

Music Therapy and Quality of Life of the Elderly

Eyiuche Rita MODEME PhD¹

¹Department of Music, Faculty of Humanities, University of Port Harcourt,
Rivers State, Nigeria.

eyiuche.modeme@uniport.edu.ng

IJMER

Volume. 8, Issue. 4

December, 2025

© IJMER.
All rights reserved.

Abstract

The study focus on Music therapy And quality of life among the elderly in elderly Homes In Port Harcourt Metropolis. Three specific objectives, Research questions and corresponding hypothesis guided the study. The study adopted the Quasi-experimental design where the elderly were grouped into experimental and control groups. The population consisted of twenty four (24) aged persons in two elderly homes in Port Harcourt metropolis. A sample of 18 respondents was drawn using purposive sampling technique. The instrument for data collection was the Elderly Quality Of Life Scale (EQOLS). Validation of EQOLS was done by experts in measurement while the reliability was carried out using Cronbach Alpha with an index of 0.74. Independent t-test as well as ANCOVA was used in analyzing the data. Findings revealed that there is a significant effect ($P=0.000<0.05$) of Music therapy on quantity of life of elderly when compared between the experimental and control groups. It was also found that there is no significant influence of gender ($P=0.312>0.05$) on the effects of music therapy on quality of life among the elderly. Based on this, it was recommended among others that the elderly homes in Port Harcourt metropolis should incorporate music as part of their services in the home.

Keywords: Music, Music Therapy, Elderly, Elderly Homes.

1. Introduction

Life is full of problems, challenges, some of theme unsolvable but one has to live his life in spite of ups and down, anxiety and depression, successes and failures in life, it needs to be lived optimally (Modeme, 2014). Health challenges are a common occurrence to human existence in consideration of this, it can be argued that no human society can exist without health challenges. Health challenges can appear in diverse ways such as physical, social, emotional spiritual and traumatic. Right from creation, God made devices and provisions whereby health challenges would be taken care of. Healings to these human challenges care be fundamentally approached through three ways: orthodox medicine, traditional medicine and spiritual dimension (Nwankpa, 2023).

From time immemorial, music has been recognized and used as a catalyst for stimulating the emotions and inducing rest and relaxation of the mind and body. Since the dawn of time, music has been used as a therapeutic tool, and ancient healing rituals including sound and music have survived in many cultures (Gouk, 2000). Okafor (2005) cited in Modeme and Adeogu (2021) averred that music is the most widely practiced art in the world, including in Nigeria, where it has been closely associated with other professions and disciplines. Aluede, Ogisi and Okakah (2023), stated that, "there is no doubt that the use of music to educate, rehabilitate, and bring about healing in Nigerian indigenous societies is an age-long tradition". Myths and narratives on the healing power of music are numerous in most cultures. The tale of Saul and David (1 Samuel, Chapter 16) is one of the best known in the Western hemisphere. The Bible also recorded that Jehoshaphate, King of Judah, used praise music as a weapon in war against the soldiers of Ammon, Moab, and Mount Seir and defeated them, and none escaped (2 Chronicles, Chapter 20).

The Greek philosophers of the fifth century BC were quite prescriptive about the type of music that was to be played to people who had afflictions. The mode in which the music was written was thought to have specific health benefits to people. Plato (428 BC – 348 BC) "declared the Dorian mode fitting for steadfast endurance, whereas the Phrygian mode on the other hand was considered fitting for acts of peace and acquiescence" (Grook & Wigram, 2007). Music, particularly the ones pleasant and soothing provides the tonic for the optimal existence. Music and the arts in general, were

highly regarded as important elements of the moral fibre of the society, and the following words regarding the power of music are attributed to Plato:

Music is a moral law. It gives a soul to the universe, wings to the mind, flight to the imagination, a charm to sadness, and life to everything. It is the essence of order, and leads to all that is good, just and beautiful, of which it is the invisible, but nevertheless dazzling, passionate, and eternal form (Wordsworth Dictionary of Musical Quotation 1991, p.45).

Music is the perfect tool to help one realize the emotional tension. Supporting this idea, Onuora-Oguno (2004: 11) opined that “music serves as the stimulation and nourishment of the spirit that are needed by all people.” He also added that through music, emotions are freely expressed. Corroborating, Otugo (2004: 155) observed that music has its positive values as food for the soul, a receiver of the spirit and source of inspiration for people. Furthermore, and in recognition of the importance of music, William Shakespeare asserted in *The Merchant of Venice*:

The man that hath no music in himself, nor is not moved with concord of sweet sounds, is fit for treason, stratagems and spoils; The motions of his spirit are dull as night, and his affections dark as Erebus. Let no such man be trusted.

The methods of treating diverse human conditions are also evident through the use of sound and music. Wigram, Nygaard, Pedersen & Bonde, (2002) observed the “direct influence of music on the mind in music theory and medical theory through the centuries,” explaining the axiom that “music has a direct effect on the human mind and thus influences mood, character and health” (p.27), in resonance with the doctrine of ethos and pathos. The ethos doctrine maintained that music in different modes has specific properties and potentials of influencing the human mind. Music was considered a therapeutic tool capable of influencing, even restoring, the balance between humours. There is something unique about music in general. The different kinds of music have the power to stimulate as well as sedate the mental, mind and physical states of a person. Nietzsche in Hanser (1999) also opined that “without music, life would be an error”. Music can affect the body in many health-promoting ways, which is the basis for a growing field known as music therapy.

Music therapy is a profession which has emerged over the last fifty years from a variety of professional disciplines in different countries. Therefore, the process of defining music therapy both as a profession and as a discipline can vary depending on the orientation and perspective of particular group of practitioners, or different cultures. A general definition of music therapy needs to be inclusive, and focus on the function of music as a therapeutic medium, as well as defining for whom the therapy is intended. Wigram (2000c) opined music therapy as “the use of music in clinical, educational and social situations to treat clients or patients with medical, educational, social or psychological needs.”

In the view of Heiderscheit (University of Minnesota, 2016), music therapy is the use of music to address the physical, emotional, cognitive, and social needs of a group or individual. It employs a variety of activities, such as listening to melodies, playing an instrument, drumming, writing songs, and guided imagery. However, the process can be reflected in the way the profession itself has emerged in different countries and through different traditions. In this way, one has to take into consideration three main factors:

The professional background of practitioners.

The needs of the clients.

The approach used in treatment.

Therefore, in order to establish a more generic and all-embracing definition of music therapy, in 1996, the World Federation of Music Therapy (WFMT) produced a comprehensive definition:

Music Therapy is the use of music and/or musical elements (sound, rhythm, melody and harmony) by a qualified music therapist with a client or group, in a process designed to facilitate and promote communication, relationships, learning, mobilization [SIC], expression, organization [SIC] and other relevant therapeutic objectives, in order to meet physical, emotional, mental, social and cognitive needs. Music therapy aims to develop potentials and/or restore functions of the individual so that he or she can achieve better intra- and inter-personal integration and, consequently, a better quality life through prevention, rehabilitation or treatment (WFMT, 1996).

The American Music Therapy Association (AMTA) defined Music Therapy as “the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic

relationship by a credentialed professional who has completed an approved music therapy programme (AMTA, 2005). According to Mereni (2004), music therapy is not a new concept; neither is it a new practice. In fact, music therapy practice predates its science much in the same way as medical practice predates the science of medicine. Mereni (2006) further stated that music therapy is employed in the rehabilitation of ex-convicts, drug addicts and juvenile delinquents. It has gained steady acclaim in various capacities as diagnostic medium, and as therapeutic tool for various ailments (Mereni, 2006).

The researcher also defines music therapy as a non-pharmacological intervention and treatment that uses music to address physical, emotional, cognitive and social needs, promoting overall well-being and quality of life of clients without side effects by a qualified music therapist. Music therapy is also an allied health profession and one of the expressive therapies, consisting of an interpersonal process in which a certified music therapist uses music and all of its facets – physical, emotional, mental, social, aesthetic and spiritual – to help clients to improve or maintain their health (Bruscia, 1998, as cited in Modeme, 2014).

Music Therapy is an art, a science, an interpersonal process, an allied health profession and a discipline of scientific investigation. As an art, it is concerned with subjectivity, individuality, creativity, and beauty. As a science, it is concerned with objectivity, universality, replicability, and truth. As an interpersonal process, it is concerned with empathy, intimacy, communication, reciprocity, and role relationships. As an allied health profession and a discipline of scientific investigation, music therapy studies relationships between the procedure of clinical therapy and biomusicology, music theory, acoustics and psychoacoustics (Bruscia, 1998). Music therapy can, therefore be referred as a therapeutic approach or systemic intervention process that utilizes music to address physical, emotional, cognitive, and social needs of individuals to promote health, well-being and personal growth. Furthermore, Nwankpa and Dienye (2015) affirmed music therapy as a treatment method which engages music (and its mystical elements) to assist persons to cope more effectively with their lives and their challenges. Music therapy engages in the clinical practice of healing and intervention using the medium of music as well as the practitioner's competency in the area of music tutelage, multi-disciplinary approaches and other acquired skills. It has become an important part of international therapeutic and healthcare settings. The objective of music therapy is to harness the power of music to achieve non-musical goals that enrich and change individuals' worlds. Currently, scientific evidence suggests that music therapy may be used as an adjuvant therapeutic tool in a wide variety of clinical settings from the general clinical examination room to specific scenarios involving interventional procedures in various medical specialties. These studies provide significant evidence that music therapy is able to positively influence several physiological variables related to anxiety, stress-response, pain and more (Mattei & Rodriguez, 2013).

1.1. Music Therapy with Older Adults (Elderly)

The global population is aging, and the need for effective interventions to promote quality of life in elderly individuals has become increasingly important. Aging is a complex, universal and irreversible process, with gradual change that flux from one person to another due to several factors (physiological, biological, environmental, social among others). Music therapy has emerged as a promising approach to address the physical, emotional, and cognitive needs of older adults. The elderly also known as older adults or seniors are individuals who have reached an advanced stage of life, typically defined as 65 years and above. This age group is often characterized by various physical, emotional and social changes associated with aging. The elderly are characterized by the following:

- Decline in physical strength, flexibility, and mobility, change in sleep patterns, and increased risk of chronic health conditions.

- Potential decline in cognitive abilities, such as memory loss or decreased problem-solving skills.

- Retirement, changes in family dynamics, and potential loss of loved ones.

- Increased focus on life reflection, potential feelings of loneliness or isolation.

The elderly are increasingly prone to isolation and suffering from pathological related to mental health such as depression among others. Elderly persons who are no longer able to take care of themselves will have the possibility to enter an old people's home, where they are offered the care

they need. They are in a situation where they may be coping with a progressively degenerative brain disease, and at the same time they face significant upheaval and change in their lives, as well as unfamiliar and difficult situations with which they must cope. For these reasons, many people suffering from dementia are in a situation where they are in further need of support and empathy and have a special need to express inner feelings and to feel understood (Ridder, 2001b).

Too often, older adults are given the message that they have outlined their usefulness. The losses which naturally accompany the aging process contribute to a weakening self-concept. These perceptions may soon be overturned when individuals are given the opportunity to cooperate in a musical endeavor enabling some to perform, some to compose, some to accompany, some to listen, and everyone to employ the highest level of creative potential (Hanser, 1999).

Music is potentially valuable for the improvement of the well-being and health of the elderly. Music therapy and music-related activities foster enjoyment, socialization, well-being and the improvement of mental health in older people. Music therapy also has the potential to improve health and quality of life in the elderly and also foster the betterment of various chronic illnesses such as depression. Some scholars argued that, in the elderly, we do not seek to cure but to improve their quality of life, carry out activities that positively influence the possibility of them continuing to carry out the basic activities of daily life by themselves. We seek to maintain the physical fitness, functional performance, activity and quality of life of the elderly thorough rehabilitation and training programmes (Weaning-Dijkaterhuis, Greef, Scherder, Slaets, Schans and Frail, 2011). However, Alued and Omoera (2010) pointed out that the use of music in healing, which does not have any side effects, was then acclaimed to be efficacious in healing.

There are precedents for the potential effect of music therapy on psychological and social aspects which are characteristics of the elderly: Quality of life has many dimensions such as physical function, physical problems, emotional, mental health, social functioning, body pain and general health are included. Increased sense of physical and mental health led to decrease mood disorders and physician referral of elderly (Burak, 2007) and helps the elderly in lower levels of depression (Sheibani and Pakdaman, 2010 and Malaise (Zare et al., 2009). Bruscia (1998) cited in Modeme (2014) defined music therapy as a systematic process of intervention wherein the therapist helps the client to achieve health, using musical experiences and the relationships that develop through them as dynamic forces of change.

Research has shown that the right hemisphere is generally the area of the brain that responds to music, and that this area is among the most frequently preserved parts of the brain in people with dementia (Sifton, 2000). Therefore, music can be an important medium for bringing pleasure through familiar music, bring comfort and peace to improve sleep quality, relaxation, as well as distraction during times of agitation. These are important aspects in enhancing quality of life. Logsdon, McCurry, and Teri (2007) found that programs that increase pleasant events, improve mood, and decrease negative behaviours such as agitation are use interventions in helping to improve quality of life. Music therapies act through emotional and psychophysiological pathways, reducing anxiety, aggressiveness, improving the mood and autonomy of patients, and helping to alleviate depressive symptoms (Guetin, et al., 2013). Music therapy plays a very important role in the care and treatment programs provided for the elderly. Music has always been a part of life and is an important source of pleasure, enrichment, inspiration and motivation to many people (Najafali and Fakhri, 2015).

Music therapy has been shown to have numerous benefits for elderly individuals. The music therapy approach, with its non-invasive techniques, presents a proposal with potential benefits to improve the quality of life of the elderly. The elderly can benefit from music therapy, regardless of musical skill and background. Music therapy may address their physical (chronic pain reduction, improve sleep, reduced falls risk), psychological (anxiety, depression), emotional (mood enhancement, anxiety reduction, emotional expression), cognitive (improved memory, cognitive function, increased focus), spiritual (comfort and solace, connection to faith or beliefs, meaning making and social needs (social interaction, community engagement, reduced loneliness). Music therapy can provide generic and palliative care. Again, according to Gonzalez-Ojea et al. (2002) there are significant improvement in the dimension of quality of life and an increase in creativity and social interaction based on music therapy on institutionalized elderly.

There are several reasons for introducing music therapy to aged persons, not the least being the reinforcement that they are still valued members of the wider community. Other reasons are to enhance their quality of life, to provide stimulation and motivation, to provide a social atmosphere for them to interact, to provide the opportunity for self-expression and to just “have fun” (Najafali and Fakhri, 2015). Consequently, Bruscia (1998) affirmed that music therapy engages in improving quality of life, enhancing inner delight, building self-esteem and increasing productivity. Practically, the elderly population faces a range of challenges that significantly impact their quality of life, including declining physical health, cognitive impairment, social isolation and emotional distress. Music therapy has also emerged as a promising intervention to address these challenges. However, in all these there is only a limited understanding of the effect of these therapeutic interventions. Based on the forgoing, it was the interest of the researcher to investigate music therapy and quality of life of the elderly. The following specific objectives guided the study;

To find out the effect of music therapy on quantity of life of elderly in elderly Homes in Port Harcourt Metropolis when compared between the experimental and control groups.

To influence of gender on the effect of music therapy on quantity of life of elderly in elderly Homes in Port Harcourt Metropolis.

The following questions were also postulated to guide the study;

What is the effect of music therapy on quantity of life of elderly in elderly Homes in Port Harcourt Metropolis as compared between the experimental and control groups?

To what extent does gender influence the effect of music therapy on quantity of life of elderly in elderly Homes in Port Harcourt Metropolis?

The following hypotheses also guided the study;

There is no significant effect of music therapy on quantity of life of elderly in elderly Homes in Port Harcourt Metropolis as compared between the experimental and control groups.

There is no significant influence of gender on the effect of music therapy on quantity of life of elderly in elderly Homes in Port Harcourt Metropolis.

2. Materials and Methods

The researcher adopted the quasi-experimental design. This design according to Kpolovie (2010) is suitable for adoption to approximate condition of true experiment in situation that do not permit the control and manipulation of all relevant variables. It allows the researcher to control the assignment to the treatment condition, but using some criterion other than random assignment. The researcher adopted this design because it allows her to investigate or study the effect of music therapy on the quality of life of the elderly. The population consisted of twenty four (24) aged persons from two elderly homes in Port Harcourt metropolis. These homes were Jevcare Home Initiative as well as Paradigm Home Care in Port Harcourt metropolis. A sample of 18 respondents was drawn using purposive sampling technique. The criteria for the purposive sapling was strictly on those with the ability (despite the age) to respond to the instrument and participate in the process of experiment music. The instrument for data collection was the “Elderly Quality Of Life Scale” (EQOLS). Validation of EQOLS was done by experts in measurement. This was achieved by issuing copies of the instrument for check. After their vetting the instrument was collected and all necessary correction pointed out before printing the final copies of the instrument. The reliability of the instrument was establishing using Cronbach alpha method of reliability. The instrument was distributed to 5 aged people who were not part of the study. After their response, the instrument were collected and subjected to Cronbach Alpha and a reliability index of 0.74. Independent t-test as well as ANCOVA was used in analyzing the data. The experimental process was swift as various genres of music were played for the elderly who were in the experimental group. The elderly were identified and divided into two groups being the experimental and the control groups. Those in the experimental group were nine (9). They were treated by exposing them to music therapy. This was achieved by creating customized playlists to evoke positive emotions and memories. These play list consisted of music from different genres. The researcher also engaged in music-making activities like singing, to promote social interaction and cognitive stimulation. The experimental process lasted for 4 weeks after which the “Elderly Quality Of Life Scale” was administered to them. The control group who were members of a group not exposed to music therapy was used as basis for comparison.

3. Results

Research Question One: What is the effect of music therapy on quantity of life of elderly in elderly Homes in Port Harcourt Metropolis as compared between the experimental and control groups?

Hypothesis One: There is no significant effect of music therapy on quantity of life of elderly in elderly Homes in Port Harcourt Metropolis as compared between the experimental and control groups.

Table 1. Descriptive analysis of effect of music therapy on quantity of life of elderly in elderly Homes in Port Harcourt Metropolis.

Groups	N	Mean	Std. D.	t	Df	Sig	Result
Experimental Group	9	36.35	5.06	2.35	16	0.000	Significant
Control Group	9	27.85	3.67				

The analysis in table 1 shows independent test of difference between those in the experimental and control groups. Mean values for those in the experimental group was 36.35 while the standard deviation value was 5.06. The mean and standard deviation value for those in the control group was 27.85 and 3.67 respectively. With these mean values, it could be seen that those in control scores lower than those in the treatment group meaning that there is a positive effect of music therapy on quality of life of elderly in elderly Homes in Port Harcourt Metropolis. In testing the hypothesis, the calculated t was 2.35 while sig value was 0.000. Since sig ($p=0.000<0.05$) is less than alpha of 0.05 at 16 degrees of freedom, the null hypothesis is rejected meaning that there is a significant positive effect of music therapy on quantity of life of elderly in elderly homes in Port Harcourt Metropolis.

Research Question Two: To what extent does gender influence the effect of music therapy on quantity of life of elderly in elderly Homes in Port Harcourt Metropolis?

Hypothesis Two: There is no significant influence of gender on the effect of music therapy on quantity of life of elderly in elderly Homes in Port Harcourt Metropolis.

Table 2: Showing ANCOVA analysis of influence of gender on the effect of music therapy on quantity of life of elderly in elderly Homes in Port Harcourt Metropolis.

Groups	N	Exp. Group	Control Group			
Male	6	36.35	8.78			
Female	12	35.40	9.71			
Tests of Between-Subjects Effects						
Source	Type III Sum of Sq.	Df	Mean Square	F	Sig.	Result
Corrected Model	8148.441	3	2716.147	68.206	.000	Insignificant (Retain H0)
Intercept	347.510	1	347.510	1.726	0.12	

The analysis in the table revealed that male elderly were 6 while female were 12. Their mean and standard deviation values were 36.35 and 8.78 for male and 35.40 and 9.71 for female. From the mean, it is seen that music therapy is more effective in the quality of life of elderly males than females. In testing the hypothesis, calculated F is 1.72 while sig is 0.12. Hence, since sig ($p=0.12>0.05$) is greater than 0.05 alpha, the hypothesis is retained meaning that there is no significant influence of gender on the effect of music therapy on quantity of life of elderly in elderly Homes in Port Harcourt Metropolis.

4. Discussion of Findings

From finding one, music therapy has been found to significantly improve the quality of life of elderly individuals in care homes. This means that overwhelming evidence especially from this study supports the benefits of music therapy for the elderly. The study finding further mean that music therapy has been shown to enhance overall quality of life, encompassing physical, emotional, and social aspects. This may be due to the fact that music speaks to the souls and thus can help alleviate

depressive symptoms in older adults. It also means that music therapy may stimulate cognitive functions and memory recall, particularly in individuals with dementia or Alzheimer's disease. Apart from this, the finding could come because it has been observed that music provides an outlet for emotional expression, reducing stress and anxiety. Also, it could foster a sense of community and belonging among elderly individuals and can improve coordination, motor skills, and overall physical well-being. The finding of the study however is in line with that of González-Ojea, Domínguez-and Pino-Juste (2022) who reported significant effect of music therapy on improvement of the Quality of Life of Institutionalized Elderly People

Finding two revealed that there is no significant influence of gender on the effect of music therapy on quantity of life of elderly in elderly Homes in Port Harcourt Metropolis. The study's finding that there is no significant influence of gender on the effect of music therapy on quality of life of elderly individuals in Port Harcourt Metropolis suggests that music therapy benefits both male and female elderly individuals equally, improving their quality of life. It indicates that the effectiveness of music therapy is not dependent on gender, indicating that both men and women can benefit from this intervention. This means that music therapy can be applied universally, without considering gender differences and when implementing it, elderly individuals of both genders should have equal access to music therapy programs. The finding of the study however differs with that of González-Ojea et al (2022) quoted above who revealed significant differences in the effect on both gender.

5. Conclusion

The study highlights the significant positive effect of music therapy on the quality of life of elderly individuals, with no significant influence of gender on this effect. Music therapy emerges as a valuable intervention, enhancing the overall well-being of elderly individuals. Its universal benefits suggest that music therapy can be a powerful tool in improving the quality of life for the elderly, regardless of gender. As the population ages especially in Port Harcourt metropolis, incorporating music therapy into elderly care programs can have a profound impact on promoting healthy aging and improving the lives of older adults.

6. Recommendation

Based on the findings of the study. It is recommended that:

Treatment or care procedures for elderly in both institutionalized and communities should include daily exposure to various genres of music.

Gender differences should not form the basis of elderly care when it comes to music therapy.

7. Contribution to Knowledge

The study has successfully revealed the importance of music therapy in geriatric care. Hence, geriatric nurses have added a new dimension of care to their treatment process.

References

- Aluede, C. O. & Omoera, O. S. (2010). Learning from the past in organizing music therapy activities for the geriatric in Esan, Nigeria. *Voices: A World Forum for Music Therapy*, <http://www.voices.no/mainissues/mi4001099030.php>.
- Aluede, C. O., Ogisi, A. A. & Okakah, F.I. (2023). An assessment of indigenous knowledge of music therapy in Nigeria. *Voices: A World Forum for Music Therapy*, 23(1), <https://doi.org/10.15845/voice.v23i1.3073>
- American Music Therapy Association: AMTA. Member Sourcebook. Silver Spring, MD: American Music Therapy Association, Inc., 2005.
- Bruscia, K. E. (1998). *Defining music therapy* (second edition). Gilsum NH: Barcelona Publishers.
- Burak, J. (2007). Older adults benefit from participation in music therapy: American music conference. Available: <http://www.AMC.org>. – Choi BCH.
- Crowther, J. (ed) (2005). "No fear the merchant of venice" Spark Notes LLC <http://nfs.sparknotes.com/merchant/>

- González-Ojea, M. J., Domínguez-Lloria, S. & Pino-Juste, M. (2022). Can Music Therapy Improve the Quality of Life of Institutionalized Elderly People?. *Healthcare*, 10(2):310. DOI:[10.3390/healthcare10020310](https://doi.org/10.3390/healthcare10020310)
- Gouk, P. (ed) (2000). Music healing in cultural contexts. Aldershot: Ashgate.
- Grocke, D. & Wigram, T. (2007). Receptive methods in music therapy: Techniques and clinical applications for music therapy clinicians, educators and students. London and Philadelphia: Jessica Kingsley.
- Grocke, D. & Wigram, T. (2007). Receptive methods in music therapy: Techniques and clinical applications for music therapy clinicians, educators and students. London and Philadelphia: Jessica Kingsley.
- Guetin, S., Charras, K., Berard, A., Arbus, C., Berthelon, P., Blanc, F., Ducourneau, G. (2016). An overview of the use of music therapy in the context of Alzheimer's disease. A Report of a French Expert Group, 12, 619-634.
- Hanser, S. B. (1999). An introduction to music therapy: The New Music Therapist's Handbook (second edition). USA: Berkee Press.
- Holy Bible, 1st Samuel 16:20-23, 2 Chronicles, 20:21-24.
- Kpolovie, P. J. (2010). Advanced research methods. Owerri: Springfield Publishers Ltd.
- Lee Y. Y., Chan M. F. & Mok, E. (2010). Effectiveness of music intervention on the quality of life of older people. *Journal of Advanced Nursing*, 66(12) 2677-87.
- Logsdon, R. G., McCurry, S. M. & Teri, L. (2007). Evidence-based interventions to improve quality of life for individuals with dementia. *Alzheimer's Care Today*, 8(4), 309-318.
- Mattei, T. A. & Rodriguez, A. H. (2013). Music therapy as adjuvant therapeutic tool in medical practice: An evidence-based summary. *OA Evidence-Based Medicine* 2013; 1(1): 2.
- Mereni, A. E. E. (2004). Music therapy in medical history. Apex Books.
- Mereni, A. E. E. (2006). Psychosis and neurosis: Towards a music therapeutical pathology. *Interlink: A Journal of Research in Music*, 3(1), 1-7.
- Modeme, E. R. (2014). Music performance as a therapy for managing stress amongst the academics in Nigerian Federal Universities. *An International Journal of Arts and Humanities (IAH)*, Bahir Dar, Ethiopia, 3(3), 128-145.
- Modeme, E. R. & Adeogun, A. (2021). Appraising the extent of digital divide between music teachers and students in Anambra State secondary schools, Nigeria. *International Journal of Music Education*, SAGE 39(2), 119-133.
- Modeme, E. R. (2014). Therapeutic effects of rhythm in African music. *Journal of the Association of Nigerian Musicologists*, No. 8, 179-194.
- Najafali, S., & Falhri, M.K. (2015). The effect of music therapy on quality of life and hope in elderly living in nursing homes. *Indian Journal of Fundamental and Applied Life Sciences*, 5(2), 1909-1913.
- Nwankpa, O. N. & Dienye, P. O. (2015). "Music therapy: A new frontier in healthcare delivery in Nigeria." In *Nigerian Journal of Family Practice*, the official publication of the Society of Family Physicians of Nigerian, 6(2), 43-47.
- Nwankpa, O. N. (2023). Towards understanding music therapy in Nigeria. In Yemi Daramola (ed.) *Music and the scientific meaning of man: A book of readings in honour of Professor Ademola Adegbite*. Ile-Ife, Osun State; Ajilaorun Publications Ltd. (pp.35-58).
- Onuora-Oguno, N. C. (2004). Music and social development in Nigeria: A study of the football supporters club. *Awka Journal of Research in Music and the Arts (AJRMA)*, 2, 11-12.

- Otugo, P. (2004). Training needs of untrained performing musicians. *Awka Journal of Research in Music and the Arts* 2, 154-164.
- Ridder, H. M. O. (2001b). 'Musikterapi med.
- Sheibani, Tezerji F. & Pakdaman, S. H. (2010). Effect of music therapy, reminiscence and performing enjoyable tasks on loneliness in the elderly. *Journal of Applied Psychology*, 4(3), 15.
- Sifton, C. B. (2000). Maximizing the functional abilities of persons with Alzheimer's disease and related dementias. In: *Interventions in dementia care: Toward improving quality of life*, edited by Lawton M.P. and Rubinstein R.L. (New York, NY: Springer) 11-37.
- University of Minnesota, (n.d.) What is music therapy? Taking charge of your health and wellbeing. Retrieved from <https://www.takingcharge.csh.umn.edu/common-questions/what-music-therapy>.
- Weening-Dijkasterhuis, E., DeGreef, M.H., Schender, E. J., Slaets, J.P., Van der Schana, C.P. Frail (2011). Institutionalized older persons: A comprehensive review on physical exercise, physical fitness, activities of daily living, and quality-of-life. *Am. I. Phys. Med. Rehabil.* 2011, 156-168 (Cross, Ref).
- Wigram, T. (2000). 'A method of music therapy assessment for the diagnosis of autistic and communication disordered children.' *Music Therapy Perspectives* 18, 1.
- Wigram, T. (ed) (2000). *Assessment and evaluation in the arts therapeutics: Art therapy, music therapy and dramatherapy*. Radlett: Harper House Publications.
- Wigram, T., Nygaard Pederson, I. & Bonde L.O. (2002). *A comprehensive guide to music therapy: Theory, clinical practice, research and training*. London and Philadelphia: Jessica Kingsley Publishers.
- Wordsworth Dictionary of Musical Quotations (1991). Compiled by Derek Watson, Ware, Hertfordshire: Wordsworth Editions.
- Zare, M., Afkham Ebrahimi A. & Birashk, B. (2009). The effect of music therapy on reducing agitation in patients with Alzheimer's disease in Shahryar city nursing home. *Advances in Cognitive Science*, 11(2), 55-62.