

*Ethical Viewpoint Paper*

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## Music as Therapy in Aging Populations: Ethical Issues

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Ageing is a natural process with phases that differ from person to person depending upon genetic history and lifestyle one chooses at various stages of one's life. In those aged 60 years and above, physiological changes occur in the cardiovascular, musculoskeletal and neurological systems, to name a few. Comorbidities of ageing accompanied by obesity and diabetes can increase the risk of getting neurodegenerative diseases, hypertension, heart ailments or Alzheimer's and dementia, a progressive disease that affects memory and cognition. Senses, smell, taste, touch, sight and hearing, are also affected along with hormonal changes. Therefore, it is important to have a long-term vision and, accordingly, qualify one's lifestyle that which is also dependent on environment, society and economy as well as accessibility to facilities for active ageing. Balanced diet, exercise, hobbies or pursuing interests one could not do earlier for reasons best known to the ageing are important to enjoy a good quality of life. For, mental healthcare is equally important as that of the body. Ageing creates a void in life that brings about emotional and psychological duress with experience of depression, isolation, feeling lonely, becoming more sensitive, feeling 'useless' and being unable to contribute to family and society, being unwanted by family and friends (which may not necessarily be true), all leading to poor self esteem, diminishing confidence and poor self worth.

Music is a very popular choice with most people and is considered as entertainment or leisure activity which is only one aspect that impacts its audience or practitioner. However, music can play an important role in lives of ageing population with its therapeutic benefits that helps elderly in a very special way by giving empowerment and also acts as a booster for their morale. Therefore, music is considered as a great therapeutic tool in improving the quality of life, wellbeing and for rehabilitation of elderly population who can function better in activities of daily life.

A review article that includes normal ageing as well as the elderly population, those in rehab for post stroke as well as those patients living with dementia states that music better enables cognitive, auditory, motor and emotional functions across cortical and subcortical regions in the brain that are preserved and relatively less affected by Alzheimer's and dementia. Today, the matrix of multi-disciplinary rehabilitation includes music therapy as one of its parameters.

Ellis and Thayer in their study talk of the close interconnection of music and the autonomic nervous system (ANS). They strongly believe there is great potential for more research on how and why even small changes in elements of music: tempo, beat and pitch can jump-start responses to bring about emotional, behavioral, neurophysiological, and psychophysiological changes in the human body.

Another study shows that irrespective of age, there are encouraging effects of music and musical activities on quality of life, social health and life satisfaction in all, especially older adults. Musical activities, be they singing, listening to music, playing an instrument, can help improve the quality of life and health factors for wellbeing. Experience of loneliness, bereavement in the family, switch-over from an active life to that of retirement can influence social and emotional psyche of the

ageing population. In such circumstances, music interventions and its use as therapy can contribute to healing and benefit everyone.

However, just as ageing brings about changes in choice of food, clothes, company, social activities, likewise choices on type of music. Ageing brings about preference of old songs that they are familiar with or those popular in their youth. With fading memory, even if they may not be able to recall the lyrics, yet, old tunes resound memories. Therefore, musical activities for leisure can actually help them reminisce, improve cognition, buffer emotions as well as better ventilate their expressions.

Ageing process not only changes the choice of music but responses to it as well. Those with neurological problems have frequent mood swings that affect behaviors. Keeping in mind that the same song or instrumental piece may have varied impact on any person at different times, to use intervention of music as therapy, the choice of music made by the trained music therapist must be chosen judiciously after enough research about the subject has been done in advance. Different cultures have varied genres of music and instruments typical to the region and its culture and, yet, is universal in its impact. Age affects the impact of music be it language, sound, melody, rhythm, harmony, tempo or timbre. Studies have shown that different languages, tempos, tones, and sound levels of music can cause different effects on emotions, mental activities and physical reactions in people. These may change with the circumstances.

Music and its activities can be enjoyed as individual or group activity whether they are living in their own homes or in care facilities. Groups are pathways to good emotional and physical health that benefit socially and subtly stimulate and relax participants. Most enjoy group sessions as the atmosphere is neutral, participants are more open to beginners or amateurs, members attending these sessions are less critical and, hence, elderly feel comfortable and less self-conscious even if they are amongst professionals. Elders look forward to regular interaction with people they meet in group sessions, make new friends, dynamics of which forge bonds with emotional, cohesive togetherness improving psycho-social health and wellbeing especially within groups involved in singing or listening to religious music. This actually helps ageing population to age successfully and gracefully.

Music is a delicate thread that weaves a special bond between generations cutting across barriers of age and attitudes, language and culture. Inclusive and intergenerational music programs do have a reasonable effect on both generations. A review<sup>4</sup> showed how most participants, comprising of elders, children and youth, enjoyed intergenerational music sessions. It further reflected post-music intervention that negative attitudes of children towards older adults considerably lessened and started looking at the ageing process itself more positively. On the other hand, elders became more tolerant of children and they did not feel isolated but useful.

Music has been proved to be good for the elderly as they better manage stress, anxiety, depression or agitation they commonly live with. Alzheimer's and dementia are progressive neurological disorders that impacts memory, presently, with no cure. The person living with dementia whose personality has totally changed, more often than not, lives with complete dependence on family (sometimes with the spouse also living with comorbidities) or caregivers who require respite from caregiving as it is challenging commitment that gives psychosocial and emotional stress. Music is, therefore, a strategic tool whose benefits can be actively or passively experienced. People with Dementia often cannot voice their thoughts, find it hard to convey or express their feelings and mainly communicate non-verbally. Another study shows how music allows to emote intuitively and easily express in a subtle way through physiological responses that may be conscious or unconscious through the autonomic nervous system (ANS). Good hormones, dopamine and serotonin, alleviate pain and also uplift mood. Therefore, elements of music can be orchestrated to employ it as customized therapy for various health disorders, age-related diseases and also as intervention for wellbeing.

A study on regulating the effects of music on mood and emotions, shows how music as an intervention can help in improving pulmonary-respiratory diseases, neurological disorders as well as sleep apnea and snoring. Singing and playing wind instruments can help better the function of lungs through use of breath control and support bringing about clarity in speech and depth of voice added with other interventions to reinforce muscle strength.

Sound is a natural, healing modality with music being used more as a therapeutic tool to encourage good health through active ageing. Music is a great source for the aging to reminisce on past memories, mostly good, thanks to endorphins that improve the emotional state of mind. A cost-effective strategy, the role of music exerts a powerful influence on total health and wellbeing of all, specially supporting the ageing population. Music is heart-healthy, a necessary stress buster that can improve mood and regulate emotion, reduce anxiety and depression, boost memory, build resilience and responses to pain or sadness, energize emotions and energy, help in rehabilitation, facilitate outlets and opportunities for emotional expression and supports spiritual growth. Music is an unseen 'friend' to the lonely with a soothing impact to those with difficulty getting sleep or suffer insomnia. Furthermore, elders are able to revive memories with nostalgia, group sessions allow for building new bonds and forge stronger relationships to promote holistic health. In fact, the silent benefits of music and musical activities are to be experienced to know how it improves quality of life as well as health factors in older people who can live life in a better frame of mind with a positive outlook to age gracefully.

### **Ethical Issues with Music as Therapy in the Elderly**

Music therapy research can be defined as "a systematic... inquiry which leads to a discovery or new insight, which when documented and disseminated, contributes to or modifies existing knowledge of practice". Music therapy research stems from a number of philosophical perspectives; it utilizes a broad range of methodologies; and it asks diverse questions on theory, practice with varying populations, and professional issues. Depending on the topic, research may be collaborative with other disciplines, and take place within interdisciplinary research teams.

Data can be collected from varied sources, including:

1. Objective measures, such as physiological responses.
2. Subjective measures, such as quality of life measures or a client's statements of her/his experiences.
3. Therapists' or other observers' interpretations of sessions.
4. Therapeutic products (e.g., song lyrics; musical improvisations).
5. Other relevant artifacts (e.g., music therapy texts; visual images). If the research question is systematically examined through a research methodology, which is informed by a methodology already described in the music therapy or related academic literature, it can be described as research.

Types of research being published in music therapy and allied refereed journals include:

1. Participants receive an intervention or control condition in a specific research design.
2. Participants receive an intervention in a pre-post-test design.
3. Qualitative analysis of experiential data (e.g., clients' verbal description of music experiences or interviews with clients on their music experiences in old age).
4. Participant health workers' (including music therapists' & students') music therapy related reflections (e.g., in surveys, interviews, diaries), including about their own work.
5. Sole health worker's, music therapist's or student's self-reflections about music therapy related phenomena, including their own work.
6. Retrospective audit (e.g., examining already collected music therapy reports).
7. Prospective audit (e.g., features of clients accepting music therapy).
8. Case series (e.g., interventions and outcomes for older adults with dementia).
9. Case report (intervention and outcome).

### **Informed Consent**

Participants involved in research are usually required to be adequately informed about and consent to participating in the research. Ethics committees always request that research participants, if possible, read and sign a Participant Information and Consent Form or similar before participating in a study. Alternately, research committees may approve a situation whereby participants give “implied consent” after being informed of the study: their participation in the study signifies consent. When a potential research participant is unable to give informed consent, or is regarded as too vulnerable to give informed consent (e.g., a child or a person with late stage dementia), their guardians must give informed consent on their behalf. An assent form should also be written for anyone (e.g., the child or older adult) who is able to indicate willingness to participate, in language that they would understand. If an agency is involved in the study, a consent form also must be written for the agency. When seeking informed consent Participant Information and Consent Forms (or Information Sheets when seeking implied consent) usually includes the following information: Introduction to and purpose of the research project; what research participation involves; its possible benefits and risks; a statement that research involvement is voluntary, that they can withdraw any time before their information is included in the analysis process, and that withdrawing from the research will not affect their future care; whether they will be informed about the study’s findings; what happens to their personal information which is obtained for the study; whether they can access this information, the research committee which has approved the study; and to whom they can express concerns about the research by phone or mail.

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