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The Effect of Group Music Therapy on Alleviating Depression in Older Adults

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### The Effect of Group Music Therapy on Alleviating Depression in Older Adults

Nothing brings more joy to the residents of Friendship Manor than music. As a two-year collegiate volunteer at this Continued Care Retirement Community (CCRC) in Rock Island, Illinois, I decided to organize and implement a ukulele sing-a-long activity for the residents to attend. This included songs from the 1920's to 1970's that gave the residents the opportunity to sing along to melodies they enjoyed and remembered from their childhoods. After the ukulele sing-a-long ended, residents stated that they enjoyed the activity as an opportunity to sing melodies from their youth and reminisce about memories. Many residents left with smiles on their faces, asking as they left if another sing-a-long would occur again in the future. One memory that was particularly striking to me was a resident new to Friendship Manor meeting another resident at the sing-a-long for the first time. These two residents stayed long after the circle was over to get to know one another and establish a friendship.

As I reflected on this experience, I considered the role of music in increasing the quality of life for older adults who may live in different care centers. I was struck by the power of music to bring residents together as they recalled memories and times enjoyed in the past. I considered how music might be used in a therapeutic way to alleviate the feelings of loneliness and marginalization that often plague older adults in care centers. Music therapy could therefore serve as the perfect means by which to alleviate depression in older adults. Depression is a common disorder in older adults that is often underrecognized and undertreated. The purpose of this paper is to analyze how group music therapy sessions in community living facilities for older adults are uniquely beneficial for alleviating depression by initiating happiness, allowing reminiscence, and forming bonds that can go beyond the therapy session.

Although the concept of music therapy is widely known, the details of the techniques used in the therapy are unfamiliar to most individuals outside of the field. Music therapy is defined as the “use of sounds and music within an evolving relationship between child or adult and therapist to support and encourage physical, mental, social, emotional and spiritual well-being” (Bunt, 2011). Music has been used as a healing force for centuries, with the earliest examples dating back to 1875 and 1891 in Western hospitals. The watershed moments for music therapy occurred after World War II, when music was used in rehabilitation programs for returning combatants. Since then, the United States has certified thousands of Board Certified Music Therapists, who are nationally trained and accredited in implementing music therapy practices (Bunt, 2011).

It is crucial to clarify the difference between music *in* therapy and music *as* therapy to gain a better understanding of the field as a whole. Music can be used *in* therapies such as physical therapy or occupational therapy as an adjunct therapy. In contrast, music *as* therapy puts music at the center of the therapeutic process. Music *as* therapy can also be identified as the typical music therapy process and can be provided to a variety of populations. Music therapy may be used in hospitals or units for children and adults with different learning difficulties, physical disabilities, mental health issues, or neurological impairments. It can also be used in multiple settings for children, such as preschool assessment centers, nurseries, and special schools. On the opposite end of the age spectrum, music therapy can be used for older adult populations in hospices, private medical practices, day centers, hospitals, residential homes, and other long-term care facilities. Finally, music therapy is often utilized in prison and probation service centers (Bunt, 2011).

This paper will focus on the older adult population and its use of music therapy. This topic was chosen primarily because of a personal interest and passion for working with older adults. However, this population was also chosen to emphasize the need these individuals have for therapies across many fields. In long-term care facilities, older adults face unique challenges that may stem from degenerative brain and body issues, major life changes, and unfamiliar situations with which it may be difficult to cope (Mohammadi, Shahabi, & Panah, 2011). Because of the loneliness that may result from moving to a new home or losing a loved one, older adults tend to draw into themselves at care facilities. Older adults also experience isolation as their children or loved ones may not be able to visit frequently because of their busy schedules. For some families, it is often easier to place older adults in care facilities than to worry about their well-being when they live alone. This isolation of older adults reflects the American culture's inability to realize the best means to integrate the aging into general society. Marginalization and maltreatment of older adults needs to be addressed as a major societal and public health issue within the United States (Rossato-Bennett, 2014).

The marginalization of older adults may be alleviated by advocating for wellness within adult care centers. Caregivers at care centers for older adults should emphasize identity; focus on issues of meaning; view well-being from a holistic point of view; provide spiritual opportunities; and find ways to emphasize engagement and creativity (Lipe, 2011). Without such activities, older adults may continue on a path of loneliness and hopelessness that can often lead to depression. Depression is the most common disease after dementia among older adults (Werner, Wosch, & Gold, 2017). It is imperative that therapies are used to help treat this debilitating mental disorder to increase the holistic well-being of older adults.

Because music therapy is a relatively new form of therapy, a comparison of music therapy to other forms of therapy for depression is crucial to understanding what older adults can gain specifically from music therapy. Cognitive-behavioral therapy (CBT) is frequently used to treat depression by utilizing behavioral and thinking strategies to change irrational behaviors and thoughts that may contribute to depression. This type of therapy was compared in a randomized controlled trial and correlational study to a holistic therapy called psychodynamic therapy to evaluate its effectiveness in treating depression in older adults. Both therapies were found to alleviate depression and anxiety, although participants in the CBT treatment group had lower depression scores on the Beck Depression Inventory, a 21-question psychometric test measuring depression severity (Steuer et al., 1984; Serfaty et al., 2009). The effectiveness of dialectical behavior therapy (DBT), another cognitive-behavioral therapy that examines areas such as emotional vulnerability and mindfulness to increase behavioral activation, was evaluated in a group of 27 older adults with depression. No significant difference between DBT plus medication versus medication alone was found in this study, although DBT improved more individual variables measured than medication alone (Lynch, 2000). While these different forms of cognitive-behavioral therapy have been found effective for alleviating depression in older adults, it is also important to consider the effectiveness of creative arts therapies for older adults.

Creative arts therapies are unique for alleviating depression in older adults because they offer opportunities for imagination and originality not found in other forms of therapy. As an umbrella term, creative arts therapies include art, dance, drama, poetry, and music therapies. An example of a creative arts therapy includes a study of 20 older adult nursing home patients who used pottery as a form of art therapy and found decreased anxiety and depression scores and increased self-esteem scores from pre- to post-intervention (Doric-Henry, 1997). Another study

using traditional Filipino arts found that older adults feel a sense of self-worth and pride in being able to complete a challenging task, such as a piece of art, and share it with others (Guzman et al., 2011). Finally, a study that evaluated 22 older adults with Parkinson's Disease and a group of controls tested the effectiveness of dance therapy in increasing positive mood. In comparison to the control group, dance therapy was found to decrease negative mood, tension, anger, and fatigue, while increasing levels of vigor (Lewis, Annett, Davenport, Hall, & Lovatt, 2016). These therapeutic interventions, both in individual and group settings, show the unique but effective ways that creative arts therapies can target depressive symptoms in older adults.

Music therapy can be classified as a form of creative arts therapy and is particularly suitable for older adults because listening to music and playing easily-accessible instruments is not as cognitively and physically demanding as some other forms of therapy. Music therapy is also beneficial for older adults in that, particularly in group settings, it can facilitate social integration, self-expression, and stimulation (Mohammadi et al., 2011). Reminiscence music therapy is a form of music therapy that involves reminiscing on memories or experiences. This type of music therapy can aid social interaction as older adults bond through shared memories (Ashida, 2000). Reminiscence, along with other experiences within the music therapy session, can be a tool for emotional catharsis (Chan, Chan, Mok, & Tse, 2009; Erkkilä et al., 2011). Music can also provide spontaneity amidst the regimented lifestyle of care facilities (Rossato-Bennett, 2014). From a biological approach, music helps to alleviate different types of pain in older adults because it can physiologically connect to the dopaminergic pathway of the brain to provoke pleasurable experiences (Castillo-Pérez, 2010). Because of its ability to generate spontaneity, social integration, and pleasurable experiences, music therapy has proven its unique suitability for use with older adults.

A variety of therapies for older adult populations are used to treat dementia because it is the most common disorder among older adults, affecting an estimate of 5 million people in the United States alone (Rossato-Bennett, 2014). Because dementia is so common, most music therapy techniques involve memory intervention for older adults. What often goes unnoticed and untreated is depression, which is often comorbid with dementia. The prevalence rate of depression is 20-30% for people with dementia, with a higher prevalence rate of depression in people with dementia than in people without. Depression is a direct deficit of dementia that can stem from the psychological distress and impairment of living that accompany the disease (Ashida, 2000). It may be difficult to notice depression in people with dementia because mental illnesses are often suppressed by the individual or ignored by the health care provider in pursuit of curing more obvious symptoms, such as physical impairments or cognitive decline. However, since dementia cannot yet be cured, it is imperative that something is done to alleviate depression in older adults.

Depression is prevalent among 15-25% of community-dwelling older adults in settings such as retirement or nursing homes (Dev, Smitha, & Pillai, 2015). It may result from a physical illness, the loss of a spouse, feelings of marginalization, or general loneliness (Im & Lee, 2014). The disorder may also be mild, moderate, or severe in its impact on an individual's daily functioning. Older adults in community facilities often alienate themselves from other residents by locking themselves away in their rooms, and they may also experience the isolation that results from family that is too busy to visit them often. Music activities can assist in alleviating depression by increasing social support and enhancing quality of life in the physical, psychological, and social realms. The bettering of quality of life can lead to greater emotional

well-being, personal development, and self-determination that can directly influence levels of depression (Solé, Mercadal-Brotons, Galati, & De Castro, 2014).

Because of its accessibility to older adults with varying physical abilities and its impact on both physical and psychological well-being, music therapy is particularly beneficial for alleviating depression in older adults. Settings for music therapy with a population of older adults may include nursing homes, retirement homes, care facilities, hospice centers, or even personal homes. Music therapy may be delivered to this population in both individual and group settings. Individual music therapy settings hold the potential to create one-on-one connections between therapists and patients that might resemble a relationship between a parent and a child, for example. Group music therapy settings, which I am advocating for in this paper, can help to establish friendships among residents at different homes or centers that can carry over beyond the therapy sessions. Psychosocial interventions that promote participating in group therapeutic programs such as group music therapy can help to preserve cognitive functioning, increase positive mood, restore self-esteem, and improve quality of life (Solé et al., 2014). This was seen in the opening example among residents attending the ukulele circle at Friendship Manor in Rock Island, Illinois. The interactive component of music therapy has been found to significantly reduce depressive symptoms as compared to merely singing in a recreational group setting (Werner et al., 2017). Such examples provide an argument for the importance of group rather than individual music therapy for older adults.

Past research on the use of music therapy for an older adult population has proven its effectiveness in enhancing quality of life, regardless of what it is specifically aiming to treat. While this paper aims to focus on the use of music therapy for treating depression, it is important to consider where music therapy is most often researched and implemented in the older adult

population: neurological impairment. An example includes a study from 2012 by Elefant and colleagues, which evaluated the effectiveness of music therapy on influencing mood and speech in individuals with Parkinson's Disease. Parkinson's Disease is a progressive neurodegenerative disorder that affects speech intelligibility, voice quality, positive affect, sustained vowel phonation, and inspiratory and expiratory pressure. Music therapy is a useful tool in addressing these issues, and it was used in a study of 10 participants with Parkinson's Disease through a group voice and singing intervention program once per week for a 20-week period. Results from this study found significant improvements in singing and slight improvements in speech capabilities. Participants gained a greater understanding of their vocal limitations and were able to use their voices more effectively in social settings. The study did not find significant changes in depression, but this was not the primary focus of the study (Elefant, Baker, Lotan, Lagesen, & Skeie, 2012).

Bevins and colleagues also examined staff views of the use of music therapy in treating individuals with intellectual disabilities and dementia. Music therapy is particularly beneficial for individuals with comorbid dementia and intellectual disabilities because it can help with expressing thoughts and desires, along with improving behavioral and psychological symptoms that result from both disorders. After this study was completed, the staff at the centers where the therapy was conducted noticed general enjoyment among their service users as a result of the music therapy sessions, such that many staff members did not want the pilot study to end. The therapeutic interventions of this study may have contributed to long-term changes in communication and mood among participants and support of further studies with randomized controlled trials and larger sample sizes (Bevins, Dawes, Kenshole, & Gaussen, 2015).

While the studies addressed above show the benefits of music therapy for treating memory impairment in older adults, they do not examine the unique ability of music therapy to treat depression in older adults. Most studies that examine the benefits of music therapy for treating depression in older adults have focused on populations outside of the United States. An evaluation of the use of music therapy to treat depression in older adults outside of the United States helps to enrich knowledge of the effectiveness of this therapy within the United States as well. An example includes a study by Dev, Smitha, and Pillai of 40 older adults in old-age homes in India, which used interviews, self-reports, and the administration of music therapy over a period of 21 days to examine the effectiveness of music therapy in increasing happiness in older adults. After intervention, a significant reduction in the mean depression score was found among participants, advocating for the use of music therapy in geriatric populations and the training of geriatric caregivers to understand how music therapy can alleviate depressive symptoms (Dev et al., 2015).

Further research was conducted in Iran by Mohammadi, Shahabi, and Panah to examine the effect of music therapy on stress, anxiety, and depression in a group of individuals in a residential facility. After 10 music therapy sessions of instrumental playing, rhythmic movement, and memory reminiscing were conducted with a group of 19 participants, there were statistically significant improvements in anxiety, depression, and stress in the music therapy group as compared to the control group. This study demonstrates how music therapy can uniquely help an older adult population to express feelings and can thus improve living conditions in nursing homes (Mohammadi et al., 2011).

Researchers administered the next two studies in Asian countries to examine the use of music therapy for older adults with depression in this culture. A study conducted by Chan, Chan,

Mok, and Tse in Hong Kong, China focused on the use of music for releasing suppressed emotions in individuals with depression. The study examined the effects of listening to music on depression in a group of 47 older adults, hypothesizing that the therapy would produce reductions in depression levels and improve physiological measures such as heart rate and diastolic blood pressure. After collecting physiological and psychological data before and after a 30-minute session of listening to music across all participants, results yielded a statistically significant reduction in depression scores and change in physiological measures compared to controls. This study proves the practicality of using music through therapy or with other clinical practices to reduce depression levels among older adults (Chan et al., 2009).

Another study within Asian countries conducted by Im and Lee sought to find ways to prevent depression and cognitive impairment in older adults through art and music therapy. This study included 94 older adults residing in metropolitan areas of Korea, with some participants receiving art therapy once per week for 12 weeks, and the other participants receiving music therapy on the same schedule. Results showed a statistical significance between before and after music therapy treatment, such that the treatment helped to evoke emotions that led to positive behavior changes and a reduction in depression scores (Im & Lee, 2014).

A study done across continents in Australia added to the limited research on music therapy with anxiety and depression disorders in older adults. Castelino and colleagues recruited 12 older adults from a community-based mental health service, who participated in a 10-week music therapy treatment period with one hour of therapy per week. Music therapy was used to facilitate non-verbal expression via musical improvisation. Results showed that the music therapy intervention's effects lasted for a total of 14 consecutive weeks, proving an immediate

and lasting impact of music therapy on anxiety and depression levels in older adults (Castelino, Fisher, Hoskyns, Zeng, & Waite, 2013).

In the United Kingdom, another group of researchers looked to add to research that used improvisation as a therapeutic tool when treating depression. Erkkilä et al. focused on the use of improvisational, psychodynamic music therapy in comparison to standard psychotherapy in a group of 79 working-age people with unipolar depression. The clinical model of this study used interactions between free improvisation and discussion during therapy sessions, which were conducted 20 times bi-weekly. The study found that when added to standard care, music therapy helps to improve depression levels. This study was the first randomized controlled trial on improvisational music therapy for depression, and it confirmed the use of music therapy to enable non-verbal interaction and expression (Erkkilä et al., 2011).

A final study outside of the United States compared the effects of music therapy and psychotherapy on a group of 79 individuals with mild and moderate levels of depression from a Mexican clinical hospital, drawing from the fact that music stimulates signal pathways that can adjust chemical mediators and help with recovery from depression and its symptoms. Castillo-Pérez et al. studied 41 participants who were assigned to the music group, where music exposure was provided once per day at home, and once per week at the hospital, over a period of eight consecutive weeks. Statistical significance was found in favor of music therapy, and music therapy had longer-lasting effects than psychotherapy because of its facilitation of neurogenesis, regeneration, and reparation of neurons (Castillo-Pérez et al., 2010).

The strong body of research on the use of music therapy in treating depression has found a statistically significant relationship between the therapy and decreased depression within older adults. While this information is extremely useful, it is limited in that it only comes from

populations outside of the United States and within one-on-one settings between the participant and therapist. It is also important to consider how these results may differ when specifying the use of music therapy for older adults in group settings. A study conducted by Ashida investigated the effectiveness of group reminiscence music therapy in 20 residents at two residential care facilities in Florida. This research advocates for the treatment of depression in older adults with dementia because while there is still no cure for dementia, effective treatments do currently exist for alleviating depression. Results from this study showed a significant decrease in depressive symptoms among participants after the five days of reminiscence therapy. Reminiscence music therapy proved useful for increasing positive mood and interaction skills because of social interaction and the sharing of memories with others, which may be essential in alleviating depression and forming relationships among a generally isolated population (Ashida, 2000).

Solé et al. also looked at using music therapy to improve quality of life and decrease depressive symptoms in individuals with dementia in Spain. This study hypothesized that social interaction and accomplishments would mediate the relationship between music therapy and quality of life among people with dementia. The study used a sample of 16 participants with varying levels of dementia and cognitive deterioration. Music therapy sessions were 12 weekly sessions where music was used to encourage active participation and was chosen based on participant preference. Quality of life scores were higher after intervention, although results were not statistically significant. However, emotional well-being scores increased and were proven statistically significant. Positive behaviors were also found to occur when participants interacted with the music therapist. This study reinforces the fact that emotional well-being and affect can be positively influenced by music therapy, particularly in group settings that promote social engagement (Solé et al., 2014).

A final study that focused on using group settings for music therapy with older adults compared interactive music therapy with recreational group singing to examine their effects on depression levels of residents in nursing homes. Werner, Wosch, and Gold used a pragmatic randomized controlled trial with 117 participants. This study also took two intervention approaches within the interactive music therapy group: Muthesisus intervention, a holistic approach that examines a client's biography or relationships when implementing therapy to improve quality of life; and the Hamberger approach, which includes multiple sensory elements such as dance/movement, improvisation, and group singing for quality of life improvement. It is important to use both intervention methods because they examine holistic improvements for older adults via interactive music therapy. Results from the interactive music therapy group yielded decreased depression levels. In contrast, participation in the group singing group actually increased levels of depression. Secondary outcomes of the study included less pessimism, greater concentration, less tension, and increased happiness and motivation in the music therapy group. Although the results show that some group settings are not conducive to decreased depressive symptoms, person-centered music therapy involving interaction is particularly suitable for decreasing depression levels in nursing home settings (Werner et al., 2017).

Research spanning multiple demographics has consistently pointed to the statistically significant relationship between music therapy and decreased levels of depression. Depression is common among older adults because of their experiences with physical illness, loss of loved ones, marginalization, and loneliness. The unique ability of group music therapy sessions to increase reminiscence and social interaction among older adult participants can form lasting relationships. Although the ukulele sing-a-long example at the beginning of the paper is not an instance of music therapy, the activity provides an example of the ways in which music may be

utilized in music therapy to initiate happiness, allow reminiscence, and establish bonds between older adults.

While music therapy is an ideal therapy for alleviating depression in older adult group settings, the implementation of this therapy has its limitations. For older adults today, access to music therapy is limited because it is not always a reimbursable service. While Medicare has covered all music therapy services since 1994, there are only six states where Medicaid will cover these services. Depending on an older individual's type of insurance and current income and savings, music therapy may not be an affordable option. Private insurance companies are increasingly providing reimbursement to music therapists for their work, but at present only 20% of therapists are receiving reimbursement. This means that music therapists who wish to receive payment for their work must continue to advocate for its use as a viable and impactful therapy. Music therapists must also receive the proper education and achieve board certification to practice music therapy. This certification is essential as it provides an objective standard by which different organizations may measure the level of professionalism presented by a Board Certified Music Therapist ("Frequently asked questions," n.d.).

Once a music therapist is finally available, older adults may be unwilling to participate in music therapy. They may not feel that they are musically talented or may view the activities within music therapy as childish or insignificant. Since music therapy is a newer form of therapy, they may not be familiar with it and show skepticism towards its effectiveness. Older adults may also deny the existence of depression and other disorders within themselves, causing them to resist therapy. A final limitation found specifically in this paper is that it only includes a small amount of research on therapies other than music therapy. Further research should compare music therapy side-by-side with other forms of therapy so that health care providers who are

familiar with other forms of therapy for depression may understand the effectiveness of music therapy through comparison.

The purpose of this study was to analyze the role of group music therapy as it impacts depression levels in an older adult population. Older adults face unique struggles as they cope with the loneliness that may come in later life from losing a spouse or moving from one's lifelong home to a care facility. This paper provides research on the older adult population and addresses an area other than dementia, which is the most researched disorder in older adults. More research into disorders other than dementia that affect older adults is crucial as this information sheds light on the multiple struggles faced by older adults.

While this paper briefly compares the effectiveness of music therapy with art and dance therapy, more research behind different types of creative arts therapies is needed to increase the evidence and credibility behind using these forms of therapy with older adults. Like music therapy, other creative arts therapies are newer within the health care profession as alternative forms of therapy. Studies which define and compare these therapies may serve to help care facilities and health insurance companies understand their importance. Within this research, it is imperative that the benefits of creative arts therapies for an older adult population are explained and emphasized.

Another significant aspect of this paper was its comparison of group versus individual music therapy for alleviating depression in older adults. More research should be done across many forms of therapy to compare the use of individual versus group settings with older adults. Research on the role of the music therapist within these different settings is key to helping educate individuals on music therapy practices. Knowledge of which settings and practices are

most beneficial for the music therapist can assist in creating the best therapeutic experience for an older adult client.

Within group settings, it may also be important to consider which type of music therapy is most effective for an older adult population. Many examples within this field focus on reminiscence music therapy, as older adults in a group setting may form relationships as they reminisce and share memories from their pasts. However, neuroscientific music therapy is becoming more prevalent as it looks at the neurobiological underpinnings of music therapy. Research into these different types of music therapy as they relate to the older adult population in group settings can also assist the music therapist in providing the most effective therapy possible.

Finally, it is important to be practical about the availability of music therapists in different care facilities for older adults throughout the United States. While it would be ideal for music therapy services to be provided at any and all care facilities in the nation, the need outnumbers available resources. Future research might evaluate ways for current music therapists to reach out to more care facilities while still staying within their practice guidelines. This research might also examine ways that other health care professionals might become more educated about music therapy so that they may also advocate for its use in different health care settings.

Continued research in the field of music therapy is crucial for informing the practice of Board Certified Music Therapists. The best practice should be provided for older adults as they may struggle with loneliness, depression, and physical difficulties during their later years in life. Music therapy is unique in its treatment of physical and psychological symptoms and its accessibility for any older adult, regardless of physical ability. This makes music therapy a portable, pliable, and practical therapy that should be advocated for in any older adult

population. Music therapy for older adults, but particularly in group settings at nursing homes or other long-term care facilities, can help to alleviate depression and increase overall quality of life. Older adults may form connections with others as they reminisce through shared musical experiences. It is crucial to continue researching and advocating for the use of music therapy for decreasing depression and increasing quality of life in older adults.

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