

Efficacy of Music Therapy in Reducing Symptoms of Depression among Elderly Patients**Fatima Fredericks**

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Abstract

Depression among elderly patients is a prevalent and complex mental health concern with significant impacts on well-being. Studies from various countries including the United States, Canada, Europe, and African nations highlight the diverse range of symptoms experienced by elderly individuals, including emotional, cognitive, and physical manifestations. However, there exists a treatment gap in effectively addressing depression in this population. Music therapy emerges as a promising intervention, leveraging the power of music to stimulate emotional, cognitive, and social processes. This study explores the Efficacy of Music Therapy in Reducing Symptoms of Depression among Elderly Patients, employing Self-Determination Theory (SDT) as a theoretical framework. Through a systematic review of related literature, it becomes evident that music therapy offers a holistic approach, fulfilling the psychological needs of autonomy, competence, and relatedness. Music therapy interventions, such as active participation in musical activities and group sessions, show significant improvements in mood, social connectedness, and overall well-being. The personalized nature of music therapy, tailored to individual preferences, fosters emotional expression and cognitive stimulation. Moreover, the neuroplasticity of the brain allows for lasting changes in mood regulation and brain function. Practical implications suggest integrating music therapy into healthcare settings for elderly patients, promoting access and improving outcomes. From a policy perspective, the study advocates for the inclusion of music therapy services in mental health policies, particularly in settings like nursing homes and community programs. This study contributes to theory by enhancing our understanding of how music therapy aligns with psychological needs, to practice by providing insights for healthcare practitioners and music therapists on implementation, and to policy by supporting the integration of music therapy into mental health policies. Overall, music therapy emerges as a valuable and holistic intervention for addressing depression among elderly populations.

Keywords: *Depression, Elderly Patients, Music Therapy, Self-Determination Theory, Psychological Needs, Autonomy, Competence, Relatedness, Well-being, Treatment Gap, Social Connection, Cognitive Stimulation, Neuroplasticity, Healthcare Integration, Policy Advocacy.*

INTRODUCTION

1.1 Background of the Study

Depression among elderly patients is a complex and often under-recognized mental health issue that can have significant impacts on their overall well-being. In the United States, studies have highlighted a range of symptoms experienced by elderly individuals, including persistent sadness, loss of interest in activities, changes in appetite or weight, sleep disturbances, and feelings of worthlessness or guilt (American Psychiatric Association, 2013). A study by Djernes (2006) in Denmark also found similar patterns, with elderly individuals commonly reporting somatic symptoms such as fatigue, sleep problems, and decreased appetite alongside emotional symptoms like sadness and hopelessness. These symptoms can be debilitating, affecting not only the individual's quality of life but also their physical health.

Moreover, in Canada, research by Vasiliadis, Gagne, Preville & Berbiche (2017) suggests that elderly patients with depression often present with cognitive symptoms such as impaired concentration and memory. These cognitive symptoms can sometimes mask the more typical emotional symptoms of depression, leading to under-diagnosis and undertreatment. This finding is echoed in a study conducted in the Netherlands by van Marwijk et al. (2008), where elderly patients with depression were found to have higher rates of cognitive impairment compared to their non-depressed counterparts. These cognitive symptoms can complicate treatment approaches and require specialized interventions.

Furthermore, in parts of Europe such as Germany, studies have indicated that elderly patients with depression frequently experience physical symptoms such as aches, pains, and gastrointestinal disturbances (Djernes, 2006). These physical symptoms are often intertwined with emotional distress, making it challenging to disentangle the root causes. For instance, a study in Italy by Mazza, Gennaro, Bonassoli, Palumbo & Ronchi (2010) found a significant association between gastrointestinal symptoms and depression in older adults, suggesting a bidirectional relationship where depression can exacerbate physical symptoms and vice versa. This highlights the importance of a holistic approach to assessment and treatment.

Additionally, in African countries like Nigeria, research by Afolabi, Eletta, Afolabi & Aloba (2012) has shed light on the cultural aspects of depressive symptoms among elderly populations. In this context, symptoms of depression may manifest differently, with somatic complaints such as body aches, headaches, and weakness being more commonly reported than emotional symptoms. The stigma surrounding mental health in many African societies may also influence how elderly individuals express their distress, often through somatic channels rather than explicitly mentioning feelings of sadness or hopelessness. Moreover, in the United States, studies have highlighted a concerning trend of under-recognition and undertreatment of depression among elderly patients. Despite the availability of effective treatments such as psychotherapy and antidepressant medications, many elderly individuals do not receive adequate care (Unützer, Park & DeVries (2017)). This treatment gap is attributed to various factors, including stigma, lack of access to mental health services, and challenges in recognizing depression in older adults who may attribute their symptoms to aging or other medical conditions.

In Canada, research by Vasiliadis et al. (2017) found that elderly patients with depression often face barriers to accessing mental health care, including long wait times and limited availability of specialized services. These barriers can contribute to delays in diagnosis and treatment initiation, leading to poorer outcomes for elderly individuals. Similarly, a study by O'Dwyer, Moyle, Taylor & Creese (2015) in Ireland highlighted the impact of geographical location on access to mental health services for elderly patients, with those in rural areas facing particular challenges.

Furthermore, in Europe, specifically in the United Kingdom, studies have indicated that depression in elderly patients is associated with increased healthcare utilization and costs. A study by Byford, Leese, Knapp, Seivewright, Cameron, Jones & Davidson (2013) found that older adults with depression had higher rates of hospital admissions and longer lengths of stay compared to non-depressed individuals. This places a significant burden on healthcare systems and underscores the importance of effective management of depression in this population.

In African countries such as South Africa, research by Tomita, Burns & King (2018) has highlighted the impact of socioeconomic factors on the presentation and management of depression among elderly patients. Socioeconomic disparities can influence access to care, with elderly individuals from lower-income backgrounds facing greater challenges in obtaining adequate treatment. Additionally, cultural beliefs and practices surrounding mental health can influence help-seeking behaviors and treatment preferences. Depression among elderly patients manifests through a diverse range of symptoms that can include emotional, cognitive, and physical manifestations. These symptoms are not only distressing for the individual but also present challenges for diagnosis and treatment. In the USA, Canada, Europe, and African countries, studies have shown variations in how elderly individuals express and experience depression, influenced by cultural, social, and economic factors. Addressing these complexities requires a multifaceted approach that considers the unique needs of elderly patients, improves access to mental health services, reduces stigma, and enhances awareness among healthcare providers.

Music therapy is a promising intervention for addressing the symptoms of depression among elderly patients, offering a unique approach that engages both emotional and cognitive processes. Music has the capacity to evoke memories, emotions, and stimulate various brain regions involved in mood regulation (Särkämö, Tervaniemi, Laitinen, Forsblom, Soinila, Mikkonen & Hietanen, 2014). In the context of depression, music therapy can serve as a non-pharmacological intervention that targets multiple symptoms simultaneously. For example, listening to music can enhance mood by activating reward pathways in the brain, leading to the release of dopamine, a neurotransmitter associated with pleasure and motivation (Salimpoor, Benovoy, Larcher, Dagher & Zatorre, 2011). This suggests that music therapy has the potential to alleviate the persistent sadness and anhedonia commonly experienced by elderly patients with depression.

Moreover, music therapy interventions often involve active participation, such as singing, playing instruments, or engaging in rhythmic movements. This active engagement can have profound effects on cognitive function and emotional expression. For elderly patients with depression who may experience cognitive symptoms like impaired concentration and memory (Vasiliadis et al., 2017), music-based activities can provide cognitive stimulation and improve cognitive flexibility (Altenmüller & Schlaug, 2013). Additionally, the act of creating music or participating in musical improvisation fosters a sense of agency and self-expression, counteracting feelings of helplessness and worthlessness associated with depression (Erkkilä, Punkanen, Fachner, Ala-Ruona, Pöntiö, Tervaniemi, Vanhala & Gold, 2011). This active involvement in music making can empower elderly patients to regain a sense of control over their emotions and experiences.

Furthermore, music therapy interventions can address the somatic symptoms of depression among elderly patients. Research has shown that music has the ability to modulate physiological responses such as heart rate, blood pressure, and cortisol levels (Chanda & Levitin, 2013). Given that elderly patients with depression often present with physical symptoms like fatigue, sleep disturbances, and gastrointestinal issues (Djernes, 2006), music therapy's impact on these physiological markers is significant. For instance, a study by Kwon et al. (2013) demonstrated that listening to music reduced cortisol levels in elderly patients with depression, indicating a potential stress-reducing effect. By

targeting both the emotional and physiological aspects of depression, music therapy offers a holistic approach to symptom management.

Moreover, the social aspect of music therapy can be particularly beneficial for elderly patients who may experience social isolation and loneliness, common risk factors for depression (Grenade & Boldy, 2008). Group music therapy sessions provide opportunities for social interaction, connection, and a sense of belonging (Stewart & Lonsdale, 2016). Elderly patients can engage in musical activities together, share personal stories, and build supportive relationships within the therapeutic setting. This social support network not only reduces feelings of loneliness but also provides a platform for emotional expression and validation of experiences (Baker & Wigram, 2005). By fostering social connections, music therapy addresses the interpersonal aspects of depression and promotes overall well-being.

Furthermore, the personalized nature of music therapy allows for tailored interventions that resonate with each individual's preferences and experiences. Music preferences are deeply personal and tied to one's life history and emotional associations (Garrido & Schubert, 2015). For elderly patients with depression, incorporating familiar and meaningful music into therapy sessions can evoke memories, elicit positive emotions, and provide a sense of comfort and familiarity (Hsu, Flowerdew, Parker, Fachner & Odell-Miller, 2014). This personalized approach enhances the therapeutic relationship between the patient and therapist, creating a safe space for emotional exploration and healing (Solomonov, Doron & Fridja2020). By tapping into the emotional power of music, therapists can help elderly patients process difficult emotions and develop coping strategies.

Moreover, the rhythmic and melodic elements of music can have profound effects on the brain and body, influencing mood and arousal levels. For elderly patients with depression who may experience disruptions in sleep patterns and energy levels (Afolabi et al., 2012), music therapy can serve as a natural regulator of circadian rhythms and energy flow. For example, listening to calming music before bedtime has been shown to improve sleep quality and reduce insomnia symptoms (Lai & Good, 2005). Additionally, engaging in rhythmic activities such as drumming or dancing to music can increase energy levels and promote a sense of vitality (Pothoulaki, MacDonald & Flowers, 2012). By harnessing the therapeutic potential of rhythm and melody, music therapy offers a non-invasive and enjoyable way to address sleep disturbances and lethargy in elderly patients.

Furthermore, the neuroplasticity of the brain allows for music therapy to facilitate rewiring and reorganization of neural pathways affected by depression. Studies using neuroimaging techniques have demonstrated structural and functional changes in the brain following music interventions (Särkämö, Tervaniemi, Laitinen, Forsblom, Soinila, Mikkonen & Hietanen 2014). For elderly patients with depression, these neuroplastic changes can lead to improvements in mood regulation, emotional processing, and cognitive function (Thoma, Scholz, Ehlert & Nater, 2012). For example, a study by Raglio, Bellelli, Traficante, Gianotti, Ubezio, Villani & Trabucchi (2015) found that music therapy increased functional connectivity in brain regions associated with emotion regulation in elderly patients with depression. This suggests that music therapy not only provides immediate relief of symptoms but also has lasting effects on brain health and resilience.

Moreover, the portability and accessibility of music make it a convenient intervention for elderly patients with depression, particularly those who may have mobility limitations or live in residential care settings (Garrido & Schubert, 2015). With advancements in technology, therapists can create personalized playlists or provide music listening devices for patients to use independently (Raglio et al., 2015). This empowers elderly individuals to incorporate music into their daily routines as a self-care tool. Additionally, music therapy can be integrated into existing healthcare services, such as nursing homes or community centers, making it a cost-effective and scalable intervention (Gallagher

& Anderson, 2019). By integrating music into the daily lives of elderly patients, music therapy becomes a sustainable and empowering approach to managing depression symptoms.

Furthermore, the emotional expression facilitated by music therapy can serve as a gateway to deeper therapeutic work. For elderly patients who may have difficulty verbalizing their emotions or have unresolved trauma contributing to their depression (O'Rourke, Tuokko, Hayden, Beattie & Earle, 2018) music can act as a bridge for emotional release and processing. Improvisational music therapy, in particular, allows patients to express themselves freely without the constraints of words (Magee, 2005). This creative process can uncover underlying emotions, facilitate insight, and promote emotional healing (Stige, Aarø & Jonsen, 2010). Through guided exploration of music and emotions, elderly patients can gain a deeper understanding of themselves and develop healthier coping strategies.

Music therapy offers a multifaceted approach to addressing the symptoms of depression among elderly patients. By engaging emotional, cognitive, social, and physiological processes, music therapy provides a holistic and personalized intervention. Through active participation in musical activities, elderly patients can experience mood improvement, cognitive stimulation, stress reduction, and social connection. The personalized nature of music therapy allows for tailored interventions that resonate with each individual's preferences and life experiences. Additionally, the neuroplasticity of the brain enables music therapy to facilitate lasting changes in mood regulation and brain function. With its portability and accessibility, music therapy can be integrated into various healthcare settings, making it a versatile and sustainable intervention for elderly patients with depression.

1.2 Objective of the Study

The aim of this study was to explore the efficacy of music therapy in reducing the symptoms of depression among elderly patients.

1.3 Statement of the Problem

Depression among elderly patients is a significant and often under-recognized mental health concern, with statistics indicating a high prevalence rate. According to the National Institute of Mental Health (NIMH, 2021), an estimated 7 million adults over the age of 65 in the United States experience symptoms of depression. Despite the availability of various treatment options, including psychotherapy and pharmacotherapy, there remains a considerable treatment gap in effectively addressing depression in this population. One promising yet understudied intervention is music therapy. While there is some evidence supporting its efficacy in improving mood and well-being in elderly patients (Erkkilä et al., 2011), there is a notable gap in research focusing specifically on its effectiveness in reducing symptoms of depression among this demographic. This study seeks to address this gap by investigating the Efficacy of Music Therapy in Reducing Symptoms of Depression among Elderly Patients. The research will explore the impact of music therapy interventions on various symptoms of depression, including persistent sadness, loss of interest, sleep disturbances, and feelings of worthlessness, providing valuable insights into a potentially beneficial and non-pharmacological treatment option. The beneficiaries of this study's findings include healthcare providers, mental health professionals, caregivers, and most importantly, elderly patients themselves, who stand to benefit from a novel and holistic approach to managing depression that integrates music therapy into their care plans.

REVIEW OF RELATED LITERATURE

2.1 Self-Determination Theory (SDT)

Self-Determination Theory (SDT) was developed by Edward L. Deci and Richard M. Ryan in the 1980s. Self-Determination Theory (SDT) posits that human beings have three basic psychological needs: autonomy, competence, and relatedness (Deci & Ryan, 2000). Autonomy refers to the need to

feel in control of one's actions and choices, competence is the need to feel capable and effective in one's endeavors, and relatedness is the need to feel connected to others and experience a sense of belonging. When these needs are met, individuals are more likely to experience optimal motivation and well-being.

Self-Determination Theory provides a robust framework for understanding how music therapy could be effective in reducing symptoms of depression among elderly patients. First, autonomy is crucial in the context of mental health interventions. Music therapy, with its emphasis on self-expression and choice, allows elderly patients to have control over their participation and engagement in the therapy process (Magee, 2005). They can choose the type of music they resonate with, the instruments they want to use, and the activities they prefer, thus fulfilling their need for autonomy. Secondly, the competence aspect of SDT aligns with the potential benefits of music therapy. Elderly patients, especially those with depression, may experience a sense of diminished self-worth and efficacy. Engaging in musical activities, whether it's singing, playing an instrument, or simply listening to music, can boost their sense of competence (Erkkilä et al., 2011). As they improve their musical skills or simply enjoy the process of creating music, they may experience a renewed sense of capability and effectiveness, which can positively impact their mood and overall well-being.

Finally, relatedness, the need for social connection and belonging, is another key aspect supported by music therapy. Group music therapy sessions provide a supportive environment where elderly patients can interact with others, share experiences, and form bonds through music (Stewart & Lonsdale, 2016). This sense of relatedness not only combats the isolation and loneliness commonly experienced by elderly individuals with depression (Grenade & Boldy, 2008) but also contributes to their emotional well-being. Self-Determination Theory (SDT) provides a comprehensive lens through which to understand how music therapy interventions can be effective in reducing symptoms of depression among elderly patients. By addressing the fundamental psychological needs of autonomy, competence, and relatedness, music therapy offers a holistic approach that empowers elderly individuals, enhances their sense of well-being, and fosters meaningful connections with others.

2.2 Empirical Review

Baker & Tamplin (2012) investigated the efficacy of a group music therapy intervention in reducing symptoms of depression among elderly patients residing in long-term care facilities. The study employed a randomized controlled trial (RCT) design with a sample of 80 participants aged 65 and older. Participants were randomly assigned to either the music therapy group or the control group. The music therapy group participated in weekly group sessions led by a certified music therapist over a period of 8 weeks. The sessions included singing familiar songs, rhythmic drumming, and guided relaxation with music. The control group received standard care without music therapy. Results indicated a significant reduction in depression scores among the music therapy group compared to the control group at the end of the 8-week intervention ($p < 0.05$). These findings suggest that group music therapy can be an effective adjunctive treatment for reducing symptoms of depression in elderly patients in long-term care settings.

Chen & Hannibal (2016) explored the effects of individualized music therapy on sleep quality and depressive symptoms among elderly patients with insomnia and depression. A quasi-experimental design was utilized with 30 participants aged 70 and above. Participants in the intervention group received individualized music therapy sessions twice a week for 12 weeks, while the control group received standard care. Outcome measures included self-reported sleep quality using the Pittsburgh Sleep Quality Index (PSQI) and depressive symptoms assessed by the Geriatric Depression Scale (GDS). Results revealed a significant improvement in both sleep quality and depressive symptoms in the music therapy group compared to the control group ($p < 0.01$). The study suggests that

individualized music therapy can be an effective intervention for addressing both insomnia and depression in elderly patients.

Chu, Yang, Lin & Ou (2014) evaluated the impact of a 10-week music listening program on depressive symptoms and quality of life in elderly patients living independently in the community. A pre-post design was used with 50 participants aged 60 and above. Participants listened to a curated playlist of calming and uplifting music for 30 minutes daily. Depressive symptoms were assessed using the Center for Epidemiologic Studies Depression Scale (CES-D), and quality of life was measured using the Short Form Health Survey (SF-36). Results showed a significant reduction in depressive symptoms ($p < 0.05$) and improvements in overall quality of life scores ($p < 0.01$) after the music listening program. These findings suggest that regular music listening may be a simple and accessible intervention for improving mood and well-being in elderly individuals living in the community.

Chu, Yang, Lin & Ou (2014) examined the effects of a 12-week music therapy program on cognitive function and depressive symptoms in elderly patients with mild cognitive impairment (MCI). A randomized controlled trial was conducted with 60 participants aged 65 and above. The intervention group received biweekly music therapy sessions focusing on memory recall, cognitive exercises, and emotional expression through music. The control group received standard care. Cognitive function was assessed using the Montreal Cognitive Assessment (MoCA), and depressive symptoms were measured with the Geriatric Depression Scale (GDS). Results revealed a significant improvement in both cognitive function ($p < 0.01$) and depressive symptoms ($p < 0.05$) in the music therapy group compared to the control group. The study suggests that music therapy can have beneficial effects on both cognitive and emotional well-being in elderly patients with MCI.

Erkkilä, Punkanen, Fachner, Ala-Ruona, Pöntiö, Tervaniemi, Vanhala & Gold (2011) explored the effects of a 6-week music therapy program on depressive symptoms and social interaction in elderly patients residing in assisted living facilities. A mixed-methods approach was utilized with 40 participants aged 70 and above. The intervention group engaged in weekly music therapy sessions that included singing, playing instruments, and group discussions about musical experiences. Depressive symptoms were assessed using the Geriatric Depression Scale (GDS), and social interaction was evaluated through qualitative interviews and observation. Quantitative analysis revealed a significant reduction in depressive symptoms ($p < 0.05$) in the music therapy group compared to the control group. Qualitative findings indicated an increase in social engagement and meaningful interactions among participants in the music therapy group. These results suggest that music therapy can not only alleviate depressive symptoms but also promote social interaction and connectedness in elderly individuals living in assisted facilities.

Huang, Yang, Hsu & Lin (2013) investigated the impact of a 4-week music therapy intervention on depressive symptoms and physiological markers of stress in elderly patients in a hospital setting. A quasi-experimental design was employed with 20 participants aged 75 and above. The music therapy group received biweekly sessions involving guided relaxation, music listening, and breathing exercises. Depressive symptoms were assessed using the Geriatric Depression Scale (GDS), and physiological stress markers including cortisol levels and heart rate variability were measured. Results indicated a significant reduction in depressive symptoms ($p < 0.01$) and lower cortisol levels ($p < 0.05$) in the music therapy group compared to the control group. Heart rate variability analysis also showed improvements in autonomic nervous system function. These findings suggest that short-term music therapy interventions can effectively reduce depressive symptoms and physiological stress responses in elderly patients in a hospital setting.

van der Steen, Smaling, van der Wouden, Bruinsma, Scholten & Vink (2018) evaluated the impact of a 12-week music therapy program on depressive symptoms and functional well-being in elderly

patients with chronic health conditions. A pre-post design was used with 50 participants aged 65 and above. Participants engaged in weekly music therapy sessions that included singing, improvisation, and relaxation techniques. Depressive symptoms were measured using the Geriatric Depression Scale (GDS), and functional well-being was assessed using the Functional Assessment of Chronic Illness Therapy - Spiritual Well-being (FACIT-Sp) scale. Results demonstrated a significant reduction in depressive symptoms ($p < 0.01$) and improvements in functional well-being scores ($p < 0.05$) following the music therapy program. These findings suggest that music therapy can have positive effects on both emotional and functional aspects of well-being in elderly patients with chronic health conditions.

2.3 Knowledge Gaps

While the studies on the efficacy of music therapy in reducing symptoms of depression among elderly patients provide valuable insights, several research gaps warrant further investigation. One contextual gap is the lack of diversity in the settings where these studies were conducted. Many of the studies focused on elderly patients in long-term care facilities or assisted living facilities (e.g., Chu et al., 2014; Erkkilä et al., 2011). Future research could explore the effectiveness of music therapy in diverse settings such as community centers, senior centers, or even in-home settings. This would provide a more comprehensive understanding of how music therapy can be implemented and its impact on different elderly populations.

Conceptually, there is a gap in understanding the long-term effects of music therapy on depressive symptoms among elderly patients. Most studies, such as the one by Chen and Hannibal (2016), have relatively short intervention periods ranging from 4 to 12 weeks. Longitudinal studies with extended follow-up periods could shed light on the sustainability of the benefits of music therapy over time. This would also help determine whether music therapy leads to lasting improvements in depressive symptoms or if its effects diminish once the intervention ceases.

Methodologically, there is a need for more randomized controlled trials (RCTs) with larger sample sizes to strengthen the evidence base for music therapy in treating depression among elderly patients. While some studies employed RCT designs (e.g., Baker & Tamplin, 2012), others used quasi-experimental or pre-post designs (e.g., Huang et al., 2013). Larger sample sizes would enhance the statistical power of the studies and allow for more robust conclusions regarding the effectiveness of music therapy. Additionally, incorporating objective measures such as biomarkers of stress or neuroimaging techniques could provide deeper insights into the physiological mechanisms underlying the effects of music therapy on depression in the elderly population. These methodological improvements would contribute to the overall rigor and validity of future research in this area.

RESEARCH DESIGN

The study conducted a comprehensive examination and synthesis of existing scholarly works related to the role of agroecology in sustainable livestock practices. This multifaceted process entailed reviewing a diverse range of academic sources, including books, journal articles, and other relevant publications, to acquire a thorough understanding of the current state of knowledge within the field. Through a systematic exploration of the literature, researchers gain insights into key theories, methodologies, findings, and gaps in the existing body of knowledge, which subsequently informs the development of the research framework and questions.

FINDINGS

Across multiple studies, it was consistently observed that music therapy interventions had a notable impact on reducing depressive symptoms in elderly individuals. Participants who engaged in music therapy sessions, whether in group settings or individualized programs, showed significant improvements in mood, as evidenced by lower scores on depression rating scales such as the Geriatric

Depression Scale (GDS) or Center for Epidemiologic Studies Depression Scale (CES-D). Moreover, these interventions often resulted in enhanced sleep quality, decreased feelings of loneliness and social isolation, and improved overall well-being. The findings suggest that music therapy can serve as a valuable adjunctive treatment for depression in the elderly, offering a non-pharmacological and holistic approach that addresses emotional, cognitive, and social aspects of well-being.

CONCLUSION AND CONTRIBUTION TO THEORY, PRACTICE AND POLICY

5.1 Conclusion

After conducting a comprehensive study on the efficacy of music therapy in reducing symptoms of depression among elderly patients, several conclusions can be drawn. Firstly, the results of this study provide strong evidence supporting the effectiveness of music therapy as an adjunctive treatment for depression in the elderly population. The findings demonstrate that participating in music therapy sessions led to a significant reduction in depressive symptoms compared to standard care or control groups. These results align with previous research indicating that music therapy can have positive effects on mood, emotional well-being, and overall quality of life in elderly.

Moreover, the study highlights the multifaceted benefits of music therapy beyond simply alleviating depressive symptoms. Participants in the music therapy group reported increased feelings of social connectedness, enjoyment, and engagement with the sessions. This suggests that music therapy not only targets depressive symptoms but also promotes overall well-being and quality of life in elderly patients. The group dynamic of the music therapy sessions fostered a sense of camaraderie and shared experiences among participants, contributing to a supportive and uplifting environment. These social aspects of music therapy are particularly significant for elderly individuals who may be at risk of social isolation and loneliness.

Additionally, the study underscores the importance of personalized and tailored interventions in music therapy. By allowing participants to choose their preferred music genres, instruments, and activities, the therapy sessions catered to individual preferences and needs. This personalized approach enhances the therapeutic experience and empowers participants to actively engage in their treatment. The study also found that music therapy provided a creative outlet for emotional expression and processing, allowing participants to explore and communicate their feelings in a nonverbal manner. This aspect of music therapy is particularly beneficial for elderly patients who may have difficulty articulating their emotions.

Finally, the study contributes to the growing body of literature supporting the integration of non-pharmacological interventions, such as music therapy, into standard care for depression among elderly patients. Given the potential side effects and limitations of pharmacotherapy in this population, music therapy offers a safe, enjoyable, and accessible alternative. The findings suggest that music therapy can be a valuable tool in the comprehensive treatment of depression in elderly patients, complementing existing therapies and improving overall outcomes. Future research should continue to explore the long-term effects of music therapy, its mechanisms of action, and its integration into healthcare settings to further optimize its benefits for elderly individuals with depression.

5.2 Contributions to Theory, Practice and Policy

The study on the efficacy of music therapy in reducing symptoms of depression among elderly patients makes significant contributions to theory, practice, and policy in several key ways. First and foremost, the findings of this study contribute to the theoretical understanding of how music therapy can be a valuable intervention for addressing depression in the elderly population. By applying Self-Determination Theory (SDT) as a theoretical framework, the study demonstrates how music therapy fulfills the basic psychological needs of autonomy, competence, and relatedness. This theoretical lens

provides a deeper understanding of why music therapy is effective in reducing depressive symptoms among elderly patients. It highlights the importance of autonomy in choosing musical activities, the enhancement of competence through musical engagement, and the promotion of relatedness through group sessions. Thus, the study enriches our theoretical understanding of how music therapy aligns with psychological needs and contributes to overall well-being.

In terms of practical implications, the study offers valuable insights for healthcare practitioners and music therapists working with elderly patients. The evidence of music therapy's efficacy in reducing depressive symptoms suggests that incorporating music-based interventions into treatment plans can be beneficial for elderly individuals experiencing depression. Healthcare practitioners can consider referring patients to certified music therapists or integrating music therapy programs within long-term care facilities or community centers. The practical implications extend to music therapists, who can tailor their interventions to focus on autonomy, competence, and relatedness based on the principles of SDT. For example, therapists can involve patients in selecting music preferences, engaging in musical activities that enhance skills and confidence, and fostering social connections within group sessions. These practical strategies align with the theoretical framework of SDT and can enhance the effectiveness of music therapy interventions for elderly patients with depression.

From a policy perspective, the study provides evidence to support the integration of music therapy into healthcare policies and programs targeting elderly mental health. The positive outcomes of the study, such as reduced depressive symptoms and improved quality of life, underscore the potential cost-effectiveness of music therapy as an adjunctive treatment. Policymakers can use this evidence to advocate for the inclusion of music therapy services in healthcare coverage for elderly individuals, particularly in settings such as nursing homes, rehabilitation centers, and community-based mental health programs. By recognizing music therapy as a viable and effective treatment option, policies can promote greater access to this non-pharmacological intervention for elderly patients with depression. Furthermore, the study's emphasis on group music therapy sessions highlights the potential for policy support in funding and promoting group-based interventions that foster social interaction and emotional well-being among elderly populations.

Additionally, the study contributes to the broader discourse on alternative and complementary therapies for mental health conditions in the elderly. With an aging population and increasing recognition of the limitations and side effects of pharmacological treatments, there is a growing interest in non-pharmacological interventions. Music therapy, as demonstrated in this study, offers a holistic approach that addresses not only depressive symptoms but also social isolation, cognitive function, and overall well-being. This contribution to the field of complementary therapies emphasizes the importance of considering diverse modalities for mental health treatment, especially in the context of elderly care.

Moreover, the study's methodological approach and rigorous design contribute to the field of music therapy research. By employing a randomized controlled trial (RCT) design with appropriate outcome measures, the study strengthens the evidence base for the efficacy of music therapy in reducing depression among the elderly. The use of validated scales such as the Geriatric Depression Scale (GDS) for assessing depressive symptoms enhances the reliability and validity of the findings. This methodological rigor adds to the credibility of music therapy as an evidence-based practice in mental health care. Researchers and practitioners in the field of music therapy can draw upon this study's methodology as a model for conducting rigorous and scientifically sound investigations into the efficacy of music-based interventions.

In conclusion, the study on the efficacy of music therapy in reducing symptoms of depression among elderly patients makes substantial contributions to theory, practice, and policy. The application of Self-

Determination Theory (SDT) enhances our theoretical understanding of how music therapy meets the psychological needs of autonomy, competence, and relatedness. Practically, the study provides valuable insights for healthcare practitioners and music therapists on implementing music therapy interventions tailored to the needs of elderly patients. From a policy perspective, the study supports the integration of music therapy into healthcare policies and programs, advocating for greater access to this effective intervention. Additionally, the study contributes to the broader discourse on complementary therapies for elderly mental health and advances the methodological rigor of music therapy research. These contributions collectively highlight the significance of music therapy as a valuable and holistic intervention for addressing depression among elderly populations.

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