

Parent–infant music courses in Iceland: perceived benefits and mental well-being of mothers

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The objective of this study was to evaluate how parent–infant music classes would benefit young mothers frequenting a support group for young mothers at a community centre in comparison to a group of older mothers. When the courses had terminated the mothers were interviewed in their homes and their singing confidence was assessed, as well as their alertness to their infants' musical behaviour. The mental well-being of the mothers was measured using the short version of the Warwick–Edinburgh Mental Well-being Scale (SWEMWBS).

The results indicated that the courses were perceived as beneficial to the mothers and the infants to a similar extent as to older mothers who regularly participate in such classes with their infants. The young mothers were as interested as the older mothers in their infants' musical development. Some indications of age-related differences were found in terms of attitudes towards maternal roles in the future music education of their children. No differences were found in the subjective well-being between the younger and older mothers. Both groups rated high on the SWEMWBS.

Keywords: musical parenting; parent–infant music classes; young motherhood; mental well-being

Introduction

The topic of this paper

This paper looks at the variety of parent–infant music courses in different geographical locations and reports on one particular type of such courses offered to two groups of mothers in Reykjavik, Iceland. The study compared a group of young mothers to a group of older mothers in terms of perceived benefits of the courses and the mothers' subjective well-being.

Parent–infant music courses are best described as a support to parents' intuitive use of musical behaviour in communicating with their infants. In such courses, parents are likely to learn a repertoire of songs, rhymes and games which positively affect their infant's musical and overall development. Any active musical behaviour by a parent in a parent–child interaction can be regarded as 'musical parenting'. By this definition, the purpose of parent–infant music courses is to strengthen and encourage the participants in musical parenting.

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Musical parenting in early life

The focus of research in early childhood music education is no longer limited to the preschool years. Studies of infants' musical abilities and perceptions have indicated that infants are capable of musical learning (Trehub 2006), can communicate through musical behaviour (Ferrari and Addressi 2009; Leimbrink 2009) and have musical preferences (Ilari 2009).

Viewing infants as capable learners and listeners of music has implications for the development of infant–parent music classes and on musical parenting in general. In fact, musical parenting of toddlers and infants has received increased attention among researchers (Cappelli 2009; Custodero 2006; Custodero, Britto, and Brooks-Gunn 2003; Dionyssiou 2009; Ilari 2005; Young 2008). Parents apply music to the daily routine as they take care of their infants in the home. Intuitively, most parents seem to sing with their infants (Ilari 2005) and toddlers (Custodero 2006; Custodero and Johnson-Green 2008). Nevertheless parents' everyday use of music may increasingly involve the use of recorded music and toys that produce music (Young 2008). Many early childhood specialists would agree that one of the primary goals of parent–infant music courses is to encourage parents' active engagement in traditional singing and musical games with their infants (Stehouwer 1995). However, knowledge is sparse in terms of the effects of infant–parent music courses or structured musical experiences in early childhood.

Parent–infant music courses

Music courses for infants and parents are now found in many countries. However, the nature and composition of such courses vary greatly as well as the models behind them. In German- and English-speaking countries, it is common to find music courses as commercial models targeted towards parents with above average leisure time and disposable income. For example, in the USA, UK and Germany there are currently dozens of brand name music courses for parents and infants marketed on the Internet. Yet music courses for infants and parents can also be found in art centres, for example in Italy (Cappelli 2009); in conjunction with higher education of early childhood specialists as in Corfu, Greece (Dionyssiou 2009); or in community-based social equality programmes such as in New York, USA (Timmer 2008).

In Scandinavian countries (Denmark, Norway and Sweden), it is most common to find parent–infant music classes in subsidised community art and/or music schools (Kultur skoler). In Norway, courses affiliated with the organisation 'Musikk fra livets begynnelse' (Music from the beginning of life) have been offered officially since 1990. This movement began in the late 1980s and evolved into a professional organisation intended to provide support to early childhood music educators and for enhancing the quality of early childhood music education (Stehouwer 1995). Parent–infant courses have been offered for a similar length of time in Denmark and Sweden and under similar conditions as in Norway. In the last decade, the church communities in these Nordic countries have increasingly offered parent–infant music courses in the churches and some believe these courses compete with the more traditional parent–infant courses, because the churches usually offer these courses for free (Cavallari 2009; Ervik 2010).

Parent–infant music courses in Iceland

Music courses for parents with infants have not been as common in Iceland as in other Nordic countries. In Iceland, parent–infant music courses were offered irregularly until 2003 when an Icelandic method in musical parenting called ‘Tonagull’ was introduced. This is a ‘commercial’ type of method developed by a music specialist for the purpose of encouraging musical parenting through songs and musical games. The enrolment in these courses increases each year. Similar courses can now be found in private music schools in Reykjavík. However, commercial courses are not subsidised which means that parents pay for participation.

In fact, it has been rare to find subsidised or free-of-charge parent–infant music courses in Iceland. Therefore, parent–infant hymn singing built on a Danish model (Baby salme sang) offered in an Icelandic church for the first time in the spring of 2009 was well received by parents with infants. Provided that the professional quality of the courses is ensured, such courses can be an important alternative for parents who cannot afford commercial music courses. One group who may especially benefit from free infant–parent music courses is young mothers.

Maternal age and motherhood

Young mothers encounter prejudicial attitudes in society and are thought to have poorer parenting abilities than older mothers (Breheny and Stephens 2007). Although the age norm when mothers are considered young varies somewhat between cultures and from time to time, young motherhood is frequently discussed as undesirable. It seems that young mothers in their twenties receive the same type of prejudices nowadays as teenage mothers did a few decades back (Whitley and Kirmayer 2008).

Because of changes in social norms, mothers in their early twenties are considered young in Reykjavík although some mothers at that age may not consider themselves as being young mothers. Mothers under the age of 25 can seek support in groups for young mothers at a municipal community centre in Reykjavík (Hitt-Húsið) and by doing so define themselves as young mothers. Recent studies have refuted some of the conventional wisdom on young parenthood. These studies have created doubts about the traditional perspective of young parenthood necessarily having negative effects on the mothers’ mental health and their offspring’s prospects. In fact, a measurement of self-perceived resources of adolescent parents may be more important for predicting depression than age (Eshbaugh, Lempers, and Luze 2006). Furthermore, the disadvantages facing children of young mothers seem to be more strongly related to family background than to the mother’s age (Lopez Turley 2003). Interestingly some studies report more positive experiences related to young parenthood than negative (Arai 2009).

Studies have found some differences in the parenting methods of mothers according to their age (Reis 1989). Nevertheless there is evidence that many adolescent and young mothers can provide good parenting, although, as a group, young mothers tend to be less knowledgeable about child development than older mothers and more punitive in their attitudes towards child rearing (Reis 1989). However, intervention studies suggest that young mothers can be strengthened in

their mothering skills through systematic care and support (McDonald et al. 2009; Robinson and Emde 2004).

New mothers and subjective well-being

The quality of life or mental well-being of new mothers, regardless of age, has received increased attention in recent years because new mothers are at risk for developing depression and because the mental health of mothers is shown to be linked to the physical health of their infants in the first year (Zhou, Wang, and Wang 2009). Several measures have been developed and devised for the purpose of isolating factors that constitute the perceived well-being of individuals (see for example, Morgan and Farsides 2009). Although it has been established that new mothers are at a higher risk for developing depression or experiencing reduced well-being, it has not been established whether there are differences in measured well-being among new mothers according to their age. Therefore, it is important to control for possible differences between groups in terms of well-being when comparing mothers of different ages.

Measuring mental health

The majority of measurements on mental health are used to diagnose mental illness, that is, to evaluate whether a person is mentally ill or not. These measurements focus on the aspects of mental illnesses of interest to psychiatrists and clinical psychologists, such as depression, anxiety, psychosis, drug misuse and, in children, conduct disorder or attention deficit hyperactivity disorder. Such measurements do not provide information about the level of mental health in people free of mental illnesses (Stewart-Brown 2002).

Many measures, as for example the Beck Depression Inventory (BDI; Beck 1967; Beck and Beck 1972), focus entirely on the negative end of the spectrum of symptoms and are therefore appropriate for diagnosing mental disorders. Such measures are not always appropriate, however. The consequence of using such measurements is that the subjects are assigned to categories which determine whether they have the disorder or not. Those who do not get diagnosed are subsequently all allocated to the same category and any differences among them can be difficult to detect. Measures that are designed for diagnostic purposes can provide continuously distributed scores. However, the resulting distributions tend to be positively skewed due to the fact that most people are diagnosed with good mental health. This results in a ceiling effect (Stewart-Brown 2002).

Measurements designed to evaluate general mental well-being result in better variations among subjects than conventional mental-health measures. One such is the Warwick–Edinburgh Mental Well-being Scale (WEMWBS; Tennant et al. 2007). The WEMWBS was developed to meet demand for instruments to measure mental well-being and differs from other scales of mental health in that it pertains only to positive aspects of mental health (Stewart-Brown et al. 2009).

A short version of the WEMWBS (SWEMWBS) was used in the present study. The short version includes seven positively phrased items all of which are gender neutral (Stewart-Brown et al. 2009). The scale was translated into Icelandic and this version has been found to be a reliable measurement of mental well-being with no

floor or ceiling effects. In a study by Gudmundsdottir (2009), SWEMWBS did show a weak positive correlation with age ($r=0.191$, $p<0.001$). Reported robustness of the shorter version made it a sensible choice for measuring the subjective well-being of the mothers in the present study.

The SWEMWBS was applied in this study to measure the mothers' mental well-being in order to establish how similar or dissimilar the two groups were in terms of mental health at the time of the interviews. The purpose was not to diagnose mental illness but to detect possible differences between groups in terms of mental well-being.

Subjects

The participants in this study were 12 mothers of infants under the age of one year and were randomly selected from two different groups of mothers. Half the mothers were randomly selected from a group of young mothers (aged 17–24) who participated in a free infant–parent music course at a community centre (19–23 years old, $M=21$, $n=6$, $SD=2.19$). The other half was a randomly selected group of mothers who participated in a brand name infant–parent music course paid for by them. The age range of the latter group was 35–41 years ($M=37.67$, $n=6$, $SD=2.42$). The younger mothers were all first time mothers while only one of the older mothers was a first time mother. There were some musically educated mothers in both age groups. Three mothers had learned to play a musical instrument for more than six years. One was from the older group and two from the younger group.

Most regular infant–parent music courses in Iceland have both mothers and fathers participating although it is common to have more mothers than fathers as participants. However, the young parents at the community centre were mothers only. Therefore, the older interviewees were randomly selected from a group of all mothers.

Method

The music course

All of the participants received parent–infant music courses taught in Reykjavík, Iceland, using identical material and the same commercial method called 'Tonagull'. This method was developed especially for the purpose of encouraging musical parenting using traditional Icelandic rhymes, riddles, songs and musical games. Some of the material is well known and in common use, while other items are less known, from archived recordings of Icelandic lullabies and nursery rhymes. The material is adjusted for circles of parents with infants through the use of games and musical movement.

Both groups were taught by the same early childhood music specialist and both groups received a complementary book and musical recordings (CD) containing the course material. The group of younger mothers was taught at a community centre where young parents meet once a week. The group of older mothers was taught in a university music classroom in which the 'Tonagull' parent–infant music classes are frequently taught. The two courses were made as similar as possible in the two settings, using identical material and props in the same manner.

The interviews and questionnaires

The participants in the study were visited in their homes after the music courses had ended. During the visits the mothers were interviewed and asked to fill out two short questionnaires. Each visit lasted not more than 30 minutes. Three types of information were collected: (1) the Icelandic translation of the SWEMWBS; (2) a 'Singing Confidence' questionnaire; and (3) recordings of half-open interviews. The same protocol was followed for all the mothers in this study.

The Icelandic version of the seven-item SWEMWBS was implemented to measure the mothers' state of well-being. This was done in order to establish whether there were any obvious differences in terms of mental state between the older and the younger mothers. As intended by the developers of the SWEMWBS, the instructions for the individuals taking the questionnaire were to respond to the questions in reference to the previous two weeks. The subjects responded to the seven statements on a five-point Likert scale: (1) none of the time; (2) rarely; (3) some of the time; (4) often; and (5) all of the time.

The Singing Confidence questionnaire consisted of five items: (1) singing alone; (2) singing with others; (3) singing for the infant; (4) infant's responsiveness to infant-directed singing; and (5) infant's responsiveness to music. Each item included a range of statements indicating degrees of high to low confidence or conviction.

The half-open interviews consisted of questions concerning attitudes towards musical parenting, the music course, the course material, the perceived benefits of music for infants and the mothers' observations of musical behaviour in their own infants. The duration of each interview was approximately 10 minutes.

Results

No differences were found in subjective well-being between the two groups of younger and older mothers as measured with the SWEMWBS. Each of the seven items elicited clear non-significant group differences and one item produced identical results in both age groups. All participants rated rather highly on the SWEMWBS, providing an unexpected ceiling effect for this sample (younger: $M = 29.00$, $SD = 4.21$; older: $M = 28.33$, $SD = 6.13$; maximum possible score = 35).

The results from the 'Singing Confidence' questionnaire indicated small or no differences between the answers of the younger and the older mothers. The younger mothers rated on average slightly higher than the older mothers on the first three items (Numbers 1, 2 and 3) regarding their own singing confidence (younger: $M = 3.56$, $n = 6$, $SD = 0.50$; older: $M = 3.33$, $n = 6$, $SD = 0.52$). This difference was not statistically significant ($F(1, 10) = 0.571$, $p = 0.467$). In general, all of the mothers reported rather high singing confidence and enjoyment of singing activities. The younger mothers mostly reported that they sing very often to their infant while the older reported singing very often or rather frequently to their infant. No mother reported singing 'seldom' or 'never' to their infant. No differences were found on the last two items (Numbers 4 and 5) both of which require the mothers' evaluation of their infants' responses to singing and to music. Both groups rated their infants' responsiveness to singing and to music as high.

In the half-open interviews, the mothers responded to questions about the music courses and their infants' responses to the courses and to music in general. They were

also asked whether they thought of their infant as being musical and whether they intended to encourage their child to study music later.

Regarding the music course, all of the mothers gave moderately positive to highly positive remarks reflecting satisfaction with the course and the course material. Many of the mothers mentioned especially that they liked learning or re-learning traditional Icelandic nursery rhymes:

I think I was learning most of the songs for the first time, except for one song. But then of course the rhymes with the fingers, I had never actually memorised them before, but I recognised them. (19-year-old mother A)

It's a lot of fun, really, and I really liked it too because of the old nursery rhymes, it's important to take care of that. (40-year-old mother)

Some of the mothers reported that they were using the games and the songs at home while others did less of that. The mothers' age did not seem to be related to how much they used musical activities at home with their infants.

The use of the recorded material complementing the course was somewhat linked to maternal age. All of the mothers reported that they frequently played the CD with songs from the music course for their infant. The majority played the CD at home for the purpose of calming the infant or to prolong independent playing time in the playpen. A few mothers reported playing the CD in the car because this had a calming effect on the infant during car rides. All but one of these mothers was in the younger group.

When asked whether they thought music to be important for young children, all of the mothers responded affirmatively. Mothers who gave elaborate answers about their beliefs in the benefits of music for children's overall development were from both the older and the younger group of mothers. The younger mothers seemed not less informed than the older mothers about popular beliefs in the effects of music on development in early life:

Researcher: Do you think music is important for young children?

Mother: Yes, very important.

Researcher: Why?

Mother: Just because it develops the brain a lot, and just stimulates them, you know, in so many ways somehow. I always had a lot of music in my life and I don't regret that. (19-year-old mother A)

Yes, yes, no doubt about that. I think it is just as important as talking to them and stimulating them in other ways, and so on. I think music is just as important. At least that's what I believe. (19-year-old mother B)

Yes, I think so...this sounds maybe very theoretical coming from a mum, but I think music activates definitely more zones, you see, more areas. Of course, if there was an area for talking and another area for reading, then I think there also must be an area for music or something, you know...that you can activate. At least this is what I believe. (35-year-old mother A)

Yes, yes, I think so, for everyone I think...well it is important that they get to know different kinds of music early on, because as soon as they get older they start judging, you see, and like with my older daughter...I let her listen to all styles of music and she

enjoyed listening to classical music a lot, some, not all of course, but (when she was) very little she could sit and listen to Vivaldi and so on. (35-year-old mother B)

The question regarding the mothers' expectations for their child's musicality and musical future prompted somewhat different answers from the younger mothers than the older mothers. The older mothers were generally not hesitant to declare their infants as musical while some of the younger mothers were not as certain in their statements. Some of the younger mothers replied that they could not tell because their infant was still too young.

The younger mothers were less determined than the older mothers when it came to speculations about future music studies for their infants. The answers of all but one of the younger mothers reflected that they wanted their children to decide for themselves whether they would learn to play an instrument:

Yes, I have thought about it, I am not going to push him, I want him to decide for himself. (19-year-old mother B)

No, but if he wanted to, then I would not hesitate to allow him [to study music] but I have not really thought much about it. (19-year-old mother C)

No, I will allow her to if she wants to, if she wants to go and learn to play an instrument or something. . . I won't tell her she can't or anything like that. (23-year-old mother)

The older mothers said with determination that music study would be a part of their children's upbringing and they were not so concerned that the initiative would need to come from the child. Most of the older mothers seemed to regard it as their duty to introduce the formal study of music into their children's lives. These tendencies were found whether the mothers had experiences of formal music study themselves or not:

Yes, I want her to study music. I believe that it's important, very important. (41-year-old mother)

Yes, definitely, that is what we do in this family. At least let her have a try at it. (36-year-old mother)

I would like him to have music lessons like his older brothers, you know, preferably Suzuki, I think. (39-year-old mother)

But it's up to the parents to lay the foundation. . . the parents have to encourage and do something about it if [the music study] is to materialise. (41-year-old mother)

Discussion

The purpose of this study was to investigate whether young mothers would benefit from engaging in parent–infant music classes at a community centre to the same extent as older mothers who are regular customers of such classes. The parent–infant music classes in this study had been offered for six years to parents who signed up and paid course fees. This was the first time an experiment was made to offer the courses free of charge for younger parents who normally may not afford such classes.

A test of subjective well-being was administered to gauge for differences that might be found in terms of age. This was important because low scores in subjective well-being by one group of mothers would suggest disadvantages for that group.

However, under normal circumstances, age does not seem to be strongly correlated with subjective well-being (Gudmundsdottir 2009). Although the two age groups in this study were polarised at the opposite extremes of the span of motherhood, the results do not suggest any age effects. It can be concluded from the present results that in spite of differences in age and economic situation the two groups were indistinguishable from each other in terms of the mothers' subjective well-being as it was measured in this study. Furthermore, it is interesting to note that the well-being scores were surprisingly high for all the mothers in this study, resulting in a ceiling effect. This was surprising because previous studies have found no ceiling effects using the SWEMWBS (Gudmundsdottir 2009). A future study should apply a pre-/post-test design to test for possible positive effects of the music course on the participants' well-being scores.

The general conclusion from the interviews was that the younger mothers benefited just as much from the music classes as the older mothers. Both groups reported similar degrees of satisfaction in terms of their experiences. Nothing indicated that the younger mothers were less concerned about their infants' musical development than the older mothers and mothers in both groups elaborately described their infants' musical behaviour. It seems that ideas of young mothers being less alert or concerned about appropriate stimulation for their infants are not supported by this study. It should be noted, however, that all the mothers in this study elected to bring their infants to music classes whether offered free of charge or not. Therefore, these particular mothers may have been more interested in their infants' musical development than some of their peers.

Results from the Singing Confidence questionnaire indicated that the mothers all enjoyed singing both alone and with others. All of them reported singing to their infant quite often or very often. This is in accordance with previous research reporting parental musical activities with their infants (Custodero 2006; Ilari 2005). The present study cannot establish whether the mothers in the study were more musically active with their infants than is normal in the population. However, maternal age did not affect their level of singing activities with their infants or their alertness to musical behaviour in their infants.

Interestingly, the younger mothers expressed the view that they would refrain from actively encouraging their children to study music even if they hoped that their children would eventually be interested in music study. Perhaps the younger mothers remember their own childhood more clearly and have recent memories of being pushed to learn something they did not like. Most of the older mothers did not express such apprehension. The older mothers may have been exposed to more parent-directed propaganda during their lives which would strengthen their view of themselves as an important source of influence in their children's lives. In fact, the older mothers were determined to provide their children with music lessons while the younger ones seemed to favour the approach to 'wait and see' if the child expressed desires towards music study. This difference may reflect different values and beliefs but it may also be attributed to economic status, that is, the older mothers currently being more affluent than the younger ones and having the means to pay for expensive education while the younger ones may not have such means at this point in their lives.

The young mothers in the study would not have enrolled in a parent-infant music course if it had not been offered for free at the community centre. The results from this study indicate that there are groups of parents who may not have the means to

pay for music courses but would clearly benefit from such course participation. From the point of view of social equality, it seems important that all parents have equal access to courses which offer parent-strengthening skills such as parent–infant music courses regardless of economical status, social group or age.

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