

GROUP MUSIC THERAPY FOR LONELY ELDERLY AT NANCHANG FUKALAI RECREATIONAL HOME

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ABSTRACT

Introduction: In an aging society, loneliness has become a serious problem for the elderly, and group music therapy has emerged as an innovative intervention in the field of geriatric care, providing new ideas to alleviate loneliness in the elderly. **Objective:** To study group music therapy for lonely elderly people at Nanchang Fukalai Recreation and Nursing Home. **Methods:** A randomised controlled trial was conducted. Participants were selected for the study following a screening process that employed the UCLA Loneliness Scale. This scale was used to identify older adults aged 60–70 who scored ≥ 21 on the scale and who reported feelings of loneliness. In conclusion, a total of 16 widowed or divorced older adults residing independently (excluding orphans) were enrolled in the study. Following a process of adjustment for gender and educational background, the participants were divided into two groups, with each group comprising eight participants. The experimental group underwent a two-month programme consisting of 16 group music therapy sessions. Research tools included the UCLA Loneliness Scale (reliability 0.847), an interview guide, and an observation checklist. **Results:** It was found that the loneliness level of the elderly in the experimental group who received group music therapy decreased significantly (mean value from 50.87 to 36.50, $p < 0.05$) from ‘moderate loneliness’ to ‘mild loneliness’, while there was no significant change in the control group. **Conclusion:** This study demonstrated that through group singing and improvisation, group music therapy can promote social, emotional regulation and cognitive functioning in older adults, providing empirical support for alleviating loneliness and improving the mental health of older adults in home care, filling a research gap in China and providing options for non-pharmacological interventions, and will be explored in the future to optimise and explore the long term effects of this model.

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1. INTRODUCTION

The Seventh National Population Census Report (National Bureau of Statistics, 2021)^[7] shows that China's population aged 60 and above has reached 264 million, accounting for 18.7 per cent of the total, and is expected to exceed 400 million by 2035. With the aging of the population, the elderly in the institutional care model are facing more serious loneliness due to the narrowing of their social circle and the alienation of their relatives.

The fieldwork for this study was conducted at the Nanchang Fujiale Nursing Home (Fukalai recreational home), a public-private partnership comprehensive medical and elderly care facility established under Nanchang's 12th Five-Year Plan. The facility has 1,200 beds and houses elderly residents who are either empty-nesters, widowed, divorced, or otherwise isolated, as well as those with disabilities or dementia. It offers only basic recreational and entertainment facilities and lacks systematic psychological interventions. The residents in this community typically experience elevated levels of social isolation and loneliness, which renders it an optimal environment for conducting research on group music therapy interventions.

Scholars at home and abroad have carried out a large number of studies on the intervention of loneliness among the elderly, and the intervention modes in foreign countries cover six categories such as social promotion and psychotherapy, while in China, they mainly include psychological intervention, self-regulation, and family and social support, among which the psychological intervention contains various modes such as nostalgia therapy, music therapy, and so on (Zhou, 2023)^[11] Music therapy, as a non-pharmacological adjuvant therapy with few side effects, is widely used in geriatrics, helping the elderly to express themselves and promote socialisation, and the richness of the activities also improves physical and mental states.

Although a variety of psychological interventions have been proven to enhance the quality of life of the elderly, group music therapy for loneliness in institutionalised elderly groups is still under-researched. The purpose of this study is to analyse the causes of loneliness in the institutionalised elderly, and to explore the role of group music therapy in reducing loneliness, preventing depression, helping the elderly to establish good interactions, and improving their sense of well-being in old age.

The importance of this study is reflected in the following aspects:

Filling the research gap: in the existing research on group music therapy on the mental health of the elderly, there are fewer explorations of loneliness in the institutional care model, especially lacking in in-depth analyses of different socio-cultural backgrounds, types of elderly care institutions, and individual characteristics (Zhou, 2023)^[11] This study will provide new empirical support to extend the scope of music therapy in geriatric mental health interventions. Promote the development of psychological interventions for the elderly: Currently, mental health services in elderly institutions lack a mature model. This study not only focuses on the alleviating effect of group music therapy on loneliness, but also analyses its applicability in different environments, such as public nursing homes, private recreational institutions, and community aged care centres, to provide references for the improvement of the elderly service system (Liao & Liao,

2006)^[5] Enhancing the quality of life of the elderly: music therapy reduces negative emotions, promotes social interaction, and improves well-being (Ku et al., 2020)^[4]

. This study will further explore its effects on the overall social atmosphere, collective sense of belonging and long-term life satisfaction of the elderly population, providing practical guidance for enhancing mental health.

Interdisciplinary integration and practice promotion: The study integrates music therapy, psychology, sociology, geriatrics and other disciplines to explore interdisciplinary intervention modes and analyse the feasibility of these modes, so as to provide a scientific basis for policy makers, managers of elderly care organisations and social workers, and to promote the widespread application of group music therapy in elderly care services.

2. OBJECTIVES

To assess the impact of group music therapy for lonely elderly people at Nanchang Fukalai Recreation and Nursing Home

3. LITERATURE REVIEW

There are two forms of music therapy, individual music therapy and group music therapy. Individual music therapy is usually completed by a therapist and a visitor in a one-to-one manner, mainly highlighting the therapeutic relationship between the therapist and the visitor. Group music therapy, on the other hand, is a therapeutic modality that places more emphasis on the dynamic relationship between group group team members, 'Group music therapy is a group in which the therapist and multiple visitors work together to form a group and engage in therapeutic music activities under the therapist's guidance with the goal of facilitating self-exploration and development of the group's members.' (Amelia 1982)^[1] 'Group music therapy, as a branch of group psychotherapy, has its own uniqueness in addition to having some characteristics in common with group psychotherapy. The realisation of group music therapy is related to two factors: on the one hand, it is related to the group's psychological response to the music; on the other hand, it is related to the instruction of talk-based group psychotherapy techniques and methods.' (Wan, 2021)^[9]

Data show that 50 per cent of older adults have a strong sense of loneliness. The level of physical health significantly affects loneliness among older adults; deterioration of physical function, chronic and major illnesses impair health, and long-term illness and bedriddenness reduce quality of life, exacerbate loneliness, and seriously affect mental health. (Zuo et al., 2024)^[11]

Music therapy has a wide range of applications in the elderly population, music therapy as an adjuvant therapy, is a convenient, effective, small side effects of non-pharmacological treatment, for depression, Alzheimer's disease, Parkinson's disease, etc. has a very good therapeutic effect. Scholars at home and abroad have done more research on the use of music therapy in the elderly population. In 2009, Stephane Gu  tin et al. confirmed that music therapy can effectively alleviate the negative emotions such

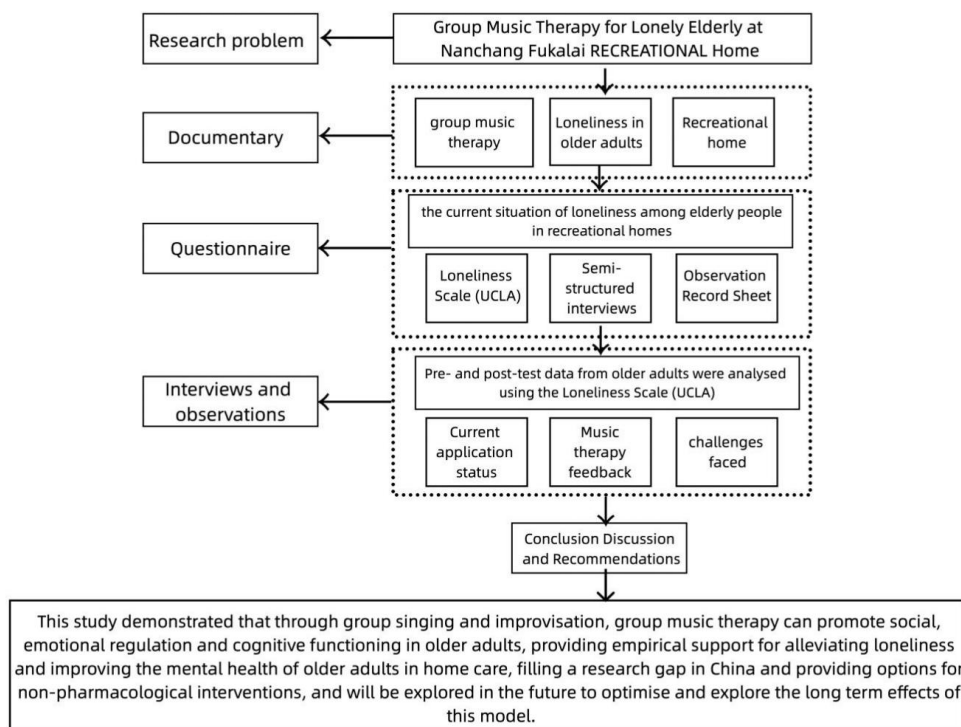
as anxiety and depression in patients with mild and moderate dementia. Werner et al. (2017)^[10] Proved experimentally that music therapy is more effective than recreational singing in alleviating nursing home depressive symptoms in older adults. (Liu & Liu, 2017)^[6] showed that group music therapy has good efficacy in improving cognitive ability and depression in Alzheimer's disease patients. 2020, He Xuan proved that music therapy can improve the physical function of older adults and improve the bad mood during hospitalisation. 2021. Xinyu Ye experimentally demonstrated that the song recall intervention can significantly enhance autobiographical memory in Alzheimer's patients.

Based on psychology, neuroscience and social support theory, this study explores the mechanisms of group music therapy intervention for loneliness in elderly nursing home residents: psychology relieves emotions and promotes social interaction through emotion regulation and cognitive activation with personalised music and group activities; neuroscience improves motor co-ordination and pleasure with the integration of auditory-motor pathways and the dopamine reward system; and social support theory enhances trust and reconstructs pleasure through social connection and recognition. Social Support Theory enhances trust and restructures self-worth through social connection and identity. The three theories build up a multi-dimensional 'psycho-neuro-social' pathway, providing interdisciplinary support for the application of music therapy.

4. CONCEPTUAL FRAMEWORK

Figure 1

Conceptual Framework



5. METHODOLOGY

1. Population and Sample

In this study, 16 lonely elderly people aged 60-70 years old in Fujialai Medical and Nursing Home in Nanchang City, A score of 21 or higher on the UCLA Loneliness Scale was used to determine the presence of significant loneliness. Following the exclusion of older adults with severe cognitive impairment, those unable to participate in group music activities and those with severe hearing loss, the study ultimately included a total of 16 lonely older adults. Jiangxi Province were selected and divided into the intervention group and control group (8 people each) according to the code, and both groups contained 4 males and 4 females, and the education level covered 4 people in primary school, 10 people in secondary school, and 2 people in secondary school. The UCLA Loneliness Scale (20 question items) with a reliability of 0.847 was used to measure loneliness triggered by the gap between social desirability and actual level.

2. Research Scope

In this study, 16 lonely elderly people in Fujialai Medical and Nursing Home Institution in Nanchang City, Jiangxi Province, China were selected as subjects and randomly divided into an experimental group and a control group of 8 people each. The study was conducted during December 2024 - February 2025 for a period of two months. During this period, group music therapy will be conducted for the experimental group for 45 minutes twice a week for a total of 16 sessions. The study will use the Loneliness Scale (UCLA) to analyse the pre and post-test data and provide a comprehensive assessment of the achievement of the goals of the treatment programme.

3. Research Tools

1. Loneliness Scale (UCLA)

The UCLA Loneliness Scale was used to measure loneliness among the elderly, which consists of 20 questions designed to address the dimensions of social relationships and participation in activities (e.g., asking about the person to whom one has confided and the closeness of the relationship), with a reliability of 0.847 and a validity of good. During the pre-test and post-test phases, the requirements for completion were explained to the elderly in both groups, and assistance was provided to those who had difficulty in completing the scale to ensure accurate responses and to obtain reliable data for assessing changes in loneliness.

2. Interview outline

The study designed a semi-structured interview outline for the elderly, doctors and caregivers of the nursing home: the elderly focused on their living conditions, causes of loneliness, and expectations and feelings of treatment; and the caregivers focused on the elderly's state of health, daily behaviours, and evaluation of the effectiveness of treatment. The interviews were divided into two stages before and after the intervention, providing background information in the early stage and collecting treatment feedback in the later stage, which assisted in comprehensively analysing the results of the study.

3. Observation Record Sheet



The study recorded the performance of the experimental group in group music therapy through a structured observation record sheet, covering the active participation, duration and frequency of participation, expression changes, mood fluctuations and other emotional expressions, as well as social interaction data, such as mode of communication, number of interactions, etc. The researchers used a standardised record sheet to record the performance of the experimental group. The researcher standardised the recording according to a uniform standard to avoid interference with the treatment, and collated the data in a timely manner after the end of the session, providing rich qualitative support for analysing the impact of music therapy on mental health.

4. Data Collection

In this study, a multivariate method was used to collect data systematically to ensure the reliability of the results: 16 elderly people aged 60-70 with loneliness (≥ 21 points on the UCLA scale) were screened from Nanchang Fujialai Nursing Home and randomly divided into an intervention group and a control group (8 people each) after balanced matching according to their gender and educational level. Quantitative data were collected through the Chinese version of the UCLA loneliness scale (reliability 0.847), which was pre/post-tested by the researcher with one-on-one guidance, and read aloud by the special elderly, and the data were recorded in SPSS 25.0 for verification. Qualitative data were obtained through semi-structured interviews, including in-depth interviews with the elderly before and after the intervention (focusing on the source of loneliness and treatment experience), and observation by healthcare personnel, each interview lasting 20-30 minutes and transcribed by audio recording. Meanwhile, the researcher recorded the behavioural indicators such as participation, emotions and social interactions of the elderly through structured observation forms during the 16 group music therapy sessions, and all the procedures followed a uniform standard to ensure objectivity.

6. RESULTS

China has entered an aging society since 2000, and the population aged 60 years and above will reach 264 million in 2021 (National Bureau of Statistics, 2021)^[7] Institutionalised elderly often face serious loneliness due to the narrowing of their social circle, increasing the risk of disease. Group music therapy has attracted attention, but few studies have been conducted in China. This study aims to explore whether it can reduce loneliness, improve depression and social support among institutionalised elderly, which is of great significance in filling the gap and promoting the development of intervention.

1. Group Music Therapy for Lonely Elders

In an aging society, loneliness has become a serious problem faced by the elderly, and group music therapy has emerged as an innovative intervention in the field of geriatric care, providing new ideas to alleviate loneliness. It is a group intervention method based on the professional theory of music therapy, the core of which is to use music as a bridge to break social barriers and promote emotional communication

Music reminiscence therapy plays classic melodies related to the elderly's past, such as popular songs when they were young, to help them recall good memories, share stories, and bring them closer to

each other in a sense of identity, which is especially helpful for the elderly with cognitive disabilities to light up their memory and alleviate loneliness (Shi, 2022)^[8] Improvisation allows the elderly to use simple musical instruments or body movements to create their own music, transforming loneliness into rhythmic notes, and providing a channel for those who are unable to speak to express their emotions. Group cooperation activities such as instrument ensemble and chorus allow the elderly to enhance teamwork, improve understanding, gain friendship and reduce loneliness through division of labour. Music-guided relaxation uses soft melodies to regulate breathing and heartbeat, helping the elderly to relax and forget their worries in a comfortable environment.

2. group music therapy on loneliness and mental health of elderly people in a recreation home

Elderly people in nursing homes often feel lonely due to the narrowing of their social circle and the reduction of family companionship, which seriously affects their mental health. Group music therapy can effectively improve this situation: through music reminiscence therapy, the elderly can open up communication topics with common memories, share life stories, and reduce loneliness; in improvisation and emotional expression sessions, emotional resonance allows the elderly to gain understanding; and group collaborative music activities create social opportunities and expand social support networks. Studies have shown that the loneliness scale scores of the elderly who participated in group music therapy decreased significantly, and moderate loneliness could be reduced to mild (Shi, 2022)^[8]

At the mental health level, group music therapy regulates mood through upbeat or soothing music, promotes social interaction and emotional expression, maintains the normal secretion of neurotransmitters, and reduces the risk of depression and anxiety. Meanwhile, the cognitive activities involved in music interaction can exercise memory and attention, slow down brain aging and reduce the risk of Alzheimer's disease. For example, the process of memorising lyrics and following the rhythm in choral singing can effectively improve cognitive ability (Gao, 2007)^[2]

Group music therapy plays a significant role in alleviating loneliness and promoting mental health among the elderly, providing strong support for improving the quality of life in old age, and is worth promoting in the field of elderly care services.

3. Analysis of the current situation of loneliness and mental health of the elderly in nursing homes Manifestations and Causes of Loneliness

Loneliness has become a prominent issue affecting the quality of life and physical and mental health of the elderly in the nursing home environment. As they grow older, they are withdrawn from multiple social roles, their social circle shrinks sharply, their contact with old friends and colleagues decreases sharply, and their daily communication is limited to the elderly and staff in the same institution, which makes their social dimension singular; at the same time, their children and other loved ones are absent, and the family ties that support their emotions are weakened, so the double lack of social interaction and affection makes loneliness follow them around. Reduced social relationships, lack of family support, and declining physical health together constitute the key factors leading to loneliness among the elderly (Gao, 2023)^[3] At the social level, the narrowing of emotional communication channels hinders the elderly's

emotional expression, making it difficult to talk about their inner feelings, and loneliness accumulates in silence; the lack of family support directly impacts the sense of emotional security, making the elderly prone to a sense of ‘forgetfulness’ and exacerbating psychological alienation. Physical health decline further catalyses the plight of loneliness. Functional aging accompanied by chronic diseases, not only limit the ability to move around, but also trigger psychological inferiority complex: the elderly are often worried about becoming a burden to others and actively avoid social interaction, forming a vicious cycle of ‘physical discomfort → social withdrawal → increased loneliness’. These three factors are intertwined, causing the elderly to fall into emotional isolation, and loneliness continues to spread with age.

Common Mental Health Problems

Long-term loneliness is a serious threat to the mental health of the elderly, and it is positively correlated with the risk of Alzheimer's disease, depression, and other diseases. Loneliness triggers psychological stress and interferes with the regulation of neurotransmitter secretion in the brain, e.g., a decrease in serotonin secretion can lead to low mood, anxiety, loss of interest in activities, panic and insomnia in the elderly. More seriously, the lack of social stimulation will accelerate brain aging, reduce nerve cell activity, trigger memory loss, cognitive impairment, and increase the risk of Alzheimer's disease. These problems interact with each other to form a vicious cycle, seriously impairing the physical and mental health and quality of life of the elderly, and casting a shadow over their later years.

Figure 2

Author talking to the elderly



Note. Photograph taken by the author during fieldwork.

4. Research Design and Implementation

Research Methods and Subject Selection In this study, literature research, measurement, interview, experiment and observation methods were used to select 16 lonely elderly people aged 60-70 years old (UCLA scale ≥ 21 points) from Fujialai Medical and Nursing Home in Nanchang City, Jiangxi Province, who were randomly divided into the experimental group and the control group (8 people each). Social loneliness was assessed using the UCLA Loneliness Scale (20 question items) with a reliability of 0.847.

Implementation of music therapy During the two-month treatment cycle, the experimental group received 45-50 minutes of group music therapy twice a week (16 sessions in total). The activities included singing songs in unison/rounds, physical fitness rhythmic dance, simple instrumental interaction, recalling positive events from classic songs, and rhythmic collaborative music games, with the difficulty gradually increasing in two stages to stimulate participation.

Figure 3

Author talking to elderly people and carers



Note. Photograph taken by the author during fieldwork.

5. Presentation of research findings

Preliminary analysis of data The subjects' loneliness level before and after the intervention in different groups is shown in Table 1. Before the intervention, the score of subjects 'loneliness level in the experimental group was 58.87, and the score of subjects' loneliness level in the control group was 48.13; while after the intervention, the score of subjects 'loneliness level in the experimental group was 36.50, and the score of subjects' loneliness level in the control group was 48.38.

Table 1

Levels of loneliness before and after intervention in different groups

Loneliness level	groups			
	Experimental group		control group	
	Mean	Standard deviation	Mean	Standard deviation
Pre-intervention	50.87	6.424	48.13	6.402
Post-Intervention	36.50	5.928	48.38	5.975

A2 (group: experimental group, control group) X2 (time point: pre-intervention, post-intervention) two-way repeated-measures ANOVA for loneliness was conducted, and the results showed the following: the main effect of group was significant $F(1, 14) = 3.873$, $p = 0.009$, and the loneliness level of the control group was significantly higher than that of the experimental group; the main effect of time point was significant $F(1, 14) = 11.894$, $p = 0.004$, and the post-intervention Loneliness level was significantly lower than pre-intervention; the interaction effect of time point*group was significant $F(1, 14) = 12.751$, $p=0.003$, as shown in Table 2.

Table 2

Repeated measures ANOVA for loneliness levels before and after the intervention in different groups

Source	Class III sum of squares	Degrees of freedom	Mean Square	F	Significance
Groups	166.531	1	166.531	3.873	0.009
Time Point	399.031	1	399.031	11.894	0.004
Time	427.781	1	427.781	12.751	0.003
Point*Group					

As the interaction was significant, further simple effects analyses were conducted next. The results of the simple effect analysis on groups are shown in Table 3, in the experimental group, the pre-intervention loneliness level was significantly higher than the post-intervention level, with a mean difference of 14.375, $p<0.05$, while in the control group, there was no significant difference in the loneliness level before and after the intervention.

Table 3

Simple effects analysis table

Group	point in time	point in time	Mean Difference (pre-post)	Standard Error	Significance
Experimental Group	before	after	14.375	2.692	<0.05
Control group	before	after	-.250	3.087	0.938

Significant changes in loneliness level

Before the intervention, the mean loneliness level score was 50.87 in the experimental group and 48.13 in the control group; after the intervention, it decreased to 36.50 in the experimental group and 48.38 in the control group. After 2 (group: experimental group, control group) X2 (time point: pre-intervention, post-intervention) two-factor repeated-measures ANOVA, there was a significant main effect of group ($F(1, 14)=3.873$, $p=0.009$), the control group had higher levels of loneliness than the experimental group; the main effect of time point was significant ($F(1, 14) = 11.894$, $p = 0.004$), with lower levels of loneliness post-intervention than pre-intervention; and the time point * group interaction was significant ($F(1, 14) = 12.751$, $p = 0.003$). Further simple effects analyses showed that pre-intervention loneliness levels were significantly higher than post-intervention levels in the experimental group (mean difference 14.375, $p<0.05$), and there was no significant difference between pre- and post-intervention levels in the control group.

Improvement in mental health indicators

Although the specific data of other mental health indicators are not explicitly given in the text, from the point of view of the mechanism of action of group music therapy and existing studies, it should have a positive effect in improving depression and enhancing the degree of social support. For example, during the treatment process, the elderly have more social interactions and express their emotions more smoothly, which all contribute to the improvement of mental health.

7. DISCUSSIONS

In this study, a two-month randomised controlled trial was conducted on 16 lonely elderly people in Nanchang Fujialai Medical and Nursing Home (the experimental group received group music therapy twice a week for a total of 16 sessions), and it was found that the loneliness scale (UCLA) score of the experimental group decreased significantly from 50.87 (moderate loneliness) to 36.50 (mild loneliness) before the intervention, while there was no significant change in the control group, which is consistent with the findings of domestic and international scholars such as Werner, Guetin, Liu Lichun and others on the alleviation of negative emotions and promotion of social interaction through music therapy. This result is consistent with the findings of Werner, Gu, Liu Lichun and other scholars at home and abroad on the alleviation of negative emotions and the promotion of social interaction through music therapy. Based on the “psycho-neuro-social” theory, the study confirms that group music therapy improves loneliness through

the mechanisms of activation of cognition by musical memories, catharsis by improvisation, and enhancement of social interaction by collective cooperation. Should further exploration be undertaken of the subtle differences in the qualitative observations and interview data, and should the varying effects of different musical activities such as improvisation and group singing - on the emotions and social interactions of elderly participants be analysed, it is possible that the discussion in this study could be further refined and enhanced. Meanwhile, it is the first time to focus on institutional care scenarios and design a customised intervention plan, which fills the gap in Chinese research and provides an interdisciplinary practical basis for mental health services in elderly care institutions. However, there are limitations in this study such as small sample size, lack of tracking of long-term effects and physiological indexes, and it is necessary to expand the sample size, and to deepen the research on cross-regional comparisons and physiological mechanisms in the future.

8. ORIGINALITY AND BODY OF KNOWLEDGE

Originality

This study is the first to focus on the field of loneliness of the elderly in the institutionalised elderly care model, and it fills the gap between academia and practice by addressing the fact that existing studies have paid little attention to the effect and application of group music therapy in this scenario. In terms of research methodology, the study innovatively adopts a multifaceted collaborative model to design rich and targeted group music therapy activities, which provides a breakthrough path for the application of music therapy in elderly care institutions.

Knowledge system

The study takes music therapy theory as the foundation, and systematically integrates its definition, classification and theoretical basis of group therapy; combines loneliness theory in depth, and analyses its causes and the influence mechanism on the physical and mental health of the elderly; at the same time, it introduces theories of psychology, neuroscience and social support, and analyses the background of loneliness in terms of the change of social roles, the reconstruction of the social environment, etc., and takes the social support network and the mechanism of social interaction as the entry point to construct a complete research framework interwoven with different disciplines. At the same time, we introduce psychology, neuroscience and social support theories to analyse the background of loneliness from the dimensions of social role change and social environment reconstruction.

9. RESEARCH RECOMMENDATIONS

1. Implication of the Study

This study fills the gap in the field of loneliness in institutionalized elderly care, provides empirical evidence for the application of music therapy in different elderly care scenarios (public/private institutions, community centres, etc.), and contributes to the improvement of the mental health service system in elderly care. The study not only focuses on the effects of music therapy on individuals' emotions

and social interaction, but also explores its effects on the sense of belonging and long-term quality of life of the group, providing scientific references for elderly care services through interdisciplinary integration, and promoting the practice of music therapy in the field of elderly care.

2. Recommendations for Future Research

In the future, we need to focus on three aspects: firstly, to improve the intervention mode and explore the long-term treatment effect and personalised solutions based on age, health status and other characteristics; secondly, to break the bottleneck of application and propose solutions to the problems of insufficient professionals and limited knowledge of organisations; and thirdly, to expand the dimensions of the research and analyse the influencing factors from the perspectives of regional cultures and organisations' management modes, so as to enhance the universality and precision of the results of the research.

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