

# Music as Somatic Therapy: An Embodied and Affective Educational Approach for Older Adults

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**Abstract:** This study proposes an embodied educational approach for older adults through singing practices in community spaces—not merely as a form of entertainment or social interaction, but as a process of somatic and affective therapy. From a posthumanist theoretical perspective, older adults are no longer perceived as "subjects in need of care," but as somatic agents—individuals who sing to connect, to feel, and to exist in an increasingly fragmented and dehumanized world.

Singing in clubs becomes a practice of embodied education, where older adults materialize memories, sounds, emotions, and even silences—thereby creating a learning space in which humans, objects, technologies, and temporalities are entangled. This is where they practice the right to be present—not merely to survive, but to live with emotion, connection, and voice.

By combining posthumanist theoretical analysis with empirical surveys in community singing clubs, the study elucidates the material–affective–social forces shaping the quality of older adults' learning through music. At the same time, it proposes a model of the "Sustainable Singing Club" as a space of somatic education, where music serves as a medium of therapy, embodiment, and ontological reconfiguration within a shared ecology of humans, sounds, memories, technologies, and communities.

**Keywords:** Embodied education, Somatic therapy, Older adults, Music and emotion, Posthumanism.

## INTRODUCTION

The rapid aging of populations in contemporary society not only raises issues of healthcare and social welfare but also deeply challenges how we design spaces of presence, expression, and value for a generation increasingly pushed to the peripheries of modern life. While care policies for older adults continue to rely heavily on biomedical indicators, recent studies demonstrate that enhancing quality of life cannot be separated from non-material factors such as emotion, memory, community connection, and a sense of belonging (Cohen *et al.*, 2006; Clift *et al.*, 2015). It is precisely at this intersection that somatic therapy and embodied education—not merely physical care—emerge as essential lines of intervention. This is also where posthumanist theory, with its emphasis on reconceptualizing the human as an inter-material, inter-affective, and inter-spatial entity, proves particularly suitable for reframing how older adults are viewed—not as passive "subjects" but as expressive agents with the capacity to sense, create, and shape spaces of existence through artistic and emotional expression (Braidotti, 2013; Barad, 2007).

In this context, music—especially singing—emerges not only as a therapeutic medium but as a form of embodied education, wherein older adults enact presence through the body, sound, and

affect. Through participation in community singing clubs, they not only breathe better and improve memory, but also feel heard, recall, connect, and continue to exist as vibrant cultural subjects (Allen, 2019; Creech *et al.*, 2013). Singing spaces thus become places where they reconfigure themselves within a multilayered network of memory–emotion–sound–object–technology, thereby expanding the scope of lifelong education beyond traditional biological or sociological functions.

However, the educational and therapeutic potential of singing remains underdeveloped due to several barriers in implementation: financial and human resource shortages, health limitations, technological gaps, and the lack of integrated community support. More importantly, many current models maintain a traditional anthropocentric view—where older adults are framed as "recipients of support" rather than as learners, feelers, and co-creators.

In response, this study approaches singing as a form of somatic therapy and embodied education for older adults, by integrating posthumanist theory with empirical research in community singing clubs. The research does not aim to measure the linear effectiveness of singing therapy but rather to clarify the material–affective–social forces shaping participation quality and, more significantly, to develop a model of the "Expressive Singing Club"—a space in which older adults are empowered to enact affect, recount their life stories, and be present as intentional actors within a wider social–affective–symbolic network.

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Three core research questions are posed:

How does singing contribute to improving mental–physical health and reestablishing social connections for older adults in contemporary society?

What factors influence the quality and level of participation of older adults in community-based singing activities?

How can we design a model of a singing club that flexibly adapts to current social contexts while maintaining the cultural presence and identity of older adults?

By identifying both challenges and potentialities, the study not only contributes to awareness of singing as a form of community therapy but also proposes a new educational orientation: seeing artistic activity not merely as entertainment or care, but as a means of ontological expression—where older adults appear as learning, feeling, and co-creating agents within a shared emotional, connective, and meaningful lifeworld in the posthuman era.

## LITERATURE REVIEW

Over the past two decades, international studies have demonstrated an increasingly clear link between singing and the quality of life for older adults. Cliff *et al.* (2015) emphasize singing as a public health resource, particularly in enhancing well-being and life satisfaction. Cohen *et al.* (2006) affirm that professional arts programs—including singing—can significantly improve physical, mental, and social health. These findings have been further supported by subsequent reviews (Cliff, Gilbert & Vella-Burrows, 2018; Creech *et al.*, 2013), revealing a close connection between music, mental health, and sustained social presence among the elderly.

In terms of cognitive function, Kim, Cuevas, and Wood (2023) provide a systematic review indicating that music—particularly singing—can enhance cognition and quality of life in older adults with mild memory impairment. Research by Joseph and Southcott (2018) in Australia also reveals that choral singing not only boosts mental health but strengthens intergenerational social bonds. Experimental trials by Coulton *et al.* (2015) and Galinha *et al.* (2022) further clarify the effectiveness of community singing as a cost-efficient intervention.

From a community perspective, the Silver Song Club project (Bungay, Cliff & Skingley, 2010) exemplifies how singing promotes joy, collective attachment, and reduced social isolation. Daykin *et al.* (2018) summarize the key success factors of

community singing programs, highlighting their social bonding power and affective dimensions. Allison *et al.* (2020) add a multicultural lens, stressing the adaptability of singing across diverse aging populations.

In terms of organizational and conceptual foundations, Buchanan (1965) proposed the "club" as a resource-sharing structure based on common benefits. However, Hillman (2002) warns that for singing to be maximally effective, strategic designs must consider the social context and individual characteristics. The work of Lehmberg and Fung (2010), as well as Lee, Davidson, and Krause (2016), underscore the pivotal role of organizational design and management in influencing participation levels. In Vietnam, HelpAge International Vietnam (2024) has also noted similar challenges in sustaining intergenerational club models, especially in resource-limited areas.

Despite proven benefits, most existing studies remain descriptive or focus on listing barriers. Few have approached these challenges as the result of complex, interrelated material–social–affective–technological forces impacting older adults' ability to sustain and engage in singing practices. Moreover, expressive and sustainable models of organization are still lacking. This reveals a theoretical and practical gap: no current framework fully integrates therapeutic, embodied, and expressive dimensions of community singing in a rapidly transforming social landscape.

It is precisely in this context that posthumanist approaches (Braidotti, 2013; Barad, 2023) provide the necessary theoretical grounding to reconceptualize older adults—not as "care-receivers" but as somatic agents capable of co-creating educational spaces through musical practices. Rather than focusing solely on human subjects, this approach allows the examination of relationships among bodies, sounds, objects, memories, and technologies—as an interactive network that constitutes the singing experience. Based on this, the present study aims not only to clarify the material–affective–social forces influencing participation quality but also to propose a model of singing club grounded in embodied education and somatic therapy—aligned with the realities of population aging and the needs of lifelong learning in the 21st century.

## METHODOLOGY

This study adopts a mixed-methods approach using an explanatory sequential design to combine the strengths of quantitative and qualitative data in exploring the emotionally rich and interdisciplinary

phenomenon of older adults' singing practices in community spaces. The quantitative phase was conducted first to identify participation patterns, trends, and the impact of singing on mental and social well-being. Based on these results, the qualitative phase followed to gain deeper insight into emotional mechanisms, embodied experiences, and socio-cultural contexts influencing older adults' participation. This integration expands both the breadth and depth of data while enhancing the richness and internal validity of research findings.

Theoretically, the study draws on posthumanist approaches (Barad, 2023; Braidotti, 2013; Hackett & Somerville, 2017; Haraway, 2016), which emphasize the material and affective relationships among humans, sound, objects, and community. Within this framework, music is not merely a therapeutic tool but part of the lived environment—where older adults can embody, sense, and reaffirm their social position through somatic engagement with space and others. Concepts such as the “non-human community” and “nonlinear connectivity” enable an understanding of singing as a networked form of somatic education, rather than a purely individual intervention.

Additionally, the study integrates three foundational theories to bridge with educational and health practices:

(1) Music Therapy Theory (Bruscia, 1998), which explains how music facilitates emotional expression, psychological recovery, and social interaction.

(2) Self-Determination Theory by Deci and Ryan (1985), which elucidates intrinsic motivation in sustaining artistic engagement as an expression of self-worth, autonomy, and interpersonal connection.

(3) The Active Aging Model by Rowe and Kahn (1997), which provides an analytical framework for the role of social activity in positive adaptation to aging.

Regarding data collection, the quantitative phase involved a survey of 250 older adults currently participating in singing clubs across three northern provinces of Vietnam. Data were collected using self-administered questionnaires with a five-point Likert scale, designed based on existing theoretical frameworks and prior literature. Survey indicators included: motivation for participation, emotional and mental perceptions, impacts on physical and social health, and overall satisfaction. The sample was selected using purposive sampling to ensure diversity in gender, age, and levels of engagement with singing activities. Data were processed using SPSS 26, with descriptive statistics, exploratory factor analysis (EFA)

to identify latent constructs, multivariate linear regression to measure the influence of independent variables on emotional–social outcomes, and T-tests and ANOVA to detect differences among participant groups.

Subsequently, the qualitative phase consisted of semi-structured interviews with 15 older adults (diverse in gender, age, and frequency of participation), focusing on: motivation for sustained involvement, embodied experiences during singing, emotional and physical transformations, and expectations for improving the club model. Interview data were coded following Braun and Clarke's (2006) thematic analysis procedure, including: familiarization with the data, open coding, theme identification and review, and theme articulation. Prominent themes included: a sense of freedom, memory evocation tied to personal experiences, intergenerational connection, and technological barriers. These aspects were analyzed not only as subjective reflections, but also as indicators of affective–social forces operating within the singing space (see Figure 1).

Beyond interviews, the research team also conducted structured observations of 10 singing sessions across five different clubs. These observations focused on bodily interactions, sound, expressions, assistive objects (microphones, speakers, screens), and the material context of the singing spaces. Observational data were analyzed using both qualitative descriptions and complementary quantitative coding to highlight the multisensory embodiment and expressive dimensions of communal singing practices.

All research procedures adhered to international ethical standards. Participants were provided with comprehensive information and signed informed consent forms. They were free to withdraw from the study at any point without consequence. All personal data were anonymized and securely stored. Since the study involved no medical intervention or collection of sensitive biological data, formal approval from a biomedical ethics board was not required. Nevertheless, the research team committed to following all ethical guidelines applicable to sociological and educational research.

## RESULTS

### Embodied Participation and the Affective Reconstitution of Aging

Based on a quantitative survey of 250 older adults from five singing clubs in Hanoi (95 men and 155 women, aged 60 to 75), the sample included a diverse

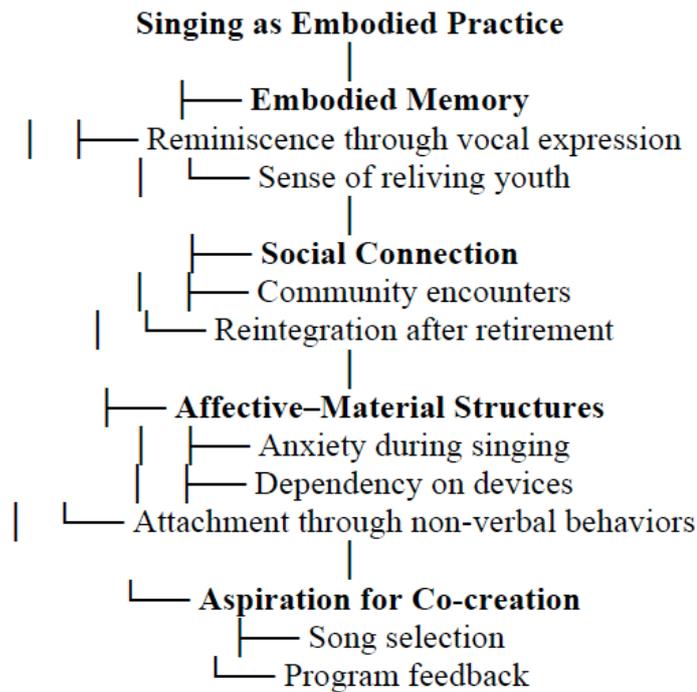


Figure 1: Coding Tree.

demographic composition. Approximately 42% of participants had completed secondary education, 35% had attained higher education (college/university), and 23% had only completed primary schooling. While most participants were retired civil servants or former workers, the level of formal education significantly correlated with technological adaptability ( $r = 0.41, p < 0.05$ ) and self-reported confidence in public singing. These data suggest that educational background shaped not only access to participation but also affective engagement with singing technology and group dynamics.

Quantitative data indicated that singing was not merely a form of entertainment or psychological therapy, but a practice through which older adults reconfigured their sense of self by engaging with sound, memory, the body, and the community. Up to 80% of respondents reported significant mental improvement after each session, while 75% noted increased social connection—suggesting that singing functions as a kind of “embodied social technology” where the resonance of voices and group rhythm cultivates a shared space of expression between people and between human and non-human elements.

On a physical level, 65% said that singing helped them regulate breathing and engage in gentle movement, thereby re-establishing a connection with their aging bodies. This form of movement was not forced but experienced as intentional and attuned—an important feature of embodied learning. Notably, the correlation between participation frequency and mental

well-being satisfaction reached  $r = 0.58 (p < 0.01)$ , showing that the rhythmic repetition and emotional resonance of singing created an existential rhythm—a way of reconstructing life post-retirement where presence is no longer solitary but structured through sound, collectivity, and feeling.

**Embodied Vulnerability and Posthuman Participation: Negotiating Aging through Voice, Memory, and Belonging**

Despite the benefits, older adults faced distinct posthuman barriers—where material and technological agents were not mere backdrops but active forces affecting their capacity to participate.

Specifically, 70% reported physical limitations during extended rehearsals or when performing complex songs, highlighting a continual negotiation between biological constraints and the desire for embodied presence. 60% indicated that financial limitations hampered club operations—sound equipment, costumes, and venues functioned both as expressive tools and as obstacles when unaffordable.

Technological barriers emerged not merely as technical issues but as boundary lines of access and belonging: 40% found it difficult to practice at home using digital devices, and 25% could not use them at all. Within a posthumanist framework, technology here is not a neutral intermediary but a constitutive part of the singing ecosystem—excluding those who cannot attune to it socially or technically.

Moreover, 50% of participants stated that lack of support from family or the local community disrupted their participation. T-tests ( $p < 0.05$ ) confirmed that the presence of supportive factors—both human and non-human—was essential to sustained involvement. It is not only biological ability but the entire network of objects, sound, technology, and community that enables older adults to be present, to learn, and to heal—somatically and socially.

To deepen insights beyond what the survey could capture, the team conducted 16 semi-structured interviews, both individual and small-group (25 participants coded from TV1 to TV25), alongside structured observations of 10 real-life club sessions. The qualitative data clearly demonstrated that singing was not just recreational but a form of embodied practice in which voice, lyrics, memory, and community coexisted, interwove, and co-shaped one another in a structure of affective and material entanglement.

Many described the experience of “reliving the past” through old songs—not as cognitive recall but as affective reappearance through vocal tone, inflection, and bodily interaction with sound. One participant shared: “Every time I sing those old songs, I feel like I’m back in my youth” (TV2, female, 68), showing how personal time is restructured through musical experience. The club also played a role in reviving social relationships that had faded post-retirement. Attending sessions was not only about singing but about meeting, chatting, and feeling one’s presence in a collective. “Now that I have friends to sing with, I feel cheerful and look forward to rehearsal days” (TV7, male, 70). Here, older adults were no longer isolated individuals but dynamic beings within networks of human and non-human relations.

Several responses also revealed subtle resistance to the gradual social fading of the aging self. Despite fatigue or long travel distances, many made consistent efforts to attend. “At home, I feel useless. Here, at least people care about me” (TV13, male, 74) speaks to the desire for meaningful presence. Coming to the club,

listening to others sing, practicing familiar songs—even without performing—was a way of maintaining rhythm in life, through body and community.

Notably, many expressed a desire to engage more deeply in the organization of activities. “It would be better if we could choose the songs ourselves” (TV20, female, 67). This signaled a shift from passive enjoyment to co-creation—a claim to agency within the micro-structure of performance spaces, where soft power is negotiated not through words but through musical choices, rehearsal methods, and modes of participation.

Observations of the 10 sessions further enriched the analysis. High attendance, especially among women over 65, showed that participation was not formal but embodied as part of weekly life. Venues were typically community halls with basic equipment (speakers, wireless microphones, karaoke screens). Seating arrangements faced the stage, with minimal lighting and amenities, yet sufficient to create an expressive field where sound, body, and social interaction became modes of being present.

Programs were generally consistent: vocal warm-ups followed by group practice of familiar songs. However, many relied heavily on screens to follow lyrics, indicating memory-related barriers. Emotional sensitivities were also observed, such as anxiety on stage or discomfort with informal peer feedback—suggesting that while singing fosters healing and connection, it is also a site where the vulnerability of the aging self is exposed, negotiated, and reshaped in each session.

Still, even small actions—preparing before the session, chatting on the sidelines, or simply sitting quietly to listen—signaled deep embodied attachment. Participation was not measured by performances but by how they felt, listened, sat, observed, and co-existed with others. These were forms of non-verbal embodiment, where emotional–material–social networks functioned as a co-creative ecosystem for post-labor life.

**Table 1: Key Qualitative Themes from Interviews and Observations**

Main Theme	Sub-code (Representative Quote)	Participant Distribution
Embodied memory	“I feel like I’m back in my youth” (TV2); singing old songs evokes the past	17 out of 25 participants
Post-retirement reconnection	“I look forward to rehearsals to see my friends” (TV7)	14 out of 25 participants
Social exclusion	“At home, I feel useless” (TV13)	9 out of 25 participants
Desire for co-creation	“It’d be better if we could choose the songs” (TV20)	6 out of 25 participants
Psychological–physical signs	Anxiety when performing, screen dependence due to memory issues	Observed in 7 out of 10 sessions
Tacit somatic engagement	Sitting quietly, preparing early, exchanging silent glances	Observed in all sessions

The qualitative results not only confirmed trends from the survey but also deepened our understanding of singing as an embodied practice—through which older adults co-create selfhood, community, and social rhythm with every voice lifted, every bodily gesture, and every loop of expression within the more-than-human world.

## DISCUSSION

### When Older Adults Sing – It Is More Than Joy

At first glance, the singing clubs for older adults in Hanoi may appear to be casual gatherings—leisurely, recreational, and lighthearted. Yet stepping inside—listening to how they sing, how they sit, wait, smile at one another, or even remain silent—reveals that this is not merely about singing. It is a way of living. Older adults do not come to the club simply out of a love for music. Many say they come because home feels too empty, too quiet. Some come just to hear others sing, to watch others perform. For some, this is the only place where they still feel "useful," where someone is waiting for them. These aspects—absent from any health survey or happiness index—are what truly keep them coming, keep them attached. Our research confirms this. Beyond physical and mental benefits, what older adults truly find in singing is a sense of belonging: belonging to a community, to their own memory, to a rhythm of life where someone is listening. A familiar song does not simply evoke youth—it reminds them of who they once were, and still are, in this world.

However, not everyone finds it easy to enter or stay connected with these spaces. Many face barriers—not because they dislike singing, but because they cannot hear clearly, see well, use the microphone, or have no one to accompany them. Sometimes, they simply feel they do not belong. Such seemingly minor obstacles—a microphone that is too heavy, an unfamiliar song, a careless comment—can make them hesitate or withdraw. We have long been accustomed to thinking of older adults as "recipients of care." But in reality, they are capable of organizing, choosing songs, hosting sessions—and more importantly, they have stories to tell, emotions to share, and knowledge to pass down. If we see them as carriers of lived memory, then singing sessions can become real cultural spaces—where the past, present, and even the future meet through melodies and voices.

The challenge is that many clubs still operate in rigid ways: fixed schedules, predetermined song lists, and unchanging routines over the years. Older adults often remain mere "attendees" rather than true "co-creators." Technological barriers further widen the

generational gap: young people go online; elders don't know which button to press. Even song choices are sometimes made by organizers—not the singers. In light of these challenges, this study reexamined the role of community singing by addressing three interrelated research questions.

First, the findings affirm that singing contributes significantly to both mental and physical well-being, as well as to the reestablishment of social connections for older adults. Quantitative data showed clear correlations between participation frequency and improvements in mental health, while qualitative accounts revealed singing as a practice of relational healing and existential reaffirmation. Second, the study identified multiple factors influencing participation quality, including gender, physical capacity, technological familiarity, and affective motivation. Material-affective barriers such as microphone heaviness or digital illiteracy proved just as impactful as age or health conditions—suggesting that participation is shaped by a broader ecological assemblage rather than by demographic markers alone. Third, a model of the "Sustainable Singing Club" was proposed, integrating flexibility, co-creation, and intergenerational support. This model responds directly to the need for spaces that adapt to aging bodies while affirming the cultural presence of older adults. It offers a framework for designing singing activities that are inclusive, embodied, and grounded in emotional and social relevance.

### Towards a Sustainable Singing Club Model

Based on empirical findings and theoretical reflection, it becomes evident that for singing activities among older adults to truly function as a practice of education, healing, and affective presence, a more flexible and inclusive organizational model is needed. What must be sustained is not simply a "club," but rather an entire co-living ecosystem—where voices, people, technologies, and memories co-exist in layered rhythms of life. In this ecosystem, five key elements are central:

*An intergenerational coordinating team as a consensus-based structure:* No club can be sustainable if all decisions rest solely with administrative staff. The presence of older adults in co-ordination roles—alongside younger people, cultural workers, and tech facilitators—creates a truly dialogic space. Young people may assist with technology, but older adults bring lived knowledge and collective memory. Having them all at the same table—making decisions together from song selection to session formats—ensures that every voice is recognized.

*Presence as full participation:* Participation is not always about singing on stage. Some people just come to listen. Some help print lyrics. Some sit quietly in the back row but still belong. Engagement should not be measured by performance frequency, but by a sense of belonging—where every visit to the club feels like coming home. This sustains a softer but deeper form of participation—where older adults do not need to “perform” in order to “be present.”

*An affective space—where even the physical listens:* A simple activity room with soft lighting, chairs that aren’t too high, and gentle sound levels can be more effective than expensive equipment. A familiar space—where a glass of water is always in the right place or the curtain filters the afternoon sun—can ease a weary body and warm fading memories. This is a form of education through texture, reverberation, and the quiet experience of being cared for.

*An open program—empowering individual voices within the collective:* Every older adult has a unique rhythm, memory field, and aesthetic taste. Rather than a rigid rehearsal schedule, clubs should allow for individual preferences: some may sing old songs, some want to try pop music, some don’t sing at all but share a story. Diverse entry points help each member find their place. When elders can choose their songs, receive suggestions suited to their vocal range, or simply be allowed to go off-rhythm without criticism—they will sing not out of obligation, but because they have something to express.

*Technology as part of a living memory:* If designed to listen, technology can be a bridge, not a barrier. A lightweight microphone, a simple karaoke app, or a recording sent to grandchildren—these allow the elder’s voice to continue resonating even when they are no longer physically present. Familiar songs, digitized and annotated with personal stories, become a living archive—not static heritage but circulating memory fragments. This also brings the voice beyond the room, into digital space—as a declaration: they are

still here.

A sustainable singing club, then, is not just well-managed or well-funded. It is a space where older adults are not passive recipients but active co-creators of shared cultural life. When they are listened to, allowed to narrate, and share—through voice, presence, or meaningful silence—singing becomes more than a weekend activity. It becomes a pedagogy of embodiment, where aging bodies are revived bit by bit, in the rhythms of a caring community (see Figure 2).

To implement this model effectively, singing clubs for older adults needed to take several key steps: adjusting singing programs to align with individual preferences and needs, investing in modern audio and technological equipment, building opportunities for social engagement beyond singing, and continuously innovating program content to maintain its appeal and attract ongoing participation.

## CONCLUSION

What unfolds in Hanoi’s elderly singing clubs—from trembling voices and expectant glances to the subtle gestures of holding a lyric sheet—is not merely recreational. It is a quiet but profound mode of being: a re-enactment of presence through sound, memory, and relational rhythm. This study has shown that, when practiced with regularity and care, singing becomes a form of somatic education—where older adults attune to their bodies, reclaim social visibility, and stitch together fragments of life otherwise at risk of fading into silence.

Beyond mental or physical benefits, the act of singing reactivates a sense of belonging: to one’s self, to others, and to the living archive of shared cultural memory. Rather than positioning music as a therapeutic supplement, this research reframes community singing as part of a posthuman cultural ecology—where people, technologies, sounds, and



**Figure 2:** Model of Sustainable Singing Clubs for Senior Citizens.

material environments co-create meaning through affective entanglement.

From this standpoint, the “Sustainable Singing Club” model was proposed—not as a rigid blueprint, but as an adaptive framework built around five core dimensions: intergenerational co-management, unconditional presence, emotionally attuned space, open-ended programming, and technology as a conduit for living memory. These components are not add-ons but constitutive of an educational ethos where aging is lived, voiced, and felt.

Yet such potential remains contingent. Structural barriers persist: declining health, limited access to technology, lack of emotional accompaniment. More profoundly, societal imaginaries still frame older adults as passive recipients rather than expressive agents. As long as this perception holds, singing clubs will struggle to evolve beyond auxiliary status.

This study is not without limitations. Its geographic scope is narrow and lacks longitudinal follow-up. Still, it offers a reorientation: aging not as retreat, but as a generative phase of learning through embodiment, co-presence, and emotional resonance.

In a world fractured by demographic shifts and atomized community life, modest spaces like singing clubs may quietly enact an alternative pedagogy—not of formal instruction, but of relational survival. Here, education emerges not from curriculum but from each remembered lyric, each trembling voice, each imperfect but meaningful round of applause. And within these delicate rituals, older adults do not fade—they resound.

## CONFLICTS OF INTEREST

The author declares no conflicts of interest.

## REFERENCES

- [1] Allison, T. A., Nápoles, A. M., Johnson, J. K., Stewart, A. L., Rodriguez-Salazar, M., Peringer, J., & Portacolone, E. (2020). Multi-cultural perspectives on group singing among diverse older adults. *Geriatric Nursing*, 41(6), 1006-1012. <https://doi.org/10.1016/j.gerinurse.2020.07.011>
- [2] Baltes, P. B., Baltes, M. M., Freund, A. M., & Lang, F. R. (1999). The measurement of selection, optimization, and compensation (SOC) by self-report: Technical report 1999. Retrieved from pure.mpg.de. <https://doi.org/10.1037/t04704-000>
- [3] Barad, K. (2023). Meeting the universe halfway: Realism and social constructivism without contradiction. In S. Jones (Ed.), *New perspectives in philosophy and science* (pp. 99-113). Springer. [https://link.springer.com/chapter/10.1007/978-94-009-1742-2\\_9](https://link.springer.com/chapter/10.1007/978-94-009-1742-2_9)
- [4] Buchanan, J. M. (1965). An economic theory of clubs. *Economica*, 32(125), 1-14. <https://doi.org/10.2307/2552442>
- [5] Bungay, H., Clift, S., & Skingley, A. (2010). *The Silver Song Club Project: A sense of well-being through participatory singing*. *Journal of Applied Arts & Health*, 1(2), 165-178. [https://doi.org/10.1386/jaah.1.2.165\\_1](https://doi.org/10.1386/jaah.1.2.165_1)
- [6] Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*. <https://doi.org/10.1191/1478088706qp0630a>
- [7] Braidotti, R. (2013). *The posthuman*. Polity Press.
- [8] Clary, E. G., Snyder, M., & Stukas, A. A. (1998). Volunteers' motivations: Findings from a national survey. *Nonprofit and Voluntary Sector Quarterly*, 25(4), 485-505. <https://doi.org/10.1177/0899764096254006>
- [9] Clift, S., & Camic, P. (Eds.). (2018). *Music, health and wellbeing: Exploring music for health equity and social justice*. Oxford University Press.
- [10] Clift, S., Hancox, G., Morrison, I., Shipton, M., Page, S., Skingley, A., & Vella-Burrows, T. (2015). Group singing as a public health resource. In S. Clift & P. Camic (Eds.), *Creative arts, health and wellbeing* (pp. 251-258). Oxford University Press. <https://doi.org/10.1093/med/9780199688074.003.0031>
- [11] Clift, S., Gilbert, R., & Vella-Burrows, T. (2018). Health and well-being benefits of singing for older people. In S. Clift & P. Camic (Eds.), *Music, health and wellbeing: Exploring music for health equity and social justice* (pp. 97-120). Oxford University Press. [https://doi.org/10.1057/978-1-349-95284-7\\_6](https://doi.org/10.1057/978-1-349-95284-7_6)
- [12] Cohen, D., Post, S. G., Lo, A., Lombardo, R., & Pfeffer, B. (2020). “Music & Memory” and improved swallowing in advanced dementia. *Dementia*. Retrieved from journals.sagepub.com <https://doi.org/10.1177/1471301218769778>
- [13] Cohen, G. D., Perlstein, S., Chapline, J., Kelly, J., Firth, K. M., & Simmens, S. (2006). The impact of professionally conducted cultural programs on the physical health, mental health, and social functioning of older adults. *The Gerontologist*, 46(6), 726-734. <https://doi.org/10.1093/geront/46.6.726>
- [14] Corvo, E., Skingley, A., & Clift, S. (2020). Community singing, wellbeing, and older people: Implementing and evaluating an English singing for health intervention in Rome. *Perspectives in Public Health*, 140(5), 263-269. <https://doi.org/10.1177/1757913920925834>
- [15] Coulton, S., Clift, S., Skingley, A., & Rodriguez, J. (2015). Effectiveness and cost-effectiveness of community singing on mental health-related quality of life of older people: Randomised controlled trial. *The British Journal of Psychiatry*, 207(3), 250-255. <https://doi.org/10.1192/bjp.bp.113.129908>
- [16] Creech, A., Hallam, S., McQueen, H., & Varvarigou, M. (2013). The power of music in the lives of older adults. *Research Studies in Music Education*, 35(1), 87-102. <https://doi.org/10.1177/1321103X13478862>
- [17] Creech, A., Hallam, S., Varvarigou, M., & Lee, Y. S. (2013). The role of singing in promoting well-being in older adults. *Journal of Applied Gerontology*, 32(2), 191-209. <https://doi.org/10.1080/14613808.2013.788143>
- [18] Dassa, A., & Amir, D. (2014). The role of singing familiar songs in encouraging conversation among people with middle to late stage Alzheimer's disease. *Journal of Music Therapy*. Retrieved from academic.oup.com <https://doi.org/10.1093/jmt/thu007>
- [19] Darrow, A. A., & Johnson, C. M. (1994). The effect of participation in an intergenerational choir on teens' and older persons' cross-age attitudes. *Journal of Music Therapy*. Retrieved from academic.oup.com <https://doi.org/10.1093/jmt/31.2.119>
- [20] Daykin, N., Mansfield, L., Meads, C., & others. (2018). What works for wellbeing? A systematic review of wellbeing outcomes for music and singing in adults. *Journal of Public Health*. Retrieved from journals.sagepub.com <https://doi.org/10.1177/1757913917740391>
- [21] Davidson, J. W., & McNamara, B. (2014). Evaluating the potential of group singing to enhance the well-being of older people. *Journal on Ageing*. Retrieved from Wiley Online Library <https://doi.org/10.1111/j.1741-6612.2012.00645.x>

- [22] Fu, M. C., Belza, B., Nguyen, H., & Logsdon, R. (2018). Impact of group-singing on older adult health in senior living communities: A pilot study. *Archives of Gerontology and Geriatrics*. Retrieved from Elsevier. <https://doi.org/10.1016/j.archger.2018.02.012>
- [23] Galinha, I. C., García-Martín, M. Á., & Lima, M. L. (2022). Sing4Health: Randomised controlled trial of the effects of a singing group program on the subjective and social well-being of older adults. *Applied Psychology: Health and Well-Being*, 14(1), 176-195. <https://doi.org/10.1111/aphw.12297>
- [24] Ha, B. T. T. (2015). Hạn chế và thách thức của công tác xã hội trong chăm sóc người cao tuổi hiện nay. *Tạp chí Xã hội học*, 4(132), 17-24.
- [25] Hackett, S., & Somerville, M. (2017). *More-than-human participation in educational settings*. Springer.
- [26] Haraway, D. (2016). *Staying with the trouble: Making kin in the Chthulucene*. Duke University Press. <https://doi.org/10.2307/j.ctv11cw25q>
- [27] HelpAge International Vietnam. (2024). Chia sẻ kinh nghiệm phát triển mô hình câu lạc bộ liên thế hệ tự giúp nhau. HelpAge International Vietnam. <https://helpagevietnam.org/tin-tuc/2024/chia-se-kinh-nghiem-phat-trien-mo-hinh-cau-lac-bo-lien-the-he-tu-giup-nhau/>
- [28] Hillman, S. (2002). Participatory singing for older people: A perception of benefit. *Health Education*. Retrieved from emerald.com <https://doi.org/10.1108/09654280210434237>
- [29] Hollander, J. A., & Howard, J. A. (2000). Social psychological theories on social inequalities. *Social psychology quarterly*, 338-351. <https://doi.org/10.2307/2695844>
- [30] Johnson, J. K., Louhivuori, J., & Siljander, E. (2017). Comparison of well-being of older adult choir singers and the general population in Finland: A case-control study. *Musicae Scientiae*, 21(2), 178-194. <https://doi.org/10.1177/1029864916644486>
- [31] Joseph, D., & Southcott, J. (2018). Music participation for older people: Five choirs in Victoria, Australia. *Research Studies in Music Education*, 40(2), 176-190. <https://doi.org/10.1177/1321103X18773096>
- [32] Knowles, M. (1980). *The modern practice of adult education: From pedagogy to andragogy* (2nd ed.). Follett Publishing Company.
- [33] Lehmborg, L. J., & Fung, C. V. (2010). Benefits of music participation for senior citizens: A review of the literature. *Music Education Research International*, 4(1), 19-30.
- [34] Maheshwari, A., & Maheshwari, G. (2024). Aging population in Vietnam: Challenges, implications, and policy recommendations. *International Journal of Aging*. Retrieved from ijage.com <https://doi.org/10.34172/ija.2024.e1>
- [35] McFadden, S. H., & Kivnick, H. Q. (2003). The role of music in the lives of older adults. *Journal of Aging Studies*, 17(1), 37-51.
- [36] Miyazaki, A., & Mori, H. (2020). Frequent karaoke training improves frontal executive cognitive skills, tongue pressure, and respiratory function in elderly people: pilot study from a randomized controlled trial. *International journal of environmental research and public health*, 17(4), 1459. <https://doi.org/10.3390/ijerph17041459>
- [37] Moss, H., Lee, S., Clifford, A. M., & Ní Bhriain, O. (2022). Together in song: Designing a singing for health group intervention for older people living in the community. *Nordic Journal of Music Therapy*. Retrieved from Taylor & Francis. <https://doi.org/10.1080/08098131.2021.2004613>
- [38] Nahum, M., Lee, H., & Merzenich, M. M. (2013). Principles of neuroplasticity-based rehabilitation. *Progress in Brain Research*. Retrieved from Elsevier. <https://doi.org/10.1016/B978-0-444-63327-9.00009-6>
- [39] Nam, U. V., & Duc, N. M. (2021). Population ageing and older persons in Viet Nam. General Statistics Office. Retrieved from vietnam.unfpa.org
- [40] Noice, T., Noice, H., & Kramer, A. F. (2014). Participatory arts for older adults: A review of benefits and challenges. *The Gerontologist*, 54(5), 741-753. <https://doi.org/10.1093/geront/gnt138>
- [41] Osman, S. E., Tischler, V., & Schneider, J. (2014). 'Singing for the Brain': A qualitative study exploring the health and well-being benefits of singing for people with dementia and their carers. *Dementia*, 15(6), 1326-1339. <https://doi.org/10.1177/1471301214556291>
- [42] Pearce, E., Launay, J., Machin, A., & Dunbar, R. I. (2016). Is group singing special? Health, well-being and social bonds in community-based adult education classes. *Journal of Community & Applied Social Psychology*, 26(6), 518-533. <https://doi.org/10.1002/casp.2278>
- [43] Putnam, R. D. (1993). *The prosperous community. The American Prospect*. Retrieved from philia.ca
- [44] Putnam, R. D. (2000). *Bowling alone: The collapse and revival of American community*. Simon & Schuster. <https://doi.org/10.1145/358916.361990>
- [45] Reagon, C., Gale, N., Enright, S., & Mann, M. (2016). A mixed-method systematic review to investigate the effect of group singing on health-related quality of life. *Complementary Therapies in Medicine*, 27, 1-10. <https://doi.org/10.1016/j.ctim.2016.03.017>
- [46] Sataloff, R. T. (2000). LaryngoSCOPE: Vocal aging and its medical implications: What singing teachers should know—Part I. *Journal of Singing: The Official Journal of the National Association of Teachers of Singing*, 57(1), 29-34.
- [47] Skingley, A., Clift, S., Coulton, S., & Rodriguez, J. (2011). The effectiveness and cost-effectiveness of a participative community singing programme as a health promotion initiative for older people: Protocol for a randomised controlled trial. *BMC Public Health*, 11, 142. <https://doi.org/10.1186/1471-2458-11-142>
- [48] Thompson, R. G., Moulin, C. J. A., Hayre, S., & Jones, R. W. (2005). Music enhances category fluency in healthy older adults and Alzheimer's disease patients. *Experimental Aging Research*, 31(1), 91-99. <https://doi.org/10.1080/03610730590882819>
- [49] Viet, T. Q., & Nhi, T. Y. (2024). Integrating Theatrical Arts into Storytelling Instruction in Primary Education: A Theoretical Framework and Practical Applications. *International Electronic Journal of Elementary Education*, 17(1), 145-155. <https://eric.ed.gov/?id=EJ1462005>
- [50] Vanneste, V., Pouthas, V., & Wearden, J. H. (2001). Temporal control of rhythmic performance: A comparison between young and old adults. *Experimental Aging Research*, 27(1), 83-102. <https://doi.org/10.1080/036107301750046151>
- [51] Viet, Tran Quoc, and Tran Yen Nhi. 2024. "Cultural Integration in Elementary Education: A Case Study from Hanoi." *Vietnam Journal of Educational Sciences* 20 (S2): 126-130. [http://vjes.vnies.edu.vn/sites/default/files/khgdvn\\_-\\_tap\\_20\\_-\\_so\\_s2\\_-126-130.pdf](http://vjes.vnies.edu.vn/sites/default/files/khgdvn_-_tap_20_-_so_s2_-126-130.pdf)

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