Exploring the Role of Music in the Psychological Well-Being of Korean Elderly: A Cross-Cultural Study in the U.S. and South Korea

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This study explored how music affects the mental health of elderly Koreans, showing how it helps to improve their mood and reduce issues such as loneliness and depression. It focused on the cultural importance of music therapy for elderly care, a topic not often studied. A combination of surveys and interviews was used to gather data. Surveys were conducted to measure emotional well-being after participants listened to cello performances in South Korea and the United States, followed by group interviews to gather more detailed feedback. The study involved 37 participants aged 69 to 93 recruited from senior care facilities in Seoul, South Korea, and a daycare center for older adults in New Jersey, United States. The results showed that music significantly boosted participants' moods, encouraged socializing, and reduced feelings of isolation. Participants mentioned that music made them feel happier and helped them bond with others. After listening to cello performances, every participant said they felt better emotionally. Interview themes also highlighted that music can build emotional strength and help form closer social connections, especially when the music fits cultural preferences. The study supported that music therapy improves mental health and social well-being for elderly people. It recommended adding music programs to elder care services and suggested more research into how music therapy can be tailored to different cultural groups. Overall, the study emphasized how powerful music can be in enhancing the quality of life for seniors.

Introduction

Research consistently demonstrates music's positive effects on mental health, with numerous studies highlighting its therapeutic role in healthcare settings. Music therapy, a structured clinical intervention that uses music to achieve individualized heatlh goals, is frequently used as part of psychotherapy interventions to reduce symptoms of depression and anxiety[1]. Through music therapy, patients can reduce pain and stress, improving their overall mental wellness. Additionally, listening to music is a common daily activity that is closely linked to various mental health outcomes, including aspects of psychopathology, as it influences emotional and behavioral patterns[2].

However, the application and effecitveness of music therapy vary significantly across different cultural and demographic groups, particularly among elderly populations. Studies indicate that music interventions are effective in addressing apathy and agitation in dementia patients, often outperforming other non-drug therapies, including massage, laughter therapy, simulated presence therapy, and dance therapy[3]. Experimental and clinical trials have demonstrated that passive music, background music requiring minimal attention, is particularly effective in reducing apathy and agitation in older adults (from the age of 50). Longitudinal studies suggest that regular exposure to music-based interventions contributes to sustained cognitive benefits over time. Music interventions have emerged as a promising approach for enhancing cognitive function in older adults. Research supports their effectiveness, with over half (52.24%) of studies demonstrating significant improvements in overall cognitive performance as they were based on structured interventions incorporating personalized music therapy, active participation, and multisensory stimulation[3]. This finding is particularly significant given that older adults face an increased risk of mild cognitive impairment due to age-related decline in brain function. Using these studies, research has shown that sound and music therapy can enhance activity in the inferior frontal cortex and may contribute to structural changes, including increases in the volume of the frontal, temporal, and parietal cortices due to long-term exposure to music[4].

These studies highlight that music therapy's positive effects on brain function in areas related to thinking and memory may offer useful ways to support mental health as people age. However, the benefits of music therapy extend beyond cognitive improvements, as aging also present unique psychological and cultural challenges for elderly individuals. These challenges include social isolation, declining physical health, and cognitive impairments[5]. One in four older adults has been studied to experience issues regarding their mental health, which include common issues such as depression, dementia, and anxiety. Research richly documents that maintaining good psychological well-being is essential for the overall quality of life, especially for the elderly[6].

Music therapy has emerged as a promising intervention in response to these age-related psychological, physiological, and cultural concerns. The Theory of Music, Mood, and Movement (MMM) proposes that music can trigger mood changes, leading to better mental and physical health outcomes. For elderly populations, music therapy offers a culturally adaptable and non-stigmatizing approach to mental health care, which is particularly important given the reluctance of many older adults, especially in certain ethnic groups, to seek traditional mental health services. Music therapy aligns particularly well with cultural values such as collectivism and indirect expression of emotions, which are prevalent in many Asian cultures. By providing a non-verbal and communal form of emotional expression, music therapy can bridge the gap between cultural norms and mental health needs, making it a culturally sensitive solution for diverse populations. In light of new research and technological advances, adapting public health strategies to meet the needs of older adults is now more attainable. Music has great potential to enhance the well-being and health of older adults, with music therapy being a useful strategy to prevent cognitive decline and help those with mild cognitive impairment.

While music therapy is well-established in the United States and is starting to be adopted in other developed countries[7], there are still major gaps in research on its effects, particularly across cultural and ethnic groups. These gaps likely exist because of cultural differences in healthcare practices, limited funding for mental health research, and varying levels of public awareness and acceptance of music therapy around the world. Of particular concern is the limited understanding of how cultural factors influence the effectiveness of music therapy, especially among elderly populations. For instance, while Asians report a lower perceived need for mental health services, they also show one of the lowest rates of health service utilization among all ethnic groups[8]. This could be due to various cultural factors, such as the stigma surrounding mental health issues, which may discourage seeking help. In many Asian cultures, there is also a strong emphasis on resilience and self-reliance, making people less likely to turn to professional support.

These cultural attitudes highlight the need for interventions that are sensitive to the unique values and peferences of diverse populations. The Global Evidence Mapping initiative, started in 2007, aims to identify knowledge gaps and future research needs by conducting extensive searches and presenting results in user-friendly formats like visual graphs or searchable databases. This initiative was used to create an evidence map on the impact of music interventions on the health of older adults. By thoroughly reviewing literature using standardized methods, the goal is to address the limitations of previous studies and provide a stronger understanding of how music interventions affect older adults' health[3]. Yet, little is known about how cultural factors, such as musical preferences and interpretations, influence the effectiveness of music therapy for elderly populations. In addition, genres, race, culture, and their impact on how one perceives and interprets music. This can alter the capability and function of music therapy for a select number of people.

While music therapy shows promise in improving older adults' health and mental well-being, especially against cognitive decline, more research is needed to explore its effects across different racial and ethnic groups, particularly in the context of cultural and psychological factors. Filling this gap could make music therapy more accessible and effective for diverse people, enhancing its role in public health systems.

The Relationship Between Music and the Mind in Elderly Populations

The history of the relationship between music and the mind is primarily based on how emotions function. This is connected to an individual's nervous system through different processes, such as perceptual and emotional processing[9]. The link between music and mood has been recognized for centuries, with many early thinkers acknowledging how music can influence emotions and behavior. For elderly populations, this connection is particularly significant, as music can serve as a bridge to emotional expression and social connection, which are often compromised in later life.

Music elicits a universal response deeply rooted in our evolutionary development, causing significant changes in our emotions and movements. For elderly populations, this evolutionary connection is particularly relevant, as music can promote social bonding and emotional regulation, which are critical for mental well-being in later life[10]. The anatomical connections mentioned earlier indicate that music stimulates the brain. Although empirical research remains limited, music has garnered considerable interest as a non-invasive technique. Its therapeutic value can partly be attributed to its cultural role in promoting social learning and emotional well-being[11]. Several studies have demonstrated that rhythmic entrainment of motor function can significantly aid in the recovery of movement for patients with conditions such as stroke, Parkinson's disease, cerebral palsy, and traumatic brain injury[12]. Given its profound impact on emotional and physical health, music therapy holds great promise as an effective, culturally relevant tool for enhancing well-being and aiding in the recovery of motor functions in various medical conditions.

Elderly Mental Health Well-Being and Cultural Considerations

Aging brings significant life changes that can impact mental well-being, from managing serious illnesses to coping with the loss of loved ones. While many adapt to these challenges, others may experience persistent feelings of grief, social isolation, and loneliness—potentially developing into clinical de-

pression and anxiety. These challenges are further complicated by cultural factors, which shape how mental health is perceived and addressed, particularly among elderly populations. For older Asian immigrants, these emotional burdens are particularly pronounced, as evidenced by research showing significantly higher 12-month prevalence rates of any anxiety disorders (8.5%) and higher lifetime prevalence of generalized anxiety disorder (4.7%) compared with the U.S.-born older Asians (1.7% and 0.3%, respectively)[13]. These findings underscore the profound emotional toll of aging, especially for those navigating the dual challenges of acculturation and age-related stressors. This emphasizes how aging can lead to big life adjustments that take a big toll on their mental health, showing the higher prevalence of anxiety and related disorders in this vulnerable population.

Understanding mental health challenges in older Asian populations requires consideration of distinct cultural perspectives. Asian cultures, which typically embrace collectivism and view mind and body as integrated, often express psychological distress through physical symptoms rather than emotional language. The cultural difference can complicate the application of Western methods for diagnosing mental health conditions[14]. Additionally, mental health issues often carry strong stigma in Asian cultures, where such challenges can bring perceived shame to both the individual and their family[15]. In light of these cultural factors, music therapy offers a unique opportunity to address mental health challenges in a way that aligns with cultural values and reduces stigma. By leveraging music's ability to facilitate emotional expression without requiring direct verbal communication, music therapy provides a culturally harmonious approach that respects the collectivist and indirect communication styles prevalent in many Asian cultures.

Music Therapy's Influence on Asian American Mental Health

Music therapy emerges as a promising intervention for Asian American mental health, offering a culturally resonant approach to emotional expression without the stigma associated with traditional psychotherapy. Music can serve as an accessible gateway to broader mental health services[16]. Moreover, music therapy can improve interpersonal skills and promote a sense of connection and unity within Asian and Asian American communities, thus helping to prevent behavioral health issues and crises[16]. By fostering group cohesion and emotional expression through shared musical experiences, music therapy aligns with the collectivist values of many Asian cultures, making it a culturally sensitive and effective intervention. By integrating music therapy into behavioral health practices, it may be possible to create a more culturally sensitive and effective approach to mental well-being for Asian and Asian American communities.

Recent data shows modest progress in mental health service utilization among Asian populations, with 4.5% to 7.0% between 2008 and 2019 However, this improvement is accompanied by a 2.7% rise in perceived need for mental health services. Interestingly, while Asians have one of the lowest rates of accessing mental health services compared to other racial groups, they also report the least perceived need for these services[8]. This paradox highlights the need for culturally adapted interventions like music therapy, which can address mental health needs in a way that aligns with cultural values and reduces barriers to care.

Current Study

The current study examined the impact of music on the psychological well-being of elderly individuals through an explanatory sequential mixed methods design[17]. This two-phase approach allowed for a comprehensive exploration of the research questions by leveraging both quantitative and qualitative data. In the first phase, the study employed a quantitative approach to explore how listening to music affected the emotional state of older adults. This involved administering surveys to participants following a musical performance. The quantitative data provided a broad overview of the participants' responses to music and their general well-being. The second phase involved conducting semi-structured focus group interviews to understand participants' experiences and perspectives better. This qualitative phase was designed to explain and elaborate on the results obtained from the initial quantitative phase, providing deeper insights into the nuances of how music impacts the psychological well-being of elderly Korean individuals. This mixed-methods approach was particularly suited to address the study's two primary research questions:

1. How do cultural factors shape the emotional experiences (happiness/sadness) of Korean elderly individuals and what role does music play in these experiences?

2. How does music influence the relationship between these factors and the emotional well-being of older adults?

It was hypothesized that 1) elderly people would experience psychological challenges and 2) music would positively affect their mood and well-being.

Phase 1: Method

In the current study, I aimed to examine whether music positively impacts the psychological well-being of the elderly population. The study design included two performance schedules to facilitate data collection from groups of elderly Koreans living in Seoul, South Korea, and New Jersey, United States. The performance lasted approximately 30 minutes and featured a variety of musical genres to evoke diverse emotional responses.

The repertoire included classical pieces, such as works by Bach and Saint-Saëns, as well as traditional Korean folk songs and nursery rhymes. These selections were chosen to resonate with the cultural backgrounds and personal memories of the participants, creating a reflective and emotionally engaging experience. The study employed questionnaires and focus group interviews, which were carried out in small circles of 8-10 senior citizens who resided in Seoul Seniors Tower in Seoul and My Home Adult Day Care located in Maywood, New Jersey. The focus group interview groups were formulated after asking individuals if they were interested in participating in a short interview session. They explored participants' thoughts on the music that was played, their initial views on music, and their emotional states before and after the performance. Questions were designed to uncover how the music influenced their moods and whether it prompted any personal memories or cultural connections.

Participants

Participants, ranging in age from 69 to 93 (Mage = 82 years, SD = 6), were 37 Koreans (84.8% females) residing in the Seoul Seniors Tower senior living facilities in Seoul, South Korea, or attending My Home Adult Day Care in Maywood, NJ. The participants in South Korea (n = 18; Mage = 85; 70.5% females) reported that they lived in their Seoul Seniors Tower senior living facilities for about eight years on average; the Elderly in My Home Adult Day Care (n = 19; Mage = 89; 84.2% females) participated in the senior daycare program for about four years on average.

Procedure

Following a 30-minute cello performance approved by the directors of each institution, participants were recruited on-site at Seoul Seniors Towers Senior Living in Seoul, South Korea, and My Home Adult Day Care in Maywood, New Jersey. Participants who volunteered to take part in the study completed an anonymous 21-item multiple-choice questionnaire.

Measures

Demographic questionnaire. Participants completed a demographic questionnaire that provided personal background. This included their current age, gender, and years of residence in senior living and/or attending the adult day care center.

Psychological Well-being. Participants' perceived psychological well-being was assessed by asking them to answer the question, "What makes you feel happy?" with a list of items, including family, time for myself, and hobbies. An open-ended response was also provided to capture additional factors. In addition to the question about happiness, participants were asked to share what makes them feel sad and how they cope. To assess the emotional impact of the cello performance, participants were asked to indicate whether they experienced any changes in their feelings after listening to it.

Data Analysis

Data from Phase 1 were analyzed using descriptive statistics to examine patterns in participants' responses. For demographic variables and survey responses, frequencies and percentages were calculated to summarize the distribution of responses within each country group (Korea and the United States). This included tabulating the proportion of participants in different living arrangements, frequency of family interactions, music preferences, and coping strategies. Given the exploratory nature of this study and the relatively small sample size (N = 37; nKorea = 18, nUS = 19), we focused on describing observed patterns rather than conducting inferential statistical tests. These descriptive analyses provided preliminary insights into how elderly Korean adults in different cultural contexts experience and use music in their daily lives.

Phase 1: Results

Family interaction

The study found that 4 out of 18 participants (22%) in South Korea lived with their partners in the senior living facility. When asked about the frequency of meeting their family members, 4 participants (22%) reported seeing their family more than twice a week, 6 participants (33%) met their family once a week, and 5 (28%) participants met their family as often as possible.

The study revealed that out of the 19 participants in the U.S., 8 (42%) lived with their partners, 3 (16%) resided with their children, and 7 (37%) lived by themselves. When asked about the frequency of meeting their family members, 8 participants (42%) reported seeing their family more than twice a week, 5 (26%) participants met their family once a week, 3 participants (16%) met their family once or twice a month, and 1 participant (5%) met their family as often as possible. However, 1 (5%) participant reported not meeting their family at all.

Reasons for Depression

Participants in South Korea identified several reasons for experiencing depression, including health-related problems for themselves and their family members, the death of a friend or child, and having trouble communicating with others. Similarly, participants in the U.S. identified health-related problems of themselves and their family members, as well as loneliness, as the primary reasons for experiencing depression.

Coping Strategies and Goals

To cope with feelings of depression, 10 out of 17 participants (59%) in South Korea reported listening to music as a strategy. Additionally, 1 out of 18 participants (6%) in the U.S. expressed a desire to learn how to play a musical instrument. To cope with feelings of depression, 8 out of 19 participants (42%) reported listening to music as a strategy. Additionally, 2 out of 19 participants (11%) wanted to learn how to play a musical instrument.

Music Preferences

Regarding their favorite music genres, 6 out of 18 participants (33%) preferred classical music, 2 (11%) enjoyed gospel music, and 8 (44%) favored Korean pop music. Regarding their favorite music genres, 6 out of 19 participants (32%) preferred classical music, 4 (21%) enjoyed gospel music, and 3 (16%) enjoyed Korean pop music.

Impact of Concert Attendance

All 18 participants from South Korea and 19 from the U.S. reported experiencing a positive effect after attending the cello performance organized as part of the study. The effect of music was measured by asking participants to indicate whether they experienced any changes in their feelings after listening to the performance. Specifically, participants were asked to reflect on their emotional state before and after the concert and report any shifts in mood or well-being. This method allowed participants to self-report their emotional responses, providing valuable insights into the immediate impact of the music.

Phase 2: Method

Data Analysis

I employed reflexive thematic analysis to elucidate themes underlying elderlies' perceptions of music and its association with their mental health. This approach recognized researchers' subjectivity as a resource throughout the analytic process[18]. The analysis was conducted collaboratively with a music education professor from Korea, bringing valuable cultural and disciplinary expertise to the interpretation process.

The analysis followed Braun and Clarke's six iterative phases. In the initial data familiarization phase, both researchers independently immersed themselves in the data by repeatedly reading the interview transcripts, making initial notes about potential patterns, and documenting preliminary observations. For Korean language interviews, we worked with both original transcripts and English translations to preserve cultural nuances. This work occurred over several weeks, with researchers meeting weekly to discuss their emerging understandings.

To ensure coding reliability, both researchers independently coded the first three transcripts using an initial coding framework. We then met to compare our coding decisions and calculate inter-rater agreement, achieving 85% agreement on code application. Discrepancies were resolved through discussion, and the coding framework was refined based on these discussions. This process was repeated with the next three transcripts until we achieved 90% agreement, indicating strong coding reliability. We maintained a shared codebook that evolved throughout the analysis, documenting code definitions and example quotes in both Korean and English. We monitored data saturation throughout the analysis process. After analyzing interviews with 15 participants, we observed that no new codes were emerging, suggesting initial data saturation. We analyzed three additional interviews to confirm saturation, finding that these interviews reinforced existing codes without introducing new concepts.

In the theme development phase, we worked collaboratively to group related codes into potential themes, paying particular attention to how music influenced participants' emotional and social experiences. To validate our emerging themes, we conducted member checking with five participants, sharing our initial interpretations and incorporating their feedback into our analysis. Through multiple iterative discussions in the theme refinement phase, we refined these initial themes by merging overlapping themes, discarding themes with insufficient data support, and ensuring each theme had a clear central organizing concept. We also checked themes against the original data to confirm they accurately represented participants' experiences.

During theme definition, we developed detailed definitions for each theme, specifying its scope, boundaries, and relationship to other themes. This process reduced our initial set of five themes to three well-defined themes that captured the core patterns in our data. We created theme maps to visualize relationships between themes and ensure each was distinct yet connected to the overall narrative. The final themes were independently reviewed by a third researcher with expertise in qualitative methods to enhance analytical validity.

In the final manuscript production phase, the three themes are presented with verbatim quotes to ensure authenticity[19] and directly represent participants' voices[20]. Quotes are presented in both Korean and English where appropriate to maintain transparency and cultural authenticity. Throughout this process, we maintained detailed analytical memos documenting our decision-making and how our respective positionalities – as a Korean-American student researcher and a Korean music education professor – influenced our interpretations. Regular debriefing sessions helped ensure our analysis balanced both cultural perspectives and remained grounded in the data.

Ethical Considerations

The research team first obtained institutional approval by presenting the study protocol to the directors of Seoul Seniors Tower (Seoul, South Korea) and My Home Adult Day Care (Maywood, NJ). Following administrative approval, participant recruitment began at both sites. Informed consent was obtained from all participants prior to data collection for both quantitative and qualitative components of the study. Participants were informed about confidentiality procedures and assured that their personal information would be protected following research ethics guidelines.

Participants

Participants for the semi-structured interview (phase 2) were recruited from the pool of participants who participated in Phase 1 of the study. Eight participants from the My Home Adult Day Care Center participated in the focus group interviews. Their ages ranged from 79 to 85 years, and all of them identified as female. From the senior living facility in Seoul, South Korea, 10 elderly people whose ages ranged from 76 to 91 years participated in the semi-structured interviews. Approximately 60% identified as females.

Procedure

Upon completion of the paper survey, participants who were open to sharing more information took part. After the paper survey was completed, semi-structured focus group interviews were conducted with participants willing to take part. Based on the quantitative data from Phase 1, semi-structured focus group interviews were conducted at each site to further capture the ways music impacts the elderly's psychological well-being. For each topic, we included broad, open-ended questions and used more directive prompts only if the participants needed further clarification. Both focus groups were conducted in person and audio recorded with participants' consent. The moderator conducted focus groups following a semi-structured interview guide. The audio recordings of the focus groups were initially processed through an online transcription service and then carefully reviewed, corrected, and de-identified by two bilingual researchers (the first author and the music education professor collaborator). This human-operated transcription approach, rather than relying solely on automated services, was essential for accurately capturing the bilingual (Korean and English) content of our interviews. The researchers worked with both the original Korean transcripts and their English translations to preserve cultural nuances and ensure the integrity of participants' responses while maintaining anonymity. The interview questions are included in Appendix 1.

Positionality

As a Korean American high school student, my perspective is influenced by both my cultural background and personal experiences. My interest in researching music therapy stems from my grandmother's struggle with Parkinson's disease, which has significantly impacted her mental health. As a cellist, I have a personal connection to music, which shapes my views on its potential therapeutic benefits. While I am aware that this experience may bias my perspective, I have approached the research critically to ensure a balanced understanding of music's role in mental health.

As a Korean music educator and researcher, my work is shaped by both professional expertise and personal experience. My academic training in Germany informs my cross-cultural approach to music therapy, while caring for my mother with Parkinson's and dementia has given me profound insight into music's role in elderly mental health. I maintain scholarly rigor through mixed-methods research and clinical work developing hospital music programs. This balance of professional knowledge and lived experience drives my commitment to culturally sensitive, evidence-based music interventions for aging populations.

Phase 2: Results

Analysis of focus group interviews with seniors from My Home Adult Day Care in New Jersey, USA, and seniors living in Seoul, South Korea, revealed three interconnected themes: social connection, music and mood, and loneliness. While presented distinctly, these themes interrelate in shaping participants' perceptions of music and their mental health well-being. These findings directly address the study's research questions by highlighting how music influences emotional well-being and contributes to feelings of happiness or sadness among elderly individuals.

Social Connection

Social connections emerged as a significant contributor to mental well-being and happiness among participants. 26 participants out of 37 (70%) between both countries emphasized the importance of friends, family, and neighbors in response to the question regarding "What makes you happy these days?", and 5 out of 37 (13%) mentioned the meeting of family members and friends in response to "What do you do to feel better when you're depressed?". Music played a central role in fostering these connections, with participants noting the joy derived from "gathering like a family around music to build togetherness" and how "singing together enhanced social bonding." Social connection is important for elderly people because it helps them feel less lonely, improves their mood, and keeps them engaged with others. Music can help by bringing people together, whether

through group singing, listening to music, or enjoying performances. It also helps spark conversations and positive feelings, making it easier for them to connect socially. This theme aligns with the study's aim of understanding how music influences emotional well-being, as it demonstrates that music serves as a catalyst for social interaction, which is a key factor in reducing feelings of sadness and enhancing happiness among elderly individuals.

Music and Mood

The impact of music on mood was unanimously positive among participants. When asked, "Did you feel any changes in your mood after listening to my performance today?" all respondents reported a positive increase in their mood. All participants reported a positive change in their mood after listening to the music performance, indicating that music generally has an uplifting effect. This consistent feedback highlights the strong relationship between music and emotional well-being, suggesting that music can effectively improve mood. The findings support the idea that listening to and experiencing live music can lead to positive emotional outcomes, encouraging further research into music's potential benefits in mental health. This finding directly addresses the study's research question by demonstrating that music has a measurable and positive impact on the emotional well-being of elderly individuals, supporting the hypothesis that music positively affects mood and psychological health.

Loneliness

Loneliness emerged as a significant concern when participants were asked, "What makes you sad?". Many elderly people expressed feelings of isolation due to aging or the loss of loved ones. Responses included:

"Loneliness due to the loss of friends." "Loneliness." "Sense of solitude or isolation"; "Lack of communication.".

However, participants also indicated that music could help alleviate these feelings of loneliness. One senior noted that music brings them together for group activities like singing or attending concerts, which allows them to connect with others. A few seniors mentioned that playing or listening to music also helps them express emotions and feel comforted, even when they are alone. Music often sparks memories and feelings that make them feel more connected to their past and other people. This theme connects to the study's research question by illustrating how music can mitigate feelings of sadness and loneliness, which significantly contribute to emotional distress among elderly individuals. It also highlights the role of music in fostering emotional resilience and connection. This addresses the study's broader aim of exploring the psychological impact of music on aging populations.

Discussion

This study employed an explanatory sequential mixed methods design, as described by Creswell and Plano Clark[17], where quantitative data collection and analysis is followed by qualitative data collection and analysis to explain the initial quantitative results further to examine the role of music in the psychological well-being of elderly Korean individuals in both the United States and South Korea. The findings from both phases largely support our initial hypotheses. First, we hypothesized that elderly people would experience psychological challenges. Phase 1 quantitative data revealed that participants in both countries reported health-related problems, death of loved ones, and loneliness as primary reasons for depression. This was further supported by Phase 2 qualitative findings, where participants expressed significant concerns about isolation and loss of social connections. These findings align with previous research indicating that one in four older adults' experiences mental health issues[6].

Second, we hypothesized that music would positively affect their mood and well-being. The quantitative results strongly supported this hypothesis, with 100% of participants in both locations reporting positive effects after the cello performance. Additionally, music emerged as a key coping strategy for depression among participants (59% in South Korea and 42% in the US). The qualitative data enriched these findings, with participants describing how music fostered social bonding and provided emotional comfort. This finding is consistent with the positive impact of music on mood and well-being and corroborates the Theory of Music, Mood, and Movement (MMM). The findings align with previous studies demonstrating the beneficial effects of music interventions on older adults' cognitive function and emotional state[3].

Three main themes emerged from the mixed-method analysis: social connection, music and mood, and loneliness. Collectively, these themes demonstrate how music serves as a powerful tool for addressing psychological challenges among elderly individuals, positively proving emotional well-being, and fostering social connections.

Social Connection

Music emerged as a key facilitator of social connection, helping participants combat isolation and build meaningful relationships. Phase 1 data showed varying family interaction patterns, with 42% of US participants and 22% of South Korean participants seeing family more than twice weekly. The qualitative findings expanded on this, revealing how music facilitated these social connections. Participants emphasized the importance of interactions with family, friends, and neighbors for their happiness. Notably, music emerged as a powerful facilitator of these social connections, with participants describing how group musical

activities fostered a sense of togetherness and enhanced social bonding. This aligns with previous research suggesting that music can be a non-invasive technique to promote social learning and emotional well-being [10].

Music and Mood

Music had a universally positive impact on participants' moods, with all respondents reporting emotional uplift after the performance. The quantitative data revealed diverse music preferences among participants, with classical music being equally popular in both locations (33% in South Korea and 32% in the US). Gospel music was more preferred in the US (21%) compared to South Korea, while Korean pop music was more favored in South Korea (44%). The qualitative data provided deeper insight into how these musical preferences influenced mood, with all participants reporting positive mood changes after the performance. The unanimous positive response to our study's musical performance underscores music's potent effect on mood enhancement. This finding is consistent with the Theory of Music, Mood, and Movement (MMM), which proposes that music can trigger mood changes, leading to better mental and physical health outcomes. Our results also support previous research indicating that music interventions can effectively improve cognitive function and reduce apathy and agitation in older adults [3].

Loneliness

Music played a significant role in alleviating loneliness by fostering emotional expression and social engagement. Phase 1 revealed that a significant portion of participants lived alone, with 37% of US participants living by themselves. The qualitative findings elaborated on how this living situation contributed to feelings of isolation, particularly due to the loss of loved ones or aging-related challenges. However, findings from both phases suggest that music can play a crucial role in alleviating these feelings of loneliness. Participants reported that music brought them together for social activities and provided comfort and emotional expression even when alone. This aligns with previous research highlighting the potential of music therapy to improve interpersonal skills and promote a sense of connection within Asian and Asian American communities [16].

While the current study found similarities in the experiences of Korean elderly in both the U.S. and South Korea, it's important to note the potential influence of cultural factors. The lower rates of mental health service utilization among Asian populations, despite increased need [8], highlight the importance of culturally sensitive approaches like music therapy. Our findings suggest that music therapy could serve as a bridge to mental health services for Korean elderly, aligning with Yang et al.'s assertion that music therapy might be more readily embraced than traditional psychotherapy in Asian cultures [16].

This study had some limitations that made it difficult to apply its findings to a larger group of people. The sample size (n=37) is extremely small for quantitative analysis, with even smaller subgroups (n=18 in South Korea and n=19 in the U.S.). This limits the generalizability of the findings and reduces the statistical power of the study. Additionally, the gender distribution was heavily skewed, with 84.8% of participants identifying as female. This imbalance may introduce gender-based bias into the findings, as the experiences of male participants may not be adequately represented. Furthermore, the current study used a cross-sectional dataset, which limits our interpretation and application to the general public. Future studies will benefit from utilizing a longitudinal dataset, which may offer a clear understanding of the impact of music on the well-being of the elderly population.

While our study did not specifically assess participants' health status, cognitive function, or previous music therapy exposure as formal variables, we can provide some broad contextual information. The participating seniors were residents of community-based senior centers that provide services to independently living older adults. General attendance at these centers requires sufficient functional health and cognitive capacity to participate in community programming. Based on informal observations during the study, participants represented a range of physical mobilities and health conditions typical of community-dwelling seniors, though no standardized health measures were administered. We acknowledge that these factors could influence responses to our intervention, and we have noted this limitation in our discussion section. Future research would benefit from systematically documenting these health-related variables as recommended.

Future studies should conduct power analyses to determine adequate sample sizes and prioritize recruiting a more balanced gender representation to ensure the findings are applicable to a broader population. To improve future research, scientists should conduct longitudinal studies that will follow participants over a longer period, giving a better picture of how music therapy impacts mental health and social connections over time. Future studies should also explore targeted research questions, such as: How can music therapy be effectively integrated into existing healthcare systems, particularly in senior care facilities? What are the long-term effects of music therapy on cognitive function and emotional well-being in elderly populations? How do cultural differences influence the effectiveness of music therapy across diverse populations? What are the barriers to implementing music therapy in underserved communities, and how can they be addressed? These targeted questions would help provide strong evidence for music therapy as a way to support the mental well-being of elderly individuals, especially in diverse cultural contexts.

Implications for Practice

The findings of this study have significant implications for practitioners working with elderly populations. First, music therapy should be integrated into senior care facilities as a complementary intervention to traditional mental health services. The high engagement levels and positive responses observed in this study suggest that music therapy can potentially address psychological challenges such as depression, anxiety, and loneliness. Second, practitioners should tailor music therapy programs to align with the cultural preferences and backgrounds of their clients. For example, including traditional Korean folk songs for elderly Korean populations can enhance emotional resonance and engagement. Finally, music therapy can serve as a non-stigmatizing form of emotional expression, particularly in communities where mental health issues are often underreported or misunderstood.

Policy Recommendations

The findings also highlight the need for policy changes to support the broader implementation of music therapy. First, policymakers should give funding to expand access to music therapy programs in senior care facilities, particularly in underserved communities. This could include grants or sponsorships for facilities to hire trained music therapists and purchase necessary equipment. Second, music therapy should be included in public health initiatives aimed at improving mental health outcomes for elderly populations. For example, government programs could provide training for caregivers on how to incorporate music into daily care routines. Third, further research should be supported through public funding to explore the long-term benefits of music therapy and its effectiveness across diverse cultural contexts. This would help establish evidence-based guidelines for its use in mental health care.

In conclusion, this mixed-methods study provides comprehensive evidence for music's positive impact on elderly Koreans' psychological well-being while highlighting the importance of considering cultural factors in mental health interventions. The integration of quantitative and qualitative findings offers a nuanced understanding of how music can address psychological challenges and enhance well-being in this population.

This study demonstrates the significant potential of music therapy in enhancing psychological well-being among elderly Korean populations in both the United States and South Korea. Music therapy has proven to be a highly effective way to boost emotional well-being, especially for older adults. Research shows that it can reduce depression, anxiety, and agitation while also improving mental health and cognitive abilities. Music helps by tapping into the brain areas that process emotions, which can create a sense of calm and connection. This can be helpful for elderly individuals dealing with loneliness or isolation. For those with conditions like dementia, music therapy not only reduces agitation but also improves cognitive function better than other non-drug methods. It can also serve as a safe form of expression in cultures where discussing mental health is stigmatized, like in some Asian communities. Incorporating music into mental health treatments can create more inclusive and effective care for people from different backgrounds. While more studies are needed to better understand the effects across various groups, current evidence shows that music therapy can greatly improve the quality of life for older individuals. Its ability to evoke emotions and foster connections makes it a valuable tool in mental health care.

This study demonstrates how music therapy can help older adults by improving their mental health, helping them feel less lonely, and boosting their overall mood. It is useful to include music therapy in places like senior care homes where it can encourage social interaction and be tailored to fit the cultural needs of different groups. In the future, researchers should study how well music therapy works over time, how it compares to other treatments, and how it affects different populations. Music therapy could become an improved tool to improve the well-being of seniors from various backgrounds.

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Appendix

Interview Questions

1. What makes you happy these days?
2. What makes you sad?
3. What do you do to feel better when you're depressed?
4. What is your favorite music?
5. Did you feel any change in your mood after listening to my performance today?
6. What was your favorite song to play today?