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Music Therapy: A Catalyst for Promoting Well Being of Institutionalised Seniors

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ABSTRACT

The study was planned to assess the impact of music therapy on the general mood of institutionalised seniors objectively and to assess the general benefits experienced by the stakeholders subjectively. 15 elderly inmates (5 male and10 female) from a government-run old age home in Kerala, (India) were the subjects of this study. The study employed a sequential design with a one-group before-after experimental design in the first phase over a period of six months followed by a qualitative exploration through interviews sampling The therapy was designed and carried out by professional music therapists based on Carnatic music. The research findings revealed significant improvements in the mood of the participants. Besides, all the participants reported the therapy to be beneficial in three broad domains viz. physical, psychological, and social; multiple benefits reported under each domain through interviews. It may be concluded that the Music therapy has perceivable benefits on the lives of institutionalised seniors both from objective and subjective vantage points. It could, hence, be used as an intervention strategy to promote well being among institutionalised seniors.

Keywords: Music Therapy, Seniors, Old Age Homes, Well Being, Geriatric Care.

The transcendental – the truth, the goodness, and the beauty (aesthetics), is synonymous with the nature of being. These three aspects of transcendental are intertwined and attainment of any of these aspects in degrees ranging from the little to the utmost has always made man blissful and left him with a fascination for more. Aesthetics, among them all, is the one that everyone – from a little child to a senior – could appreciate and music has been an integral part of the so-called aesthetics. It fascinates men of all age groups. The soothing effect of music rightly captures the significance this transcendental has on the human psyche. It is owing to this aesthetic and soothing effect of music that it is given much importance in many of the cultures across the globe. Many studies emphasise the fact that music has a significant influence on human emotions; as music often leads to the creation of positive emotions. (Laukka, 2007). It is owing to this impact of music on the physical and psychological well being of human beings that music has gradually been developed into a therapy. Researches on music are plenty and the findings related to the effect and benefits of music on the human psyche constantly reiterate the importance of music. (Munro & Mount, 1978; Peters, 1987; Hanser & Thompson, 1994; Koger, *et al.,* 1999).

The effect of music on human beings as a whole has been a key research area but in particular, the effect of music therapy on the well being of the senior population has been a major research interest owing to the perceived effect of music therapy on both physical and psychological well being of seniors. Music therapy has been proven to be effective in helping seniors with dementia in aspects like maintaining good mental health and improvements in cognitive functioning (Ashida, 2000; Takahashi, & Matsushita, 2006; Chu, *et al.,* 2013). It is in the context of this influencing nature of music on well-being of older adults that this study was carried out among the institutionalised seniors in a government-run old age home Kerala, India.

The Benefits of Music Therapy: The Need for Capturing Subjective Voices

As a general trend, the studies on music therapy largely follow a quantifying approach to bring in objectivity to the findings. The majority of the studies had been employing a positivist approach in

understanding the impact of music therapy on particular dimensions associated with old age. A literature review on the impact of music therapy shows that most of the studies focus on medical dimensions following a quantification approach. Music therapy has been proved to be effective in enhancing the physical and mental condition of seniors with Alzheimer's disease. (Clair, & Bernstein 1990; Svansdottir & Snaedal, 2006; Guétin, *et al.,* 2009; Fukui, Arai, & Toyoshima, 2012). Music therapy has also proven to be effective in improving the health condition of seniors with dementia. (Lin, *et al*., 2010; Ueda *et al*., 2013; Sakamoto, *et al.,* 2013 Zhang, *et al.,* 2017;). Yet another area where music therapy has proven to be effective is the management of affective disorders, especially depression among older people. Music therapy has also been proven to be effective in reducing symptoms of clinical depression among seniors. (Chan, et al., 2010; Liu, *et al*., 2014; Werner, *et al*., 2015).

It is notable that most of the studies on the benefits of music therapy follow a quantification approach where subjective experiences of the respondents are not often given due importance. The sense of subjective well being acquired by the seniors through music therapy is often ignored. The perception of a potential benefit and the ability to experience a benefit is subjective. The experience of well-being being as a subjective dictate requires a subjective inquiry that captures the perceived benefits and experiences of a person in place. It is against this background that this study employs a mixed methodology. In the first phase, a quantification approach is followed to capture the impact of music therapy on a single quantifiable domain viz. depression. In the second phase, an attempt is made to capture the subjective emotions and feelings of well-being among participants of music therapy.

Method

Sample

15 elderly inmates (5 male and10 female), meeting the inclusion criteria., from a government-run old age home in Kerala, (India) were randomly selected for this study. It was made sure that the participants selected were free of any psychotic symptoms, free from any disabilities hampering mobility and willing to participate in music therapy sessions and give informed consent for the research.

Procedure

Phase I (Tools Used)

The *Beck's Depression Inventory*, (Beck *et al.*, 1996) which contains 21 items was administered individually to determine the level of depression of the respondents. and a Self-made questionnaire was also used to collect demographic information from each respondent.

The first stage in the initial phase involved collecting the baseline data, i.e. pre-intervention depression score through Beck's Depression Inventory by reading out and explaining each item to the respondents considering the fact that many of the respondents had difficulty in reading and writing. The scores obtained by individual respondents were coded and categorised.

The second stage, in the first phase, included music therapy intervention which involved daily practice over a period of 6 months. The therapy was designed in the lines of classical *Carnatic* music and the sessions were designed and implemented by professional music therapists. The third stage of the first phase involved collecting post-intervention data from the respondents using the same tool (Beck's Depression Inventory) to assess the levels of post-intervention depression scores. The data, thus collected, was coded and categorised for further analysis.

The fourth stage of the first phase involved data analysis using SPSS. The data was analysed to categorise the demographic profile, compare the mean depression scores of the group before and after intervention and test if there is a significant difference between the mean depression scores after the intervention through music therapy.

Phase II

The second phase of the study involved collecting qualitative data from the selected 15 respondents to assess the perceived effect of music therapy on the general subjective well being of the seniors. In-depth interviews were carried out at this stage and the content obtained was analysed with At last. The approach of data analysis employed at this stage was thematic analysis. Three broad themes were identified after the free coding of the interviews.

The data collected was assessed using SPSS 25 to quantify, categorise and establish relations among significant variables.

Findings and Discussion

Table 1
Demographic Profile of the Respondents

Gender-wise Distribution of Respondents	
Male	5 (33.3%)
Female	10 (66.7%)
Total	15 (100%)
Distribution of Respondents based on Educational Qualification	
Illiterate	3 (20%)
Primary	7 (46.7%)
Secondary	5 (33.3%)
Total	15 (100%)
Distribution of Respondents based on Type of Admission	
Voluntary Admission	5 (33.3%)
Admission by Others	10 (66.7%)
Total	15 (100%)
Distribution of Respondents based on Duration of Stay	
Less than one year	1 (6.7%)
One to two years	2 (13.3%)
More than two years	12 (80.0%)
Total	15 (100%)

Table 1 provides an insight into the nature of respondents chosen for the study. All the respondents were residents of the selected old age home and the majority of them did not choose institutional living voluntarily. The majority of the respondents were women. Most of the participants had been staying in an old age home for a period of more than two years. Almost everyone was able to at least read and write.

Table 2
Pre and Post Intervention Depression Score Categories

Total Score	*Frequency and Percentage*		*Levels of Depression*
	Pre Intervention	*Post Intervention*	
1–10	2 (13.3%)	15 (100%)	These ups and downs are considered normal
11–16	9 (60%)	–	Mild mood disturbance
17–20	1 (6.66)	–	Borderline clinical depression
21–30	3 (20%)	–	Moderate depression
Total	15 (100%)	15 (100%)	

Table 2 shows the depression scores of the respondents in the pre-intervention and post-intervention phases. It is noteworthy that only a minimal 13.3 per cent of the respondents were devoid of depressive features in the pre-intervention phase and the rest had some degree of mood disturbance; ranging from mild mood disturbance to moderate depression. The post-intervention depression score of the respondents fell under the single category of no traces of depression. It is noteworthy that there is a significant change in depressive symptoms after the introduction of music therapy.

Table 3
Pre and Post Intervention Mean Depression Score of the Group

Stage	*Mean*	*Standard Deviation*
Pre Intervention	14.2667	5.32470
Post-intervention	4.1333	2.35635

The pre-intervention depression score of the group is marked by a mean score of 14.2667 which implies that the group depression score fell under the category of mild mood disturbances. However, the standard deviation was 5.3247 which is high with respect to the small group size implying larger variations in the individual scores. In the post-intervention phase the mean depression score of the group has fallen considerably to a value of 4.1333 with a standard deviation of 2.35565 which could be accommodated in the normal depression score zone.

Testing the Hypothesis

Ho: There is no significant difference between the mean depression score of the target group after the intervention through music therapy.

Since the study has employed a mixed methodology and the initial phase is intervention based the sample size had been set to a limited number (n = 150). The test to determine the difference in mean scores before and after intervention through music therapy has hence been decided to be Wilcoxon signed rank test.

Table 4
Wilcoxon Signed Ranks Test

Test Statistics	
	Post Test-Pre Test value
Z	–3.415b
Asymp. Sig. (2-tailed)	.001

a. Wilcoxon Signed Ranks Test

b. Based on positive ranks.

The Wilcoxon signed rank test shows that the observed difference between the pre-intervention phase and post-intervention phase is significant. It is hence suggested that music therapy could reduce depression among older adults living in old age homes.

Findings from Qualitative Phase

The analysis of the qualitative data came up with multiple benefits of music therapy reported by the participants. The method employed was free coding of the interviews with physical, social, and psychological benefits as the broad themes. Twelve thematic codes were identified falling under the broad themes. These twelve specific themes fell under three major themes reflecting the broad benefits of music therapy reported by the respondents. The three major themes and the corresponding sub-themes are as follows.

Table 5
Themes Pertaining to Subjective Benefits Experienced by the Respondents

S. No.	*Themes Pertaining to Benefits of Music Therapy*	*Corresponding Sub Themes Pertaining to Benefits of Music Therapy*
1.	Physical Benefits	• Avoiding Sedentary and Day Time Sleepiness
		• Sound Sleep during Night
		• Increase in Perceived Energy
		• Interest in Doing Activities
2.	Psychological Benefits	• Ventilation of Emotions
		• Sense of Happiness
		• Elimination of Loneliness and Boredom
		• Mental Relaxation
3.	Social Benefits	• Engagement in Group Activities
		• Learning New Things in Group
		• Group Feeling
		• Socialisation and Making Friends

The above table shows that all the respondents were able to relate music therapy with some benefits in their lives. Most of the seniors were able to identify more than one benefit they have gained through music therapy and the benefits they reported fell in one of the three broad benefits of music therapy identified through the literature. Surprisingly, music therapy was reported to have physical benefits than the other two domains. The seniors were experiencing benefits including better sleep, lesser day time sleepiness and sedentary, an increase in energy, and an interest in doing activities. It was also found that the respondents were able to experience benefits in psychological terms as well including ventilation of emotions, sense of happiness, elimination of Loneliness, and Boredom and Mental Relaxation. The reported social benefits included engagement in group activities, learning new things in a group, group feeling, and socialisation and making friends. A detailed outline of the first-hand statements of the participants is depicted in the networks provided in the appendices.

Conclusion

The findings of the study suggest that music therapy has a significant influence on the mood of the seniors. It is hence suggested that

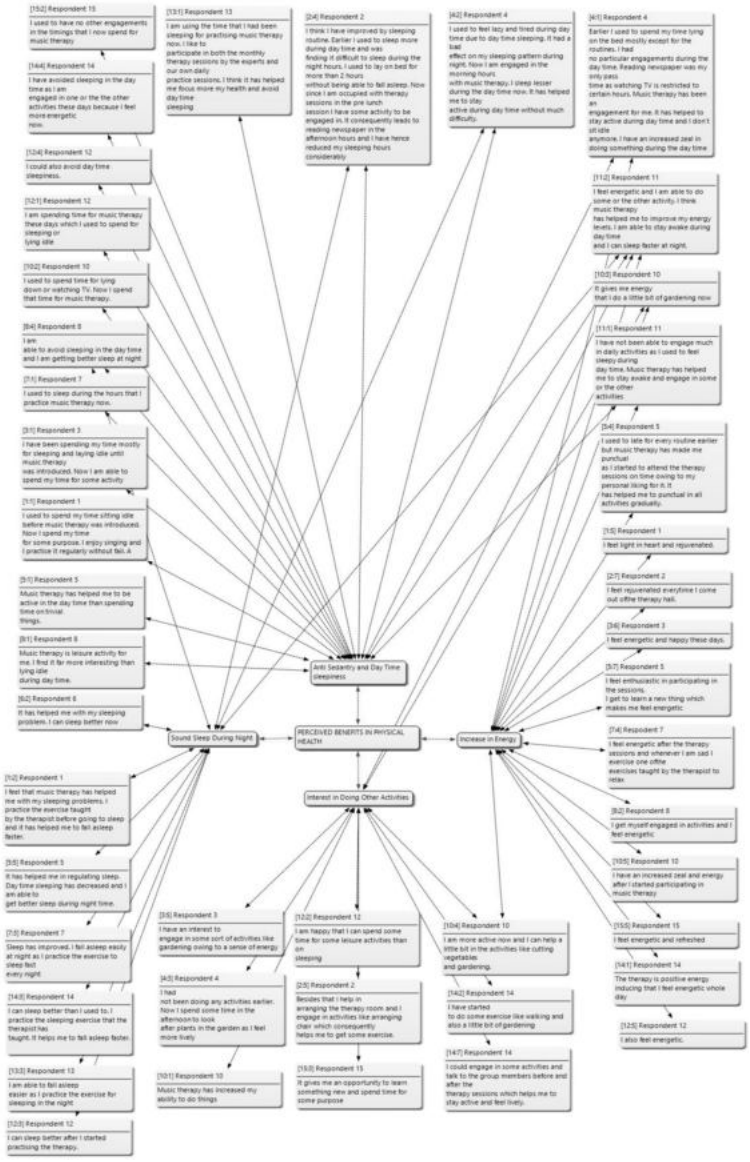
Table 6

*Perceived Benefits: Content Analysis Output******

Perceived Benefits	*Frequency of Benefits Reported by Respondents*															
	R 1	*R 2*	*R 3*	*R 4*	*R 5*	*R 6*	*R 7*	*R 8*	*R 9*	*R 10*	*R 11*	*R 12*	*R 13*	*R 14*	*R 15*	*Total*
Improvements in Physical Health	3	4	5	4	4	1	4	3	7	4	2	5	3	5	4	58
Improvements in Social Life	2	2	1	4	5	0	2	2	1	1	1	1	2	1	4	29
Psychological Benefits	3	3	3	1	3	3	2	2	1	2	1	1	3	2	1	31
Total	8	9	9	9	12	4	8	7	9	7	4	7	8	8	9	118

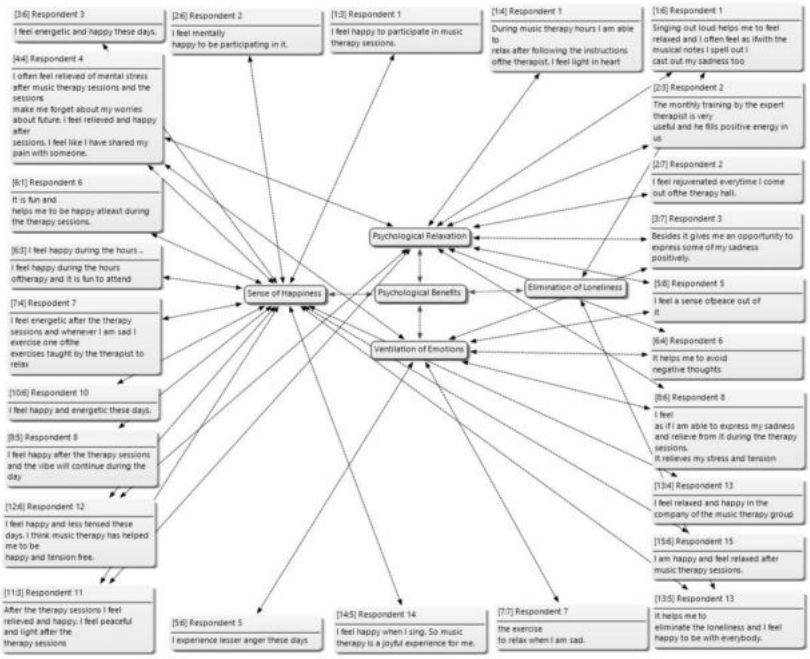
**** Generated using Atlas ti. based on interviews of participants

Figure 1
*Network of Quotes on Perceived Physical Benefits Reported by the Respondents**



* Generated using Atlas ti. based on interviews of participants

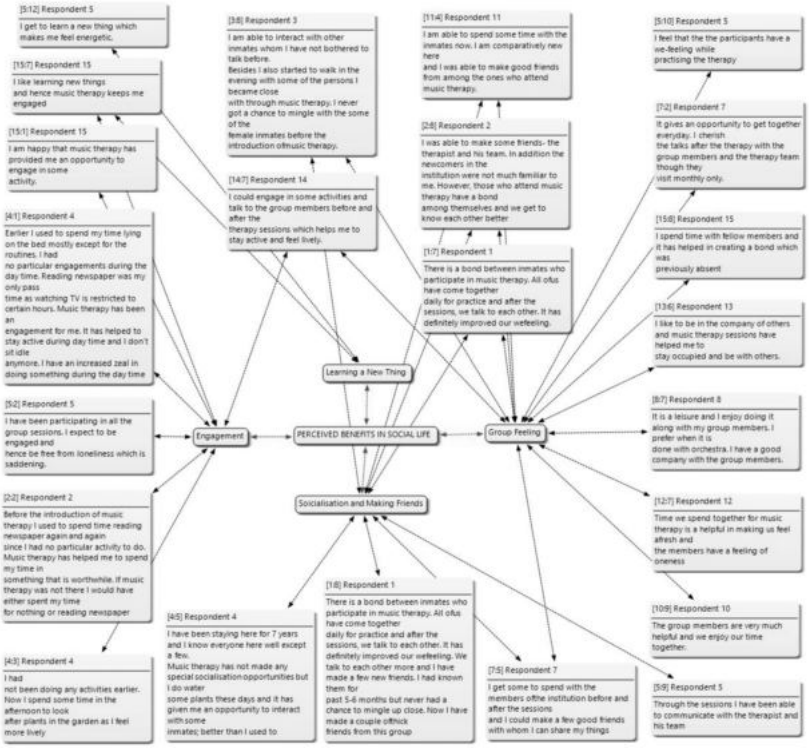
Figure 2
*Network of Quotes on Perceived Psychological Benefits Reported by the Respondents***



** Generated using Atlas ti. based on interviews of participants

music therapy be practised in old age homes where often a good number of people are vulnerable to depressive symptoms. It is also to be noted that the practice of music therapy is an opportunity for institutionalised seniors to spend time meaningfully with others. The seniors were able to experience an improvement in their overall well being in the physical, psychological and social domains. The subjective voices of the participants regarding the felt benefits of the therapy support the objective well being it promotes. Thus, music therapy is an effective intervention to assist seniors under institutional care to age in a healthy manner.

Figure 3
*Network of Quotes on Perceived Social Benefits Reported by the Respondents****



*** Generated using Atlas ti. based on interviews of participants

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