong, be it in choral or small ensemble settings. She continues to relish opportunities for learning. This year, Kay took up the saxophone, noting: “Not that I always wanted to play the saxophone … I’ve been meaning to learn to play a new musical instrument, with no particular preference.” In a recently published collection of Canadian immigrant experiences, Kay reflects: “I have only tried to live honestly and with diligence.”

4. Kim’s story: Music in a life for others

Born in 1940 in Busan, Korea, Kim comes from a poor but devout Christian family that was dominated by a very strict father. Kim was a shy and quiet child; his earliest musical memories are of singing hymns in church. By age fourteen he was already teaching at Sunday School: “There was always a shortage of Sunday School teachers, so I started to help out at a young age. As I become more involved, I felt a pressing need to teach children singing.” To this end, he began looking for ways to strengthen his teaching: “There was a small organ in the church that no one played, so I decided that I will somehow figure out how to play.”

Since no one in his family or church played an instrument, and Kim had no idea how to begin, he prayed to God for wisdom. Building on scant notation reading skills taught at school, he slowly worked himself toward playing note by note. He explained:
At first, God gave me the wisdom to begin with an easy hymn without sharps or flats. I picked “I Gave My Life for Thee,” and it turned out to be a very good piece for me since the refrain also had the same melody/repeats. I first began with my right hand only. Then I practised with left hand, and eventually added both hands together ... From then on, I began expanding my hymn repertoire from practising hymn with one flat, then moving on to two flats and so on. After about a year of diligent practice of building repertoire like that, I became good enough to manage to play the songs for the children.

Leading others in worshipful song filled Kim with joy, but economic necessity dictated that he work to maintain the family. Kim and his older brother established a business selling watches from a small booth at a dangerous intersection in Busan. Shocked by the sight of frequent horrific car accidents, he remembers wondering: “If I was the one who died today, what would have been the meaning of my life?” It occurred to Kim, now in his early twenties, that he should not waste his life, as today is only given once.

As if in direct response to his internal questioning, a friend working with hospital ministry invited Kim to join him. “I said, ‘Good! I want to devote my life for doing a meaningful and valuable work for others!’” Straight away, he left the business to his older brother and went to Seoul. Resources were limited, and the hospital ministry provided only a meagre living, but it did not matter, for Kim was increasingly determined to live for a higher purpose.

While working in the hospital ministry, God called Kim to become a pastor. From then on, he answered his call without concern for language, national, or cultural barriers. Kim followed his inner compass to Germany, France, and eventually, Canada, responding to requests from small churches.

Music for Kim has been a calling, not his only calling but one of many to which he has cheerfully answered, “Yes!” This man is unassuming, quiet, and reserved, but his entire being becomes illuminated when he sings and plays his accordion, joining in the choir, leading small musical ensembles, and – as he has for most of his life – leading choirs. Kim is not always paid for his ministry and supports himself by working as a janitor at a local church. For this upcoming Sunday, he will be leading the choir in singing “There is a peace that the world never gave.” As
he meditates on the words, Kim adds, “I hope that God will bless me to serve Him through music for as long as I live.”

5. Min’s story: Grief opens the heart

Born in 1944, Min has no childhood musical memories since, until recently, music has had “no relevance what so ever” to her life. While she worked as a secretary for the major Korean affiliate of Gulf Oil Corporation in Seoul, she was exposed to Western culture via the American Gulf employees. She believes that this influenced her decision to immigrate to Canada as an independent immigrant in 1973. She settled in Toronto, where she worked for the University of Toronto Alumni Association. In 1975, Min met her future husband at a neighbour’s dinner party. Lightning struck, but the timing was off, since he was returning to Korea. The couple wrote to each other until he returned to marry her.

Min recalls the time when the newlywed couple took a dancing class together:

You know if one partner can lead, then the other will follow, but I got more confused because of him. We failed so miserably and were so embarrassed that after few try-outs we gave up. Since then, in all our life together, we sat through all the parties. We never got to enjoy dancing together.

Min also struggled at singing, particularly in a choir. “I will just sing whatever part one sitting beside me sings. And it wouldn’t matter whether the person is singing soprano, alto or tenor,” she says.

Min’s life revolved around her family, their small businesses, and her beloved husband until his sudden death four years ago. Soon after his passing, she looked into a mirror and could not recognize herself in the very old lady looking back (she had lost 14 pounds after his death). Her family was so concerned that her son moved in to be with her.

It was a year after her loss that music found her. She remembers the day vividly:

One morning my son had gone to work and I was taking a shower ... as bright sunlight shone through the window. Suddenly, a hymn, came into my heart, just like the ray of
sunshine ... Following my heart, I closed my eyes and began singing the song, then soon a wonderful peace overflowed in me like never before.

Since then, Min says that a song comes into her heart while walking along a park trail.

I’ve been singing meditatively like praying in my walks ever since. Every time I sing ... I am reminded that Jesus is with me, that I am not alone ... Sometimes I sing for hours, but not a complete song. Two verses from here, and two verses from other songs ... weaves into a whole when I sing alone.

A year later, Min found Enoch College and began to participate in singer’s competitions, although her intention is to share joy rather than to compete. She explains:

Even though I am not good at singing at all, ... if the Holy Spirit enables me, then I will answer, “Yes, Lord” and sing. So, I overcame my fear of singing ... When you sing songs of praise, peace comes into your heart, and all your worries that seemed as enormous as the mountains turn to small pebbles – that’s what I wanted to share.

In the process of claiming her musical self, Min has begun to memorize songs and now can sing two from memory for the first time in her life. She explains:

I write down the words in big letters on a piece of paper so that I can see it without my glasses and carry it with me during my walks ... Memorization is a challenge for me ... [but] this is indeed my struggle and my story. What I told you might not be significant to others, but this is the story of my life.

As Min shares her life, there are many memories of over thirty years with her husband, but now these memories bring joy instead of grief. Her story is one of finding freedom and peace through music.

Discussion

Each of these narratives tells of challenges and hardships through upheaval, wars, and immigration. Each person now experiences old age, a time of life frequently associated with fear and with loss of control, and each endures a measure of personal problems, such as physical or
emotional/mental health concerns, economic limitations, and lack of social position due to immigration.

Nonetheless, these seniors celebrate their lives through music. They enjoy an “encore life,” one of revitalized sense of self and group. Song’s early love for music continues to shape his life. Yong’s lifelong involvement with music began with the solace of a harmonica in his adolescence and now emerges as he leads the harmonica ensemble. Yong also expands his musical endeavours through learning new instruments. Kay has begun studying the saxophone while planning her first quilt show at age eighty-two. In seeking to help children to sing, Kim began his musical journey and found his calling in God. He combines these passions as he devotes his life to a music ministry. Min found a source of hope through music in the depths of grief and now shares comfort and peace with others through singing hymns.

An obvious and uniting thread through these narratives is the role that CESC has played in bringing people together. Although this community program sponsors a wide range of courses including literature, history, and arts, even classes that are not focused on musical performance encourage daily music-making. The day begins and ends with prayer and songs. Students prefer to sing familiar Korean songs that resonate with a personal and collective past; school and children’s songs are an essential component. In this way, students remember their lives and come to terms with the present (Moody, 1986).

While some students continue musical endeavours solely at home, others actively further their skills through supplemental singing or instrumental lessons elsewhere. Many seniors take advantage of CESC’s opportunities to showcase their music learning. A regular performer, Kyung, shared her story, “It is from Enoch College I’ve found my love for singing because until then, I didn’t know much about singing. I’ve been taking singing classes to learn new Korean songs and I practise them to sing it by heart so that I can sing them for my Enoch friends.”

While musical engagement promotes active aging, there are seniors who cannot or do not participate. Age-related health issues, such as declining mobility, vision, or hearing, may limit social interaction (Mikkola et al., 2015; Public Health Agency of Canada, 2006; Sloan-Seale & Kops, 2008). Specific to this study, research indicates that older Koreans were found to have the highest psychological stress among other older Asian-American subgroups (G. Kim et al., 2010;
I. Kim et al., 2018). This may relate to Koreans having a shorter immigrant history in North America than other Asian cultures (Mui et al., 2006). Seniors who come to Canada through sponsorship by family members often lack social resources and can experience social isolation even while living with family (Koehn et al., 2014; Sadavoy et al., 2004). They are also less likely to participate in ethno specific programs like CESC due to time constraints or responsibilities to provide care for grandchildren (Choi et al., 2014). Further- more, transportation issues or a poor location may present further barriers to participation (Moody & Phinney, 2012; Sloane-Seale & Kops, 2008).

These barriers to participation seem to apply for some of Enoch College’s students. Hyo, a quiet lady who loves Korean traditional music and has been known to write beautiful poems, said, “Although I knew about the CESC since its inception in 2003, it’s been only few years since I could participate because I was helping out with grandchildren.” Sook, another participant who immigrated to Canada with her husband to care for their grandchildren, shared her reluctance to participate in the next term, as her daughter had been driving them to the CESC. Enoch College is accessible by public bus, but many participants carpool together instead. Some participants, like Sue, rely on their grown-up children for rides. The use of public transit can be difficult, especially when a transfer is required or the weather is unfavourable. Indeed, a significant drop in attendance is observed on colder days.

There are many ways in which CESC addresses the usual barriers to participation. Concerns such as straitened finances (Koehn, 2009; Narushima, 2008) and cultural and linguistic barriers (Emami et al., 2000; Stewart et al., 2011) are ameliorated through this all-volunteer church- sponsored community program. Enoch College is free for all and provides home-cooked hot Korean specialties at lunch. The entire program is offered through the Korean language with Korean content.

A final and subtle barrier to participation is psychological. Korean elders at Enoch College, like older people everywhere, work to accept their age and the perceived limitations of aging. For example, Joon, who has been a member of CESC for four consecutive terms with his wife, shared his reluctance to participate in the beginning:
At first, I did not like to be surrounded by only old people. On your right, on your left, and even when you turn around, all you see is grey hair! Of course, I know that I am no different than they are. But we forget our age because our heart is still young as if no time has passed... I have asked some friends to come with me to the CESC, they refused because they believe they are not old-aged enough to belong to a senior group.

This distancing (not wanting to be seen as old), but at the same time valuing programs that involve a similar age group, has been observed in other studies (Sharon et al., 1997; Stead et al., 1997; Yardley et al., 2006). While internalized negative age stereotypes may restrict behaviours (Chung & Yung, 2014; G. Kim et al., 2012; Yeom, 2014), it is possible to challenge and change participant perceptions (Fernández-Ballesteros et al., 2013). In this regard, the CESC program actively promotes affirmative views about aging. For example, if, instead of referring to participants as seniors, they are referred to as students, participants are empowered to adopt a positive attitude toward learning, for education spans one’s lifetime and has no age limitations. Through a wide range of course offerings and opportunities for self-expression, students are encouraged to live life to the fullest. As Joon articulated, “Here at Enoch, there are joy, sharing, and feelings of gratitude with hope!”

Conclusion

This research presents a portrait of five seniors who find a renewed sense of self through music. Music has been woven into their lives in their moments of joy, as a friend and faithful companion, and as an answer to prayers or an affirmation of faith. The indispensability of music is not limited to these five elders only; it extends to all at Enoch College, for their days are filled with music-making. Although varying degrees of music accompany each individual’s life, the sharing of music in this community setting bridges differences of age, gender, and the past to make the present meaningful.

Reflection

Qualitative research, particularly ethnography, enables participants' voices to be heard. While this section of the data supplements the overall findings, it is, in my view, the most enriching and evocative aspect of the study. Cultural familiarity emerged as a salient aspect of
the research. Since we shared the same cultural background, I was able to adopt both insider and outsider perspectives. Simultaneously, remaining mindful of potential biases, I employed a rigorous approach, including cross-checking findings not only with participants but also with the program director. Although unplanned, my role as a volunteer facilitated the development of rapport with elderly Koreans, resulting in their openness and willingness to discuss their life stories. Reflecting on this, volunteering at the program enabled me to establish trust, and they were not only eager to respond to my questions but also enthusiastic about participating in the survey.

I was deeply interested in exploring participants’ perceptions and perspectives regarding the CESC experience, as well as its significance to them. Open-ended questions fulfilled this purpose by encouraging elderly participants to respond freely using their own words. However, the utilization of open-ended questions posed limitations on the number of interviews due to their time-consuming nature. Although I would have preferred to conduct more interviews, in-depth interviews demanded a significant investment of time and effort, ranging from pre-interview preparation to transcription and subsequent analysis. Given the circumstances, it was not feasible to undertake such an extensive process at that time.

The interviews lasted from one to two hours and took place at locations chosen by the participants themselves, often at a nearby coffee shop or their home. The questions centered around their musical experiences throughout their lives. For instance, inquiries like ‘What’s your memory of making-music as a child?’ and “Could you describe your musical experiences in school?” were posed. Eliciting responses about their childhood music-making experiences provided participants with a comfortable platform to share openly, enabling them to tell stories that they considered significant or relevant.

Since I had been working as a volunteer, I was also able to address specific questions regarding what had occurred in the recent classes. These follow-up questions allowed participants to provide comprehensive accounts of their own experiences, without necessitating numerous detailed queries. Instead, I could offer a few comments and questions for clarification purposes. It also helped that I was genuinely interested in hearing their stories and patiently waited for the meanings to emerge rather than reinforce it from them. While the stories shared
might have appeared to hold less immediate significant meanings, it later became evident that these moments had a profound impact on their life choices and trajectories. For instance, Yong sang his favorite German lieder, "Heidenröslein," to his harmonica ensemble classmates in response to a classmate's request during the harmonica session. I happened to be present during the harmonica class that day, and I made a note of the incident. This allowed me to inquire about the song, referencing the recent event. Such shared experiences from the CESC environment facilitated Yong's willingness to openly discuss his stories during the interview. Furthermore, as Yong shared the story behind the song, it illuminated the significance that music held in his life, along with his lifelong commitment to music-making despite life changing events such as war, military training, immigration, and retirement.

Elderly Koreans also shared their experiences of major historical moments in Korea's history, such as the Korean War and immigration. As a guideline, these significant life-changing experiences alone were sufficient to prompt them to share tales of hardship, and more notably, of resilience. Kay mentioned that she could compile a book solely based on her experiences during the Korean War. Nevertheless, she recounted her stories in a manner that allowed us to share a laugh together. Despite enduring the loss of her parents, home, and life she knew due to the war, Kay faced the realities of her experiences with determination and fervor. Her attitude is one that chooses to harbor no regrets and instead extracts positive aspects from all situations, shaping her into the independent, strong and content woman she remains to this day.

These elderly Koreans stand as living witnesses to both Korea’s past and present. They navigated through turmoil to emerge from the ruins, assuming responsibilities and diligently working to contribute to the Korea we know today. These major events facilitated interview preparation, guided analysis, and organization of the data into meaningful segments. They also aided in identifying themes for analysis. Though less explicitly stated at the time, the focus was honed on how these series of life events influenced their life choices and their present attitudes as seniors. The narratives were recounted in the order they chose; for instance, Kay's story unfolded chronologically more so than the others, mirroring her profession as a nurse and her analytical and competent nature.
As elderly Koreans engage in musical activities, they find more opportunities to re-define and renew their sense of identity, which holds significance for them. At the same time, their renewed sense of self is not entirely ‘new’, but rather involves accepting differences and reconciling with the past in their own way. While they are not without concerns such as their current medical condition, the pursuit of truth, aspirations, disappointments, and the prospect of mortality, they actively choose hope and opt to live each day meaningfully and well-attending the CESC program is one way they achieve this. Viewed in this light, this cultural community program for elderly Koreans offers a provision for social opportunities, but also opportunities to 'live out' through learning, performing, and playing, expressing what is meaningful to them in their lives.

Highlighting the contexts of music-making, I find myself wondering if the meanings that they attributed to musical engagement and social participation are articulated as they were deeply felt. Active aging, which frames this study, would then serve as an underlying concept, providing an opportunity to explore and re-define selves in this stage of their lives.

If I were to conduct a follow-up study, it would be ideal to collaborate with another researcher who is also Korean and culturally familiar. This collaboration could potentially lead to an increased number of participants, thereby gaining broader and deeper insights related to older adults' social participation through music and its meanings. In addition, in a future study, I would like to include the voices of non-participants. Investigating the barriers to participation would yield important findings that could impact the quality of life for the elderly population. What challenges do they face in participating? What choices do they make to live actively and gain social support? Investigating the barriers to participation would be particularly important in influencing the quality of life for the elderly population. A comparative analysis between participants and non-participants could be made to gain more understanding.

Another important discussion to derive from the participants would be to examine whether these barriers to participation are relevant to them. If so, understanding how they managed to overcome these barriers and challenges would be insightful. Gathering responses to these specific inquiries could offer valuable insights to community practitioners seeking to enhance the well-being of the elderly population.
References


https://doi.org/10.1017/S01446866X04002946

https://doi.org/10.1177/0305735605056160

https://edoc.ku.de/id/eprint/19768/1/CMA_XIV_Full_Proceedings_FINAL_MC.pdf


https://doi.org/10.1046/j.1365-2648.1999.00993.x

https://doi.org/10.1002/(SICI)1098-240X(199904)22:2<169::AID-NUR8>3.0.CO;2-F


Lally, E. (2009). The power to heal us with a smile and a song: Senior well-being, music-based participatory arts and the value of qualitative evidence. *Journal of Arts and Communities* 1(1), 25–44. https://doi.org/10.1386/jaac.1.1.25_1


https://apps.who.int/iris/bitstream/handle/10665/67215/WHO_NMH_NPH_02.8.pdf?sequence=1&isAllowed=y

Chapter Six: Summary and Conclusion

Chapter 6 ties together threads and themes from previous chapters. I present findings, summarize main outcomes and contributions of the research, address emerging topics, discuss implications, and offer recommendations for practice and future research.

Through the three studies contained in this dissertation, I explored the impact of musical activities (singing, performance, and group musical activities) on the lives of a cohort of older Korean immigrants who were participating in a Korean cultural community program in Canada. I sought to gain insight to the group as well as to get to know the members of the group individually because I believe their stories can teach us about what it means to grow older and about how identity evolves.

Revisiting Research Questions

The central focus of my investigation concerned how musical engagement shapes Korean elders’ identity and how it influences wellbeing. I focused on the following research questions:

1. What are the factors that contribute to participation in the program?
2. How does participating in the community program influence health and active ageing among Korean elderly participants?
3. What is the meaning and importance of music in the lives of elderly Koreans?

This final chapter re-addresses these questions and summarizes the findings. I also explore the interconnections at the heart of the concepts of musical engagement, well-being, and cultural heritage. Three interlocking notions serve as my theoretical framework: 1) Active ageing is a main concept with 2) Erickson’s 8th stage and 3) lifelong learning are subset concepts. Finally, I describe the current, post-pandemic state of the program, raising questions and making suggestions for further research.

Research Question 1) What Factors Contribute to Participation in the Program?

Chapter Three addresses the first research question through a study entitled “Korean Immigrant Seniors’ Music making in and Ethno-Cultural Community Program in Canada.”
Analysis in that study examined the features of the program that create a thriving and coherent community. The Canada Enoch Seniors’ College (CESC) is an ethnocultural community program for elderly Korean immigrants which was established in 2003 by Pastor Kim. The program began with about 50 students and has become an on-going success with a current enrollment of 150 students each term. “Enoch Day,” as the members of the CESC like to call every Thursday when the program is offered, is a place where participants get to re-live their past as students but now with the knowledge and experience of a lifetime.

**Focus on Wellbeing and Healthy Ageing**

The CESC takes the familiar form of a culturally embedded, formal type of education consisting of homerooms, elective classes, assemblies, and special events and performances. Since CESC’s format mirrors formal schooling, elderly Korean participants have been able to ease quickly into the program. While group solidarity is important, individuality and independence are fostered through a variety of elective classes (mostly arts) to enable seniors to gain and develop skills in their areas of interest. The program has improved their physical activity, social connections, and networking, as well as independence, autonomy, and feelings of satisfaction and achievement through learning which has contributed to the overall health of the cohort. These positive impacts on participants’ health and quality of life is supported by previous research on the benefits of musical engagement and learning (Coffman, 2002; Creech et al., 2013; Creech et al., 2014; Dabback, 2007; Fung & Lehmberg, 2016). Korean elders were also able to explore and express their renewed sense of self and cultural identity through musicking, singing, dancing, performing, and creating together as a group, leading them to feel a sense of home and to find comfort in activities that are meaningful to them (Clift et al., 2010; Clift & Hancox, 2010; Clift & Morrison, 2011; Lally, 2009).

**Music’s Part in the Program**

This ethnography revealed the cultural significance of active musical engagement in the lives of Korean elderly immigrants. While one of the initial drivers of the program may have been to address participants’ social needs, the key to its success was cultural; culture was the thread that connected theory to implementation. Music is one manifestation of cultural identity. Simply put, Korean elders love music; they engage easily with music and are highly satisfied
with their own and others’ music-making. As one participant remarked, “Music works its wonders,” a sentiment often expressed by CESC participants.

**Korean Traditional Culture and Music**

Music’s positive role in Korean culture is assumed and welcomed. CESC’s director commented that “music always has been an important part of Korean culture. We have always sung or chanted.” Korea has been an agricultural society since ancient times; common people were farmers and sang together while working in the fields—plowing, planting, and cropping produce. The orally transmitted folk song, “Min-yo,” was created to express the feelings that accompany a collective lifestyle. Singing strengthened unity and encouraged, supported, and expressed emotions and the hope for a better future as a result of labour (Cho, 1995). Consistent with life in a collectivist society, Koreans are committed to benefitting the group, even at the risk of losing individual rights. Social connection and interaction are important for their identity.

In a variety of occupations besides agriculture—fishing, civil engineering, transportation—and when women labor at housework or handicrafts—or simply whenever people work together—Koreans have sung songs to accompany arduous or tedious labor, unifying their actions to reduce the burden and contribute to a better result (Cho, 1995). Each song reflected the type of work during which it was sung, varying in dynamics, form, and content. For example, songs for harvesting barley and rice planting are sung in unison, reinforcing unified action, while songs for diversified work are call and response songs like the work itself. Songs for hard labour are simple and repeated, whereas songs sung during individual tasks are sung individually, in slow tempi, and are colourful and richly ornamented, even improvised as befits the work at hand (Cho, 1995). Interestingly, weaving, which is traditionally a woman’s individual labour, is accompanied by long songs, suitable for accompanying long hours of weaving and with a prolonged introduction and a mellow sound. As they weave, women open up their hearts to tell their stories, so these songs are sincere, tender, and melancholy (Cho, 1995). For Korean elders, music is a link that connects one person to another, and fosters communication not only within the group but within the whole Korean culture. Singing songs has been the preferred means for elders to express themselves, and their emotions.
Largely because Korea is a collectivist society, the elderly Korean cohort that informed my studies experienced rapid social and political change in Korea. Following its independence from Japanese colonisation (1910-1945) and the Korean war (1950-1953) which left the country in ruins, Korea became one of the world’s poorest nations. The 1960s was a period of rebuilding for the Korean economy. The government completely changed what had been an agricultural nation into an industrialized one, resulting in a remarkably rapid transformation and development of the economy in what has been called “the Miracle on the Han River” (J. D. Park, 2019).

Collectivist values as well as a national education system and compulsory military training service encouraged people to be diligent, sacrificing individual interests for national gains and aiding in the rapid industrialization of the nation. In Korea during the 1960s, the per capita income of 82 USD, which was lower than most African countries at that time, jumped to 253 U.S. dollars in 1970 and continued to increase to 52,700 U.S. dollars by 1995 (S. H. Kim, 2007). The unemployment rate of 8.1% in 1963 fell to 4.4% in 1970 (J. D. Park, 2019). The seniors in the Enoch program were part of this time of nation rebuilding and they are used to hard work and being part of a team to achieve success. They appreciate a structured setting where they can grow and learn. A sense of membership is important for participants’ active engagement, creating a safe place for them to socialize and participate. Being assigned to small groups in the program ensures that everyone is included and fosters a sense of belonging.

The director needed great knowledge of Korean culture to be able to provide relevant experiences to CESC members. Pastor Kim, whose former profession was as a middle-school English teacher before she came to Canada, took a great interest in Korean history and culture. Her devotion deeply affected her cultural approach to the program from its inception. Her husband’s comment illustrates Pastor Kim’s vision: “In our lives I never got bored of driving long hours, especially when we took vacation with kids, because she was full of stories to tell and could recite the kings and queens; it was never boring.” Her deep understanding of Korean history and culture contributed to the successful implementation of the program and resulted in positive outcomes in health and well-being for Korean elders.

Shared knowledge allowed elders to engage freely with each other. Common age-related issues are deeply felt and can be shared in a safe place. Often, tacit understanding offers comfort. A newly widowed Korean member, Min, tells her story. It was her very first day, and Min came
to the program based upon a recommendation from a family member. Min was struggling with her loss and was suffering depression. Sitting next to a stranger, Min blurted out that she just lost her husband. At that moment, there was nothing else she could say. The lady listened to her, quietly reached out her hand and held Min’s hand tightly. Min still vividly remembers that very first day at the program and what it meant for her.

For seniors, there are many occasions when no words are needed, but they understand each other because they share age-related issues and the realities of ageing. It is comforting for them to know that they are not alone and that everyone is going through similar life shifts. As Min found, Korean elders empathise with one another and feel free to open up and share their concerns, offering each other emotional support.

Myung, who recently lost her husband who had been paralyzed from a car accident for the past fourteen years, was not shy to show a picture of her husband. She gave her testimony about how her husband and she became a team, and how he had always been passionate about the Gospel and had been eager to share it with other patients in the hospital. She carried good memories of him and shared them with the group.

Some found it easier to talk to others who share similar experiences and challenges of old age. Many of these elders are concerned that sharing their challenges and difficulties may put on burden on their children. “I do not want my kids to worry about me. They are already concerned for my well-being, so I rather not tell them,” was a widely held notion. However, at CESC participants feel that they can openly share their conditions and exchange information on nutritional advice, new exercise, or health tips they have picked up. “My doctor suggested this,” is a frequent topic of conversation amongst the members since most are concerned about their health.

Korean elders are often eager to share new information not limited to health issues with one another. If one person starts to share, others listen, and soon what began as a conversation between a couple of people becomes a discussion in a group of people who have gathered around. Sometimes, depending on the topic of interest, the original group forms another group. If there is a testimony to share, the conversation becomes more vibrant and exciting. Lively communication fills the day with sounds of laughter and talking. Elderly Koreans’ choice of
preference for acquiring new knowledge by asking others for information is possible because they are speaking in their native language and because the program involves a homogeneous cultural group with the same ethnicity and language.

**Familiar Music**

The learning sessions of this program are focused on refining previous knowledge the members learned mostly in elementary, middle, or high school in Korea. Many members stated that group singing was their favorite class in school, and they look forward to it at CESC every week. Reminiscence was one of the key elements that contributed to the positive outcome of the program.

Song selection played an important part in this regard. Well-known repertories were chosen that many participants were able to recall from their schooldays and youth. Memories of the past evoked while singing songs from their youth brought them happy memories of early years. Remembering the past positively, many smiled as they sang. It was as if they became teenage students again, sitting in a classroom belting out songs they liked and were familiar with. Familiarity was an integral element of the experience.

Some took pride in still being able to remember the words by heart, especially Italian or German songs. “I can still remember the words; once I hear them it all comes back to me,” Soo commented proudly, and to show it, she closed her eyes while singing an Italian art song. “I sang these songs in school, so I know them.” The elders clearly appreciate singing songs that they already know, singing complete songs, in full sound, and in tune with others. This was an aesthetically pleasing and satisfying experience for them.

**Language Considerations**

Along with cultural differences Korean elders readily cited the language barrier as one of the main challenges to living in Canada (Guruge et al. 2021; Wang & Kwak, 2015). Even if they were proficient in English from having had a successful profession in Canada, such as nurse, technician, or bank manager, their preferred language of communication when they joined the CESC was Korean, as it is most natural for them.
Jun said he believed that his level of English when he immigrated to Canada was good enough to make a smooth transition into Canadian society. His interest in English motivated him to study English throughout his career as a librarian, and thus he did not consider language would be an issue for him; he found, however, that he was mistaken. Although he is happy with his choice to immigrate, he named language as the first challenge of his immigration although the issue was not language itself but English idiomatic expressions. Jun explained, “Even though it is still English, terminology was different in Korea and in Canada. When I see a word, ‘hardware,’ for instance, in Korean, the word refers to computer hardware as opposed to software. Not long after I arrived in Canada, I called a number I found on a job posting site for the hiring of employees. The job was in ‘hardware.’ I called to see if they were still looking to hire. The man told me that I could come for an interview, so I asked him about the company. I said, ‘Does this work involve working with computers?’ He said, ‘No. This is a hardware.’ I did not get it. So, I asked, ‘What do you mean by that? Isn’t hardware a component of a computer?’ He kept saying, ‘This is a ‘hardware.’ I went there, and it was a Chulmuljeum (ironware store)! It was shocking.”

Immigrants from non-western nations like Korea, where English is not an official language, are vulnerable and are often left alone to deal with challenges. Jun added that his wife feels more frustrated than he does, but she does not really have a choice except to try to deal with the frustration. Since communication is central to socialization and living an active life, language is an immediate concern that impacts everyday living.

Since the CESC program is offered in the elders’ native language and with cultural markers, Korean elders can be eased from pressure and frustration and instead be integrated into the community more readily. These important factors enhance a sense of belonging and identity as they feel comfortable expressing themselves freely (Lebreton, 2011).

**Cultural Understandings of Ageing**

A sensitive cultural understanding of ageing is threaded through the program. The content of the program has been tailored for this cohort, and a deep understanding of the participants’ cultural background and experiences played an important role in its success. Fluency in Korean culture, language, and practice fulfils the needs of Korean immigrant elders.
It is common for Koreans to ask another person’s age when meeting a new person. When asked this question, a Korean will identify their age according to the Korean school system. For example, if the member is 82 years of age, he would say, “I am in eighth grade, class number two.” (This is a common way for Korean students to identify their grade and class number as at the beginning of the school year students are assigned to different classes identified by a number. The student will be identified as a member of the assigned class (class number 1, 2, 3, etc.) until the end of that school year. Despite my familiarity with Korean culture, I did not understand what was meant when I heard it for the first time in the program. Once explained, I was soon able to catch up because that was how I had identified myself during schooling. When Koreans refer to their age in this way, it is a play on words and a recollection of earlier school days.

**Summary of Research Question 1**

These factors contribute to the success of the CESC community-based ethnocultural program for seniors: 1) the program director is knowledgeable and sympathetic; 2) there is a focus on wellness and healthy ageing; 3) classes are conducted in the participants’ mother tongue, Korean; 4) the college is structured like the traditional Korean school system; 5) a variety of classes and activities are offered; 6) familiar music is an integral part of the program; and, 7) the program is offered under the auspices of the Korean church which creates a safe and welcoming space for participants.

**Research Question 2) How Does Participating in the Community Program Affect Health and Active Aging among Elderly Korean Participants?**

Research question two is the subject of the fourth chapter of this dissertation. Recognizing the importance of providing culturally relevant services for elderly Korean immigrants that meets their cultural and linguistic needs, the integrated article entitled “Enoch Senior’s College for Korean Immigrant Seniors: Quality of Life Effects” uses a qualitative survey. I chose the research instrument, the Health-Related Quality of Life (HR-QOL) Short Form 36 version 2 (SF-36v2) survey with advice from Dr. Patrick Potter from Western University’s Schulich School of Medicine and Dentistry.
**Health Survey**

This study focused on the evaluation of the health effects of the program on elderly Korean participants using a self-reported health measure questionnaire, the SF-36v2, which has proven to be a reliable and valid assessment of self-perceived health and quality of life. Addenda to field notes I made as I observed classes plus the content of semi-structured interviews with eleven participants supplemented the findings from the SF-36v2 survey. The survey was distributed twice: The first survey was completed at the beginning of the term, and the second was distributed later, at approximately the mid-point of the program (between seven and ten weeks) to assess the participants’ health through eight domains: physical function (PF), role-physical (RP), bodily pain (BP), general health (GH), vitality (VT), social function (SF), role-emotional (RE), and mental health (MH).

**Findings from Health Survey**

The findings revealed that significant differences in two domains, bodily pain and role-emotional, are correlated with a positive impact on the health of elderly Korean participants in the CESC program. Overall, participation at CESC resulted in a positive effect on HR-QOL and well-being though shared cultural heritage in the participants’ mother tongue.

Three main themes emerged from the data analysis: participation in CESC promotes health and vitality 1) increasing Korean elders’ activity levels and motivating them to take better care of themselves; 2) reducing social isolation and exclusion among Korean elders; and 3) providing social support and a sense of belonging.

Analysis of the HR-QOL survey revealed some cultural differences that impacted the results. For instance, despite the participants’ references to increased social support from participating in CESC, the social functioning measure did not show significant change. Culturally, Korean elders are less likely to miss social functions or commitments they have made previously unless it is absolutely necessary. Many shared how they overcame mobility issues, such as the number of transfers they had to take when using public transportation to attend the program. It was crucial to understand how context and cultural differences affected the results of the quantitative measurement. I was reminded of the importance of taking precautions in
interpreting the data and to be mindful of the cultural differences between the study participants and the instruments used to acquire data.

**Discussion of Program Features**

Director Pastor Kim was well aware of the deep cultural value of music for Korean elders, and she made singing central to the program from its inception. Making music by singing, whether through greeting songs with movements, singing games, choir, solo singing, or other variants of song, is a living and active constituent part of the program. The program recognizes the importance of group membership and bonding. A greeting song with movements, or songs with improvised movements to accompany them, are often practiced as exercises between classes, keeping the Korean elders involved and active. Physical exercise is an integral part of CESC, ensuring that members move and thereby gain all-around physical, mental, and emotional health.

Group singing was an effective way to create a welcoming and inviting environment for the participants while affording an aesthetically satisfying learning experience. Among elders, one of the most significant learning needs concerns the meaning and value of one’s life, for an elderly person is seldom defined by their employment (Fisher & Wolf, 2000). Old age is a time when a person can reflect on their past and re-evaluate what is meaningful to them. With expanded opportunities for social engagement, CESC promotes healthy living and activities through a combination of community music and lifelong learning which meets the needs of a marginalized elderly immigrant group.

Pastor Kim had long envisioned a culturally sensitive program for Korean elders. She says she is an old soul:

Since I was little, I liked to hang out with people much older than I. I even liked the smell of my grandparents, sitting by them, watching them, and listening to their conversation. I have always been more fascinated by them than people of my age. I felt kin to old people and wanted to do something for seniors.

Pastor Kim saw the needs of Korean elders and began the CESC as the first of its kind in Ontario. With a keen eye and heart for seniors, Pastor Kim’s cultural competence helped to
shape a program tailored for Korean elders, a program dealing with real issues relating to ageing and culture. She said, “I always thought that music would be a big part of the program, simply because Koreans have always liked to sing. Music engages people and is entertaining, making the time joyful, which is good for health.”

Many CESC members have commented on their enjoyment of music. Given that many Korean elders do not come from academic musical backgrounds, this finding is significant and suggestive. The influence of music in the program is clear, engaging the participants in an informal setting which allows them to participate and experience positive outcomes. These Korean elders felt better about themselves, both physically and emotionally, and they knew that, rain or shine, in health or in sickness, if they came out to the CESC, joined the rest of the group, and carried on with them, they would have a place which felt like home. Findings from this study are triangulated with the findings of the ethnographic and case studies also conducted during this investigation.

**Research Question 3) What Does Music Mean and How Important is it in the Lives of Elderly Koreans?**

The published paper in Chapter five addresses this research question. Entitled ‘Remembering a Hard Life with Joy: Music Making Among Korean Elders,’ this chapter explores the impact of lifelong learning and musical engagement in a community context from the narratives of a cohort of five Korean elderly participants. As these Korean elders reminisced and reviewed their lives during the interviews, music was intricately woven into their stories, enriching, engaging, and encouraging them in their lives in profound and unexpected ways.

Erik Erikson’s Eighth Stage of Psychosocial Development is useful in understanding older adults as they evolve and redefine their sense of self. Deeply felt but not always articulated was the reality of death. Erickson (1968) posits that a healthy identity is gained by coming to terms with the past. Many of this cohort of Korean elders demonstrated this acceptance through their attitudes toward death and personal contentment. One unifying characteristic of the cohort was that every member of CESC is a survivor and has demonstrated resilience in the face of uncommon change. Particular to the cohort was their shared experience of Korean War and the aftermath of war that left their homeland, South Korea, in ruin. However, their generation
worked together with a rigorous work ethic to bring about a sea change in South Korea’s economy while preserving traditional Korean values.

**Shared Cultural Identity**

This cohort expressed a strong cultural identity through shared musical knowledge, songs from childhood, and schooling. Recreating the time of their youth by singing, playing, and performing allowed these elderly Koreans to be immersed into the CESC setting, providing opportunities for self-exploration and self-expression. Reminiscing, remembering, and reviewing the past through music making contributed to these elderly Koreans’ search for meaning and coherence in life review (Cohen, 2005).

**Music Making**

Elderly Koreans’ love of music and music-making is seen in the program. They appreciated opportunities to make music, singing together cherished old songs as they reminisced and gained new meaning from the experience. Old songs took on new meaning; meanings that these elders had taken for granted were seen in new light.

**Life Narratives**

Five Korean elders shared their own narratives about music in their lives. Their life stories illuminate how music, sometimes in quiet, unassuming ways and at other times profoundly, has been part of elderly Koreans’ lives. The positive influence of music-making in their lives is summed up by their successful participation in the program. Their genuine appreciation for music was apparent.

An honest work ethic and determination distinguishes Kay, a natural leader, who played a pioneering role in Korean immigration history. For Kay, music is like a best friend, someone who has accompanied her throughout her life, enriching her life, like her partner and best supporter, Yong. Together, as a couple, Kay and Yong enjoy singing in a choir. For Yong, playing music was like a home for his heart, where he found solace in his quiet time. Like Yong, his music is gentle and dignified. He found playing musical instruments for recreation was a way to experience the world in his own quiet way.
A tall and quiet man, Pastor Kim transforms into a confident performer when he picks up his accordion or stands on a podium to conduct his choir. To him, music is his identity, a sure calling that set him on a steadfast way of life.

Min’s personality blossomed as she shared her new-found identity. Never in her life did she imagine that she would sing or compete in a singing festival. A song, like a spirit, came to her, drawing her out of deep grief after her husband’s sudden death. She found hope and a new self and is now heartened to share a new life with others through singing.

Jun explains the ways that songs spoke to him now in older age: “It may have to do with age. I was too young and busy to appreciate it. The song lyrics are like poetry, you know. It gives us wisdom about life, but I was too young, and too ambitious, and too proud to see that then. But now that I come here and sing it again, then suddenly!” Jun was surprised to realize how the song speaks to him, reflecting his own life. Jun continued:

*Bongseonhwa* (Balsam flower), the song we just sang (in the group singing class), was a song that I always knew, a long time ago. I first learned it during elementary and never really appreciated it, nor did I give any thought about it. I thought that music was irrelevant to me. However, nowadays, I sing it alone at home and meditate on the words. The song is originally about oppression during Japanese annexation, but I realized that it tells the story of our lives. Especially the third verse speaks to my heart. As we get old, and lose strength, our flesh perishes, but soul will remain. I meditate the words softly at night lying on my bed.

---

*Bongseonhwa* 27

The lyrics (a lyrical poem, meaning Balsam flower, was written as propaganda underlining a hidden message of a cry for freedom from oppression, the lyrics describe the sorrow and agony of suppression by the Japanese)

1. *Bongseonhwa* flowers under the fence look pitiful. When you were in bloom in a long, long summer days, Pretty girls were playing with you for nail coloring.

울밑에선 용선화야 네 모양이 처량하다 길고 긴 날 여름절에 아름답게 꽃필적에 어여쁘신 아가씨들 너를 반겨 놀았도다

---

27 Translated in English by Whon-il Park (2022).
http://www.koreanlii.or.kr/w/index.php/Korean_lyric_songs?ckattempt=1
Song lyrics, once sung without thought at the time, are revealed anew as an insightful reflection of one’s own life. It is as if these elders grew up with the song, growing into it to express their own stories. Music is central to their identity, shaping, redefining, and renewing who they are. For example, as he reflected on the song lyrics of Bongseonhwa which he learned as a boy, Jun has discovered that the song is a story of his own life.

**Music assigns Meaning and Value to Life**

In old age, one of the most significant learning needs is about assigning meaning and value to one’s life, for a person is no longer defined by employment (Fisher & Wolf, 2000). Mr. Song shared his experience about finding solace through music. Long a devotee of music, music making has always had a special place in his heart. His devotion to and love for music was not like the attitude towards music of others in the group. From the first time he sang a song before his classmates, a lifetime relationship with music began. Although a businessman by trade, choir music fascinated him whether he was conducting, composing, or singing. Musicality, making a perfectly harmonized sound with balanced dynamics, tempo, and tone, was important for him. Despite a heart condition, he cherished making great music, and, despite ageing, he shared his aspirations with mixed emotions. Music had always been an important part of his identity, something in which he took pride. Unlike some other members of the cohort, he enthusiastically shared his passion for music making despite disappointments. Mr. Song was most vocal about his emotions and concerns. His identity as a musician was always very clear, which was unusual among the members of the group.
For most members of the cohort, music was an important outlet for emotions. It was elderly Koreans’ most accessible method for expressing their identity. Singing is especially valued because it has accompanied Korean lives throughout history and continues to do so today; it is an important cultural continuum and echo of the Korean Min-yo folk song tradition. Further, Korean elders voiced their emotions through singing and this act created a feeling of social connection which is important for wellbeing and active ageing.

**Hwa-Byung and Need for Social Connection**

There is a condition specific to Korea termed *Hwa-Byung*. *Hwa-Byung* is an illness caused by the suppression of emotions. Koreans are reportedly vulnerable to psychological distress and social isolation. There is a strong association between *hwa-byung* and depressive disorders (Im, 2021). Many Koreans do not feel comfortable sharing their feelings; reticence is a culturally valued disposition, especially among older Koreans, which helps to explain the prevalence of *hwa-byung* and the risk of depressive disorders among elders (Min & Suh, 2010; Park, 2014; Shin et al., 2007). It is commonly felt by Koreans that social connection such as that afforded through music making can prevent and alleviate such conditions.

Korean elders have experienced war, social upheaval, and the re-building of a nation. They are a resilient group of people who have rich life experiences; as immigrants, they have a unique story of their own to tell. As Kay said, “I could write a book about my experience of war alone.” Every member with whom I had a chance to talk had a remarkable life story, with experiences that are not like those of anyone else. Each member of the cohort chose a path in life and lived to an old age, and is now confronting the realities of ageing, deteriorating health, and changes in status, as well as death.

What does music mean to them? There seemed to be an unstated and unquestioned assumption and belief among the study participants that music making is healthy and good and fundamental to social engagement. While these elders’ life stories do not center on music, music had played an important part in their lives.
Further Study Findings

In the previous pages I have reviewed the findings that directly emerged from the three research questions that propelled this dissertation. In this next section, I will discuss seven other topics that emerged:

- ageing and the quality of life;
- wellness and active ageing;
- importance of social support;
- COVID-19 Pandemic and social isolation;
- senior Korean immigrants in North America;
- government initiatives and local stopgap measures; and
- Canadian lifelong learning programs for seniors

Ageing and Quality of Life

As this study and a growing body of research documented in the literature survey in Chapter 2 indicate, wellness and active ageing are increasingly important components of a healthy population. Social isolation is a major and prevalent issue for older adults, something which negatively impacts their health, well-being, and quality of life, regardless of their nationality (Cornwell et al., 2008; Coyle & Dugan, 2012; Nicholson, 2012; Syed et al., 2017; Taylor, 2019; Tomaka et al., 2006; Veazie et al, 2019). Old age is a time when life events like retirement from work, increased care and caregiving responsibilities, and the loss of spouse, family, or friends occur, making elders increasingly socially isolated. This prevalence of social isolation is concerning because of its connection to an increased rate of morbidity and mortality in elderly populations (Berg, & Cassells, 1992; Freedman, 2020; Holt-Lunstad et al., 2015).

A meta-analytic review that examined associations between social relationships and the risk of mortality found that this risk rate is like that of smoking and alcohol use, surpassing that of obesity and lack of exercise (Holt-Lunstad et al., 2015). The preponderance of evidence demonstrates that social isolation and loneliness have a detrimental impact on physical and psychological outcomes, including high blood pressure, obesity, and cardiovascular, inflammatory, and neuroendocrine disorders, and anxiety, depression, cognitive deterioration,
Alzheimer’s disease, and even increased mortality (Bhatti & Haq, 2017; Holt-Lunstad et al., 2010; Nicholson, 2012; Steptoe et al., 2013; Xia & Li, 2018).

Wellness and Active Ageing

The World Health Organization (WHO) defines active ageing as “the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age” (WHO, 2002, p. 12). WHO’s active aging model is based on the three key domains of health, participation, and security. This model represents a comprehensive life-course approach to ageing, addressing both personal and environmental factors (Foster & Walker, 2015; Marsillas et al., 2017; Walker, 2002). The WHO active aging model of active ageing takes a more comprehensive perspective than other models such as ‘successful ageing’ (Rowe & Kahn, 1998), ‘productive ageing’, or ‘healthy ageing’ (Walker, 2002; World Health Organization, 2002). It provides opportunities for the physical, social, and mental well-being of the elderly population, in addition to their participation in society (International Longevity Centre, 2015). If ‘successful ageing’ or ‘healthy ageing’ focuses more on the achievement of clinical standards, ‘active ageing’ highlights actions, not only at the individual level but also at organizational and social levels. This ‘active ageing’ model has been widely adopted in Europe to promote policy strategies which increase the involvement of older adults in society (European Commission, 2013; Foster & Walker, 2015; International Longevity Centre, 2015).

The ‘active ageing’ framework is utilized with older adults for their physical, psychological, and social well-being as participants in society by providing continuous or lifelong opportunities for health, community participation, and security (World Health Organization, 2002). Health, in terms of the WHO definition, including the promotion and protection of healthy lifestyles and access to health and social services information, is important. Participation refers to engagement in various cognitive, social, recreational, economic, and cultural activities which provide a sense of meaning and belonging. Security involves the areas of food provision, finance, and social services, as well as physical and environmental security.

Three components are important for active ageing: social activities, social support, and physical activities (Pruchno et al., 2010). Social activities include social and community participation, including community and leisure activities; social support highlights the
measurement of social relationships by social satisfaction and networking; physical activities involve active participation (Holt-Lundstad et al., 2010). Increasing opportunities for community participation in physical activities also increases social contact just as improvement in social skills reduces feelings of depression, loneliness, and functional decline (International Longevity Centre, 2015). It is probable that seniors in better health will have more opportunities for social participation, which will improve mental health.

My dissertation follows musical engagement and wellness in a single community program in Canada. However, programs such as Enoch (CESC) provide a personal voice and intensive focus on immigration and the changing demographics in Canada (and to some extent in the rest of North America) as will be seen in the sections that follow.

Specifically, and most pertinent to this study, elderly Korean immigrants’ strong ethnic attachment contributes positively to their overall health and well-being by reducing the loneliness and isolation that have caused major challenges among immigrant seniors of ethnic minorities (O, Kim, 1999b). By eating ethnic food, communicating in Korean, listening to, and watching Korean programs (TV, YouTube, Music), and joining together to make and enjoy the music of their youth, elderly Korean immigrants maintained their cultural identity and sense of belonging (Son & Kim, 2006).

**Importance of Social Support**

Social support can offer a means of addressing maladaptive conditions. A longitudinal national ageing study (Dahlberg et al., 2018) reported that social support was negatively associated with loneliness (i.e., perceptions or negative feelings of social isolation). Lai and colleagues (L. J. Lai et al., 2020) conducted a peer support intervention program involving 60 elderly Chinese immigrants in Canada by assigning them to either an experimental or a control group in a randomized control parallel trial design. Twenty-four volunteers engaged in the eight-week study, providing social support through home visits and telephone calls to the experimental group. The experimental group experienced a significant reduction in loneliness, demonstrating that participation in social groups and activities with an educational or training component was effective.
Health practitioners are increasingly aware of the need for supportive social settings to aid seniors in keeping actively engaged in life. The World Health Organization (WHO) and various other organizations have made recommendations to help seniors remain mentally and physically healthy. These organizations include the American College of Sports Medicine (ACSM), American Heart Association (AHA), American Physical Association (APTA), International Association for Physical Therapists Working with Older People (IPTOP) (WHO, 2020a). Canada’s National Seniors Council adopted WHO’s (2007) age-friendly communities model, which uses a positive and active-ageing approach to promote active lifestyles—because older adults with the most social interaction within their communities had the slowest rates of memory decline (Ertel et al., 2008). WHO’s model addresses eight domains that promote living with security, good health, and full participation in society: transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication and information, community support and health services, and outdoor spaces and buildings.

Participating in a variety of activities can increase level of physical activity as well as degree of interaction with others, which enriches quality of life for seniors. Social participation, according to WHO (2001), involves active participation in various areas including sports, cultural, recreational, and religious groups, and political and volunteer community organizations.

A review of the effectiveness of North American-based health promotion interventions (Cattan et al., 2005) found that the most effective interventions were educational or training group activities targeting specific populations such as women, caregivers, the widowed, and people with serious mental problems. Such programs are beneficial in prompting individuals to assert their independence though joining social groups. Health is holistic, not merely limited to dietary prescriptions or an exercise routine or visits to a doctor. Whether a person consciously realizes that musical engagement is what they want, it has proven to be important for their health and well-being.

**COVID-19 Pandemic and Social Isolation**

Beginning in 2019, Coronavirus disease-2019 (COVID-19) outbreaks caused great concern in more than 223 countries and regions (Priyadarshini, et al., 2020; Cucinotta,
Vanelli, 2020; WHO, 2020b). The ongoing global pandemic has led to mandatory social distancing and stay-at-home or similar quarantine orders to prevent the spread of virus. Older adults are identified as being at a higher risk of infection with high mortality rates reported in seniors aged 65 and older (WHO, 2020b). Seniors, who are already exposed to high rates of social isolation, are particularly susceptible to the adverse effects of social distancing protocols (Berg & Cassells, 1992; Chang, et al., 2021; Sayin Kasar, & Karaman, 2021; Roy et al., 2020; Smith et al., 2020; Taylor et al., 2018).

There is a strong correlation between social isolation and negative health-related quality of life outcomes (Hawton et al., 2011; Victor et al., 2000). Social isolation has adverse effects on overall well-being; it is associated with higher levels of depression and a decrease in feelings of belonging and the social connectedness that is related to life satisfaction in older adults (Courtin & Knapp, 2017; Dahlberg et al., 2018; Lee & Cagle, 2018). Social distancing and stay-at-home orders such as those imposed during COVID outbreaks contribute negatively to well-being (Harasemiw et al., 2018; Zavaleta, et al., 2017; Yang et al., 2020). A wide body of literature supports the ameliorating effects of social support on social isolation and loneliness among older adults (Chen et al., 2019; Hawkley & Kocherginsky, 2018; Wang et al., 2011). Researchers note that positive and rewarding social relationships are important contributors to positive psychological health (Myers & Diener, 1995; Uchino et al., 1999).

Studies investigating the effects of the pandemic and will continue to emerge. Although direct data-gathering for my studies had ceased before COVID-19 began, I am still in touch with some CESC participants and Pastor Kim who has since retired. These participants noted that the pandemic has imposed hardships on many people, compounded by the limitations and boundaries that all immigrants face, even after years of successfully negotiating their new culture. A number of Korean seniors are returning to Korea to find the security of a national identity, a mother tongue, and familiar foodways. Those who remain in Canada find themselves isolated. Some have died, and I speculate that social isolation speeded their demise.

**Senior Korean Immigrants in North America**

Korean senior immigrants in North America are likely to experience language barriers. They may be unprepared or unable to access health care and social service systems, services that
are freely available under South Korea’s universal health coverage (Terrazas & Batog, 2010; Song, 2009).

Korean churches have historically provided needed support as well as a sense of community for Korean seniors. Pastors take the responsibility to address elders’ needs and to provide for their congregation. Some 43% of the Korean churches provided social services and 37% provided healthcare needs (E. Kim, 2016). Approximately 80% of Korean immigrants attend church in United States while only 14%-30% of Koreans in South Korea attend church on a regular basis (Chang, 2005; W. Kim, 2012; Y.S. Kim, 2013; H. B. Lee et al., 2008; Min & Kim, 2002).

With the growth in numbers of Korean immigrants, Korean Senior Citizens Society of Toronto offered educational, and recreational programs, although these were temporarily closed during the COVID-19 pandemic. Eight similar seniors’ programs are hosted by Korean Canadian churches across the greater Toronto area; however, music is not a focus for these programs. As well, the CESC has a history of high attendance and retention that serves as a model for other programs. In addition to church-based programs, other community-based lifelong learning program for older adults across Toronto documented support positive impact from participation (Jenkins & Mostafa, 2015; Narushima, Liu, & Diestelkamp, 2018).

Often, Asian immigrant seniors rely on family and friends for support, and these connections have positively contributed to their overall health and well-being. Researchers noted that providing a culturally relevant and appropriate social support within community may be significant for ethnic minority seniors (Lee & Chan, 2009; J. W. Min et al., 2005; Wong et al., 2007).

Government Initiatives and Local Stopgap Measures

The Canada Ministry of Health and Long-Term care has established Community Care Access Centres (CCACs). In Ontario, fourteen CCAC centers are available to seniors who need healthcare and home care services. Seniors can contact their local Community Care Access Centre for access to services such as homemaking, nursing, physiotherapy, speech-language therapy, social work, and case management/co-ordination. Health related services such as
provision of medical supplies and wound dressings, transportation to other health care services, and drug coverage under the Ontario drug benefit plan are also available. Home and Community Care Support Services provided care to more than 644,000 patients in 2021-2022 (Home and Community Care Support Services, 2022). The service, however, requires communication in English and only a limited number of elderly Korean immigrants are proficient enough to communicate with the care coordinator.

Besides the government initiatives, there are local stopgap measures in place to help specific cultural groups through ethnic centers featuring native language and culture. For instance, the Yee Hong Center established in 1994 provides services in six locations for elderly Chinese immigrants. Yee is the largest non-profit nursing home in Canada. As well, Yee Hong Center offers housing services, and community care services (Yee Hong Centre for Geriatric Care, 2017)

Concerned about the needs of Korean seniors, a group of second generation Korean Canadian doctors and lawyers came together in partnership with 12 Korean religious institutions in an effort to offer health related services in the Korean language and culture. Their collaboration resulted in the Arirang Age-Friendly Community Center, established in 2015. Although a seniors’ day program is offered in partnership with Mil-Al Korean church, it is entirely funded by donations. Unfortunately for the program, few people have chosen to participate. Lack of government funding makes it difficult to offer such cultural community-based programs.

**Canadian Lifelong Learning Programs for Seniors**

Lifelong learning programs for seniors have been documented in Canadian contexts, although these programs are not music centered. Narushima (2008) interviewed 15 older adult participants involved in non-formal, leisure related public continuing education community programs. He reported that participants were motivated to keep physically and mentally active while experiencing increased social support. This research suggests that non-formal, leisure-based types of learning can be beneficial because they are more likely to sustain participation in lifelong learning courses (Jenkins & Mostafa, 2015; Narushima, 2008).
More recently, a cross-sectional study examined the relationship between duration of participation in lifelong learning programs and psychological wellbeing with 416 older adults (aged 60 years and above) enrolled in community-based program. Findings indicated positive effects from continuous engagement in lifelong learning activity (Narushima et al., 2018). The study’s results also support a positive association between lifelong learning and the health and wellbeing of older adults with severe chronic conditions such as diabetes, high blood pressure, arthritis. As well, the study’s findings support lifelong learning activities as providing an important resource for self-esteem, self-efficacy, and resilience, and for sustaining psychological wellbeing and health in older adults (Narushima et al., 2018). However, there are no studies that focus on music in the community-based setting for visible minority seniors despite the high rate of immigrants in Canada.

**Researcher’s Stance**

During my school days, part of the high school entrance exam was a physical test. The last part of the physical test, long distance running, fell in the early evening after a full day of testing. We were required to run multiple laps of the school field. To my surprise, the teacher blew the whistle to gather everyone in the class together; we were made to line up four abreast. Together we jogged alongside our teacher who encouraged slower runners to keep up with the group. Amazingly, everyone who stayed in line succeeded while those who fell out of the line did not pass the final test. There I learned the value of teamwork; the experience made a lasting impression. Never before had I appreciated a physical education teacher, nor had I ever had a chance to run along with others to make the final line together. As I look back to times I spent with Korean elders, I am reminded of jogging laps. Even though no one said a word, I know that I was cheering for my classmates and physical-education teacher.

How has meeting Korean elders impacted my life? I have gained a new insight about older adults and no longer see them as old but as exuberant with life that I never knew until I lent my heart to them. As I heard their stories, I learned that their stories are my story, too. I realized that the best I could do was to tell their stories plainly, accepting them as they are. Perception is already biased. How could I avoid judgement? This question directed me to see more clearly.
I remember one elderly participant saying, “I couldn’t sleep because I was in pain, but I am here.” She mentioned it as a matter of fact, sitting up straight, focused, and ready to live the moment. Similarly, many others shared painful health conditions. They coped, and their suffering was not visible unless they opened up about it. Through ethnographic observation as well as interview, I became more aware of their physical conditions. At the same time, most of them were capable and represented a high functioning group. Then one day, I realized that I need to re-test my views and re-examine dominant perceptions related to ageing population.

I am saddened as well as happy to have done this research -- saddened because I’ve lost dear people to death. In my memory they are still living and active, playing the harmonica and singing the songs, and my heart goes out to them. This project has been dear to me because I was forced into a journey which has had outcomes and effects I could not have anticipated. I am no longer the same person I used to be, scared, ashamed, and little. People used to step all over me. Once I got yelled at for bumping into a woman although I had never seen her before. I said I was sorry and wondered what I had done wrong. Was it my existence that I should feel sorry about? I wondered, many times. If I were to bump into you and happen to get in your way, I would apologize but not because I am sorry that I am alive; I would apologize because I admit that I am a person of many faults and inadvertently got in your way.

Implications

The study I have reported here is useful for those seeking to understand the changing demographics of ageing minority populations in Canada. It offers insights for those seeking to guide government policies, as well as provincial and local initiatives. In addition, music educators, community musicians, researchers, community program directors, and those involved in health fields may find the study valuable.

Recommendations for Practice and Future Research

Music has been shown to play an integral role in people’s everyday lives in the construction, negotiation, and expression of identity (Hargreaves et al., 2002). Immigrants face challenges to redefine who they are as they encounter unfamiliar ways of life in a new culture. Music education has been shown to support the acculturation processes of immigrant students.
One study documents how immigrant students listened and sang homeland songs that connected them with positive times from their past (Karlsen, 2013). In school contexts, musical activities can foster a safe environment for immigrant children (Marsh, 2013). Other studies explored the meaning of music in the lives of young immigrants in Scandinavia (Karlsen, 2012; 2013) and of immigrant students in Australia (Marsh, 2012; 2013). However, few studies have documented older immigrants’ musical experience and its impact on their wellbeing. In North America, Cho’s (2018) research explored the long-term effects of musical experience on an “unheard group” of older immigrants who focused on homeland music. Cho’s (2018) study reveals the diverse meanings and roles of music through subjective musical experiences of three Korean older immigrants, in California, United States. Her findings resonate with the narratives in this study, yet Cho’s study is, to my knowledge, the only research thus far into the musical engagement in Korean older immigrants in a North American context besides my own work. Clearly there are opportunities for further work in this field.

My research offers insights into lifelong music learning and engagement although it is limited. Corresponding studies into lifelong learning (Cai et al., 2018; Duay & Bryan, 2008; Findsen & Formosa, 2011; Hori & Cusack, 2006; Maulod & Lu, 2020). There are studies that take lifelong learning wholistically, as an important process, highlighting that learning occurs across the lifespan (Lindman, 1989). In this dissertation I present a three-pronged investigation into music making among seniors in a specific cultural setting. The strength of this research rests in its specificity as Cho’s (2018) study was able to illustrate the long-term impact and meaning of ‘homeland’ music in everyday lives of Korean older adults in American context. Likewise, this is a limitation since any group of people and any other cultural setting might yield multiple outcomes.

This study used a mixed methods approach. The ethnographic components were especially revealing. The individuals who shared their life stories with me bring vivid pictures of their long, hard, but joyous lives, particularly evoked through their musical memories. Future researchers might find similar rich and valuable narratives. As well, the health survey was valuable since it served as a counterpoint to individual interviews and other ethnographic data.
I am a native Korean speaker, an invaluable asset for working with immigrant Korean-born elders. It is important, especially in an increasingly diverse world and especially in pluralistic societies such as Canada, to be aware and appreciative of the strengths of many cultures. Therefore, future researchers who are from minority cultural backgrounds might find their research valuable in addressing under-represented populations.

As this investigation concludes, the pandemic continues, and so will its effects. Future studies will be needed to document enduring outcomes from COVID. As well, there will be a need to research social media and technology as a way to ease isolation.

Summary

In the study, seniors described listening to songs as important if sometimes bittersweet. They reported that music making was a meaningful activity that connected them with others. Some noted ways it helped them express their spirituality. My dissertation adds to a body of research on the role of active musical engagement in the lives of seniors (Hays & Minichiello, 2005; Cohen et al., 2005; Carucci, 2012; Coffman, 2002; Creech et al., 2011).

At the same time, it is important to realize that these populations are at risk of alienation and marginalization (Kim, 1999; Kim, 2013). Cultural unfamiliarity can pose further challenges to immigrants especially ethnic minority elders vulnerable to psychological distress with lack of information or misinformation of existing support and healthcare systems (Lai & Chau, 2007; Marin, 2009; Mui & Kang 2006; Choi & Smith, 2004). These obstacles are real but may be ameliorated through directed community programs, as shown in this research.

My research considers the value of music in engaging and promoting wellness and active ageing among Korean Canadian seniors. Having a strong sense of meaning and purpose as can be afforded by music is not only associated with well-being in old age, but also relates positively to successful coping with both pain and illness.

Although limited to a specific population in a particular time and context, this study contributes to growing body of research, filling an unaddressed concern. Voices of Korean Canadian seniors offer valuable insights for music educators, community musicians, researchers, community program directors, health care providers as well as those guiding government policy.
“The story of my life,” as older adults often began, was never dull, not because the stories were happy but because they were testimonies to their lives.
References


preventing disability (pp. 243-261). National Academies Press.

https://www.ncbi.nlm.nih.gov/books/NBK235604/


https://doi.org/10.1080/13557850903418810.


https://doi.org/10.1017/S0144686X13000111


https://doi.org/10.1017/S0144686X06005824

https://doi.org/10.1159/000271479

https://doi.org/10.1386/jaah.1.1.19/1


http://www.mormusic.net/info/about/articles/12_02_Sounding_Board.html


Healthy Aging and Wellness Working Group (2006). *Healthy aging in Canada: A new vision, a vital investment from evidence to action* [A background brief prepared for the federal, provincial and territorial committee of officials (seniors)].  


https://doi.org/10.1017/S1041610219000218


https://doi.org/10.1371/journal.pmed.1000316


http://www.broadbentinstitute.ca/andrew_ajackson/fighting_seniors_poverty


https://doi.org/10.1080/02601370.2011.570876


http://ir.lib.uwo.ca/pclc/vol3/iss1/5

https://doi.org/10.1046/j.1365-2648.1999.00993.x

https://doi.org/10.1002/(SICI)1098-240X(199904)22:2<169::AID-NUR8>3.0.CO;2-F

https://doi.org/10.1007/BF03024949


http://dx.doi.org/10.2190/HA.12.1.c

https://doi.org/10.1177/0733464810384115


Kim, M. W. (2006. January 6). “Since it’s a New Year, it would be also good to act your age…” *Pressian*. https://www.pressian.com/pages/articles/210#0DKU


Koehn, S., Habib, S., & Bukhari, S. (2016). S4AC Case study: Enhancing underserved senior’s access to health promotion programs. *Canadian Journal on Aging / La Revue*
Canadienne Du Vieillissement, 35(1), 89-102.
https://doi.org/10.1017/S0714980815000586


https://doi.org/10.1177/070674370404901205


Lally, E. (2009). The power to heal us with a smile and a song: Senior well-being, music-based participatory arts and the value of qualitative evidence. *Journal of Arts and Communities 1*(1), 25–44. https://doi.org/10.1386/jaac.1.1.25_1


https://doi.org/10.1111/ajop.12020


https://doi.org/10.1093/ageing/afq020


https://doi.org/10.1111/j.1467-9280.1995.tb00298.x


http://seniorspolicylens.ca/Root/Materials/
Seniors%20From%20Ethnocultural%20Minorities%20NACA%202005.pdf

Canadian Agency for Drugs and Technologies in Health.
https://www.cadth.ca/media/pdf/Initiatives_on_Healthy_Aging_in_Canada_es-17_e.pdf


https://doi.org/10.2105/AJPH.93.2.277

https://ebookcentral.proquest.com/lib/west/detail.action?docID=273753


https://www23.statcan.gc.ca/imdb/p3Var.pl?Function=DEC&Id=45152

https://www150.statcan.gc.ca/n1/en/pub/89-593-x/89-593-x2003001-eng.pdf?st=Zqp1Tc0v


https://www150.statcan.gc.ca/n1/pub/91-551-x/91-551-x2017001-eng.htm


https://www12.statcan.gc.ca/nhs-enm/2011/dp-pd/dt-td/Rp-eng.cfm?LANG=E&APATH=3&DETAIL=0&DIM=0&FL=A&FREE=0&GC=0&GID=0&GK=0&GRP=0&PID=105470&PRID=0&PTYPE=105277&S=0&SHOWALL=0&S_SUB=0&Temporal=2013&THEME=95&VID=0&VNAMEE=&VNAMEF=

https://www12.statcan.gc.ca/nhs-enm/2011/dp-pd/dt-td/Rp-eng.cfm?LANG=E&APATH=3&DETAIL=0&DIM=0&FL=A&FREE=0&GC=0&GID=0&GK=0&GRP=0&PID=105392&PRID=0&PTYPE=105277&S=0&SHOWALL=0&S_SUB=0&Temporal=2013&THEME=95&VID=0&VNAMEE=&VNAMEF=


https://www150.statcan.gc.ca/n1/daily-quotidien/171025/dq171025b-eng.htm


Sun, J. Buys, N., & Tatow, D. (2013b). Using participative community singing programs to improve health behaviors. In J. Sun, N. Buys, & J. Merrick (Eds.), Health promotion:
Community singing as a vehicle to promote health (pp. 3-14). Nova Science Publishers, Inc. https://ebookcentral.proquest.com/lib/west/detail.action?docID=3022886


Department of Economic and Social Affairs, Population Division. United Nations.
desa_pdl_international_migration_highlights.pdf


van der Merwe, J. (2017). “We make a song”: Moving beyond active music-making in the Field
https://doi.org/10.1386/ijcm.10.2.121_1

isolation to improve the health of older adults: A rapid review* (AHRQ Publication No.
19-EHC009-EF) [Rapid evidence product]. Agency for Healthcare Research and Quality.
https://doi.org/10.23970/AHRQEPC-RAPIDISOLATION

Music 1*(1), 5–21. https://doi.org/10.1386/ijcm.1.1.5_1

Mesenger, M. Silverman, & D. Elliott (Eds.), *Community music today* (pp. 1–9).
Rowman and Littlefield. ISBN 978-1-60709-320-

Veblen, K.K., & Olsson, B. (2002). Community music: Towards an international perspective. In
R. Colwell & C. Richardson (Eds.), *The New Handbook of Research on Music Teaching
and Learning* (pp. 730-753). Oxford University Press.

https://doi.org/10.1017/S0959259800104101

https://doi.org/10.1080/03075079.2014.927852


Williams, R. (1976). *Keywords: A vocabulary of culture and society*. Oxford University Press.


Theoretical implications (pp. 87–98). Ashgate Arena.


Yee Hong Centre for Geriatric Care. (2022, April, 20). *Yee Hong Foundation*. https://www.yeehong.com


https://doi.org/10.1080/15528030802265361


Appendix A : Major Terminology

MAJOR TERMINOLOGY

This thesis utilizes existing terms as defined in government policies and documents and/or established by WHO. The meanings of some terms may be modified to provide operational definitions for this study.

- The term "senior" is defined, depending upon the governmental or non-governmental agency, as a person aged 50 (e.g. Canadian Association of Retired Persons) to 60 (the United Nations definition of older persons) or 65 (Eligibility for Old Age Security and the Guaranteed Income Supplement). For the purpose of this dissertation, the terms “senior,” “older adult” and “elder” or “elderly” are used interchangeably, and all refer to persons aged 65 or older unless defined otherwise in the body of sentence.

- The term "visible minorities" is defined in Canadian legislation, specifically the Employment Equity Act, as “persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour.” (Employment Equity Act, 1995) The visible population consists mainly of the following groups: Chinese, South Asian, Black, Arab, West Asian, Filipino, Southeast Asian, Latin American, Japanese, and Korean (Statistics Canada, n.d., a).

- The term "immigrant" is defined as a person who is or has ever been a landed immigrant/permanent resident who has been granted the right to live in Canada permanently by immigration authorities, including those who have resided in Canada for a number of years and those who have arrived recently; whereas, a person from another country who has a work or study permit or who is a refugee claimant or any non-Canadian-born family member living in Canada with them is referred as a non-permanent resident (Statistics Canada, n.d., b).

In this study, I focus on visible minority immigrant seniors, specifically those who are the first generation Korean immigrants to Canada. It is important to note that visible minority immigrants are different from Canadian-born visible minorities in terms of official language proficiency, cultural background, and familiarity with Canadian society and institutions (Khan, Kobayashi, Lee, & Vang, 2015), which together likely have a substantial impact on how they experience the
world and, subsequently, on their health and well-being. According to the 2011 National Household Survey, Canadian-born visible minorities comprise 30% of the visible minority population (Statistics Canada, 2013a).

- The term "first generation" refers to people who were born outside Canada. In 2011, 22% (about 7.2 million of the total population) representing about 200 countries of birth. The majority (93.9%) are immigrants and 4.9% are non-permanent residents who have work or study permits or are refugee claimants. This population also includes a small group of people (1.2% of the first generation) who are Canadian citizens by birth (Statistics Canada, 2013b).

- The term "second generation" refers to people who were born in Canada and had at least one parent born outside Canada. In 2016, these individuals accounted for 17.7% of the total population (Statistics Canada, 2016).

- The term "third generation" or more refers to people who are born in Canada with both parents born in Canada. In 2011, these individuals accounted for 60.7% of the total population (Statistics Canada, 2013b).

- The term "healthy aging" is described by Health Canada as a lifelong process of optimizing opportunities for improving and preserving health and physical, social, and mental wellness, independence, quality of life, and enhancing successful life-course transitions (Health Canada, 2002). While some may have adapted the term “healthy aging” to have a narrower focus on health, such as focusing on functional ability or health care system, the concept utilized by Health Canada is comparable to the WHO's adoption of active aging as both are rooted in the public health framework and have a wider focus on health and quality of life, including the environment. Based on the discussion, active aging and healthy aging are used interchangeably throughout this thesis. Regardless of which term is used and the subtleties associated with terms, they represent a common goal toward enabling expansion of well-being and health of growing older population.

- The term "active aging" is defined by the World Health Organization as “the process of optimizing opportunities for health, participation and security in order to enhance quality
of life as people age” (WHO, 2002, p. 12). “Active” refers to lifelong participation in social, economic, cultural, spiritual, and civic areas and does not only pertain to a person’s employability or ability to remain physically active. In defining “good health”, the WHO adopted and kept a holistic view, stating that “good health is not merely the absence of illness or infirmity, but a state of complete physical, mental and social well-being” (as cited in Shields & Martel, 2006, p. 9).

- **The term "quality of life"** can be defined as "an individual's perception of his or her position in life in the context of the culture and value system where they live, and in relation to their goals, expectations, standards and concerns" (WHO, 1998, p.17). It is a broad concept that incorporate one's physical and psychological health, functional independence, social relationships, personal beliefs and relationship to salient features in the environment (WHO, 1998).

- **The term “lifelong learning”** can be broadly referred to as “All learning activity undertaken throughout life, with the aim of improving knowledge, skills and competences within a personal, civic, social and/or employment-related perspective” (European Commission [EC], 2001, p. 9). More recent view adds lifewide concept to include, all three types of learning, formal, non-formal, and/or informal learning that takes place across the full range of life activities, which is embedded in all life contexts (Jones, 2009; Laal, 2011). Relevant to this study, Confucius heritage cultural belief that learning is an effort to be made throughout one’s life to instill a good moral character (Kim, 2004), is reflected in the group’s attitude of learning.

- **The term “life review”** refers to the recollection and attribution of meaning to past memories throughout one’s lifespan. The concept of life review was first advanced by Robert Butler (1963) who proposed that this process is a natural, universal, and normative process that helps one to come to terms with past conflicts.
Appendix B: The SF-36v2 Health Survey

The SF-36v2 Health Survey

Instructions for Completing the Questionnaire

Please answer every question. Some questions may look like others, but each one is different. Please take the time to read and answer each question carefully by filling in the bubble that best represents your response.

EXAMPLE

This is for your review. Do not answer this question. The questionnaire begins with the section Your Health in General below.

For each question you will be asked to fill in a bubble in each line:

1. How strongly do you agree or disagree with each of the following statements?

   a) I enjoy listening to music.
   b) I enjoy reading magazines.

   Strongly agree  Agree  Uncertain  Disagree  Strongly disagree

   O   ●   ○   ○   ○

Please begin answering the questions now.

Your Health in General

1. In general, would you say your health is:

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Very good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>O₁</td>
<td>O₂</td>
<td>O₃</td>
<td>O₄</td>
<td>O₅</td>
</tr>
</tbody>
</table>

2. Compared to one year ago, how would you rate your health in general now?

   | Much better now than one year ago | Somewhat better now than one year ago | About the same as one year ago | Somewhat worse now than one year ago | Much worse now than one year ago |
   | O₁                                | O₂                                  | O₃                            | O₄                            | O₅                            |

Please turn the page and continue.
3. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

<table>
<thead>
<tr>
<th>Yes, limited a lot</th>
<th>Yes, limited a little</th>
<th>No, not limited at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports</td>
<td>O₁</td>
<td>O₂</td>
</tr>
<tr>
<td>b) Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf</td>
<td>O₁</td>
<td>O₂</td>
</tr>
<tr>
<td>c) Lifting or carrying groceries</td>
<td>O₁</td>
<td>O₂</td>
</tr>
<tr>
<td>d) Climbing several flights of stairs</td>
<td>O₁</td>
<td>O₂</td>
</tr>
<tr>
<td>e) Climbing one flight of stairs</td>
<td>O₁</td>
<td>O₂</td>
</tr>
<tr>
<td>f) Bending, kneeling, or stooping</td>
<td>O₁</td>
<td>O₂</td>
</tr>
<tr>
<td>g) Walking more than a mile</td>
<td>O₁</td>
<td>O₂</td>
</tr>
<tr>
<td>h) Walking several hundred yards</td>
<td>O₁</td>
<td>O₂</td>
</tr>
<tr>
<td>i) Walking one hundred yards</td>
<td>O₁</td>
<td>O₂</td>
</tr>
<tr>
<td>j) Bathing or dressing yourself</td>
<td>O₁</td>
<td>O₂</td>
</tr>
</tbody>
</table>

4. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

<table>
<thead>
<tr>
<th>All of the time</th>
<th>Most of the time</th>
<th>Some of the time</th>
<th>A little of the time</th>
<th>None of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Cut down on the amount of time you spent on work or other activities</td>
<td>O₁</td>
<td>O₂</td>
<td>O₃</td>
<td>O₄</td>
</tr>
<tr>
<td>b) Accomplished less than you would like</td>
<td>O₁</td>
<td>O₂</td>
<td>O₃</td>
<td>O₄</td>
</tr>
<tr>
<td>c) Were limited in the kind of work or other activities</td>
<td>O₁</td>
<td>O₂</td>
<td>O₃</td>
<td>O₄</td>
</tr>
<tr>
<td>d) Had difficulty performing the work or other activities (for example, it took extra effort)</td>
<td>O₁</td>
<td>O₂</td>
<td>O₃</td>
<td>O₄</td>
</tr>
</tbody>
</table>
5. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

<table>
<thead>
<tr>
<th></th>
<th>All of the time</th>
<th>Most of the time</th>
<th>Some of the time</th>
<th>A little of the time</th>
<th>None of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Cut down on the amount of time you spent on work or other activities</td>
<td>O₁</td>
<td>O₂</td>
<td>O₃</td>
<td>O₄</td>
<td>O₅</td>
</tr>
<tr>
<td>b) Accomplished less than you would like</td>
<td>O₁</td>
<td>O₂</td>
<td>O₃</td>
<td>O₄</td>
<td>O₅</td>
</tr>
<tr>
<td>c) Did work or other activities less carefully than usual</td>
<td>O₁</td>
<td>O₂</td>
<td>O₃</td>
<td>O₄</td>
<td>O₅</td>
</tr>
</tbody>
</table>

6. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Slightly</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>O₁</td>
<td>O₂</td>
<td>O₃</td>
<td>O₄</td>
<td>O₅</td>
</tr>
</tbody>
</table>

7. How much bodily pain have you had during the past 4 weeks?

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>Very mild</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Very severe</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>O₁</td>
<td>O₂</td>
<td>O₃</td>
<td>O₄</td>
<td>O₅</td>
<td>O₆</td>
</tr>
</tbody>
</table>

8. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>A little bit</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>O₁</td>
<td>O₂</td>
<td>O₃</td>
<td>O₄</td>
<td>O₅</td>
</tr>
</tbody>
</table>

9. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks:

<table>
<thead>
<tr>
<th></th>
<th>All of the time</th>
<th>Most of the time</th>
<th>Some of the time</th>
<th>A little of the time</th>
<th>None of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) did you feel full of life?</td>
<td>O₁</td>
<td>O₂</td>
<td>O₃</td>
<td>O₄</td>
<td>O₅</td>
</tr>
<tr>
<td>b) have you been very nervous?</td>
<td>O₁</td>
<td>O₂</td>
<td>O₃</td>
<td>O₄</td>
<td>O₅</td>
</tr>
<tr>
<td>c) have you felt so down in the dumps that nothing could cheer you up?</td>
<td>O₁</td>
<td>O₂</td>
<td>O₃</td>
<td>O₄</td>
<td>O₅</td>
</tr>
<tr>
<td>d) have you felt calm and peaceful?</td>
<td>O₁</td>
<td>O₂</td>
<td>O₃</td>
<td>O₄</td>
<td>O₅</td>
</tr>
<tr>
<td>e) did you have a lot of energy?</td>
<td>O₁</td>
<td>O₂</td>
<td>O₃</td>
<td>O₄</td>
<td>O₅</td>
</tr>
<tr>
<td>f) have you felt downhearted and depressed?</td>
<td>O₁</td>
<td>O₂</td>
<td>O₃</td>
<td>O₄</td>
<td>O₅</td>
</tr>
<tr>
<td>g) did you feel worn out?</td>
<td>O₁</td>
<td>O₂</td>
<td>O₃</td>
<td>O₄</td>
<td>O₅</td>
</tr>
<tr>
<td>h) have you been happy?</td>
<td>O₁</td>
<td>O₂</td>
<td>O₃</td>
<td>O₄</td>
<td>O₅</td>
</tr>
<tr>
<td>i) did you feel tired?</td>
<td>O₁</td>
<td>O₂</td>
<td>O₃</td>
<td>O₄</td>
<td>O₅</td>
</tr>
</tbody>
</table>
10. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

<table>
<thead>
<tr>
<th>All of the time</th>
<th>Most of the time</th>
<th>Some of the time</th>
<th>A little of the time</th>
<th>None of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>$O_1$</td>
<td>$O_2$</td>
<td>$O_3$</td>
<td>$O_4$</td>
<td>$O_5$</td>
</tr>
</tbody>
</table>

11. How TRUE or FALSE is each of the following statements for you?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Definitely true</th>
<th>Mostly true</th>
<th>Don't know</th>
<th>Mostly false</th>
<th>Definitely false</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) I seem to get sick a little easier than other people</td>
<td>$O_1$</td>
<td>$O_2$</td>
<td>$O_3$</td>
<td>$O_4$</td>
<td>$O_5$</td>
</tr>
<tr>
<td>b) I am as healthy as anybody I know</td>
<td>$O_1$</td>
<td>$O_2$</td>
<td>$O_3$</td>
<td>$O_4$</td>
<td>$O_5$</td>
</tr>
<tr>
<td>c) I expect my health to get worse</td>
<td>$O_1$</td>
<td>$O_2$</td>
<td>$O_3$</td>
<td>$O_4$</td>
<td>$O_5$</td>
</tr>
<tr>
<td>d) My health is excellent</td>
<td>$O_1$</td>
<td>$O_2$</td>
<td>$O_3$</td>
<td>$O_4$</td>
<td>$O_5$</td>
</tr>
</tbody>
</table>
Curriculum Vitae – Elisha Jo

EDUCATIONAL BACKGROUND

In progress
Ph.D. Candidate, Music Education, The University of Western Ontario

2010
Masters of Music, Music Education, The University of Western Ontario

2007
Masters of Music, Organ Performance, McGill University

2004
Bachelor of Music, Organ Performance, McGill University

PUBLICATIONS

Chapter in an edited book


Book Review


Online publication and Conference proceeding

Jo, E. & Linton, L. (2010). "Musical Identity and Culture: Exploring the Korean Diaspora through the Lens of Piano Pedagogy" PowerPoint presentation at the Leading Music Education International Conference published through the Scholarship@Western website: http://ir.lib.uwo.ca/lme/May31/Program/12/

PRESENTATIONS, PAPERS, AND POSTERS


TEACHING EXPERIENCE

Teaching/Research Assistantship - Don Wright Faculty of Music, University of Western Ontario
Winter 2014  Psychology of Music: 4th year undergraduate course
- Delivered a 2-hour lecture on the topic of "Transfer of Learning"
- Graded exams and papers and provided comments for improvement
- Advised students for potential research topics and relevant resource

Fall 2013, Fall 2011  Introduction to Music Education: required undergraduate course
- Conducted occasional lectures and led class discussions
- Graded assignments and term papers to provide comments for improvement
- Counseled students experiencing difficulties with the course during office hours
Winter 2013  **Elementary Music Education and Canadian Content**: 4th year undergraduate course for Music Education majors

- Conducted occasional lectures and led class discussions
- Evaluated students' performances including presentations and in-class activities
- Guided and counseled students for potential research topics on class presentation and final project
- Developed class assignments and projects with the primary course instructor

Fall 2013. **Music, Education and Culture**: undergraduate course

- Lectured on music across diverse cultures, musical concepts, and arts curriculums in discussions with the primary course instructor
- Led class discussions and activities

Fall 2011 - Winter 2012. **Elementary Music Education**: undergraduate course for Music Education majors

- Conducted occasional short lectures and facilitated class discussions
- Developed assignments with the primary course instructor
- Provided guidance to students for final projects and research ideas
- Graded assignments and provided comments for improvement
- Conducted a creativity project with the primary course instructor
  - Researched and reviewed literature related to perception of creativity
  - Interviewed students to collect and documented data

Fall 2010 - Winter 2011. **Choral Conducting**: undergraduate course

- Assisted as a piano accompanist for the class
- Provided feedback during individual practice sessions and collaborated as a piano accompaniment for in-class conducting evaluations
- Practiced requested repertories for individual students as well as for class activities

Fall 2009 - Winter 2011. **Vocal Methods**: required 1st year undergraduate course

- Coached individual students during practice sessions and collaborated as a piano accompaniment for the class performance
- Practiced requested repertories for individual students as well as for class activities