

**EFFECT OF FLUTE MUSIC AND YOGA  
INTERVENTION ON SPIRITUALITY, EMOTIONAL  
REGULATION, PSYCHOLOGICAL DISTRESS AND  
SUBJECTIVE WELLBEING OF ELDERLY PEOPLE**

A

Thesis

submitted in partial fulfillment of the requirements for the award of the  
degree of

**DOCTOR OF PHILOSOPHY (Ph.D.)**

in

**Psychology**

by

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**December, 2021**

## DECLARATION

I do declare that the thesis entitled “**Effect of Flute Music and Yoga intervention on Spirituality, Emotional Regulation, Psychological Distress and Subjective Wellbeing of Elderly People**” has been prepared and submitted by me under the guidance of **Dr. Komal Rai**, Assistant Professor, School of Humanities and Social Sciences, Lovely Professional University, Phagwara, Punjab, and **Dr. Hariom Sharma**, Associate Professor, Sharda University and **Dr. Manish Kumar Verma** Associate Professor, School of Humanities and Social Sciences, Lovely Professional University, Phagwara, Punjab, as per the full requirement for the award of the Degree of Doctor of Philosophy (Ph.D.) in psychology is entirely my original work and all ideas and references have been duly acknowledged. It does not contain any work that has been submitted for the award of any other degree or diploma of any university.

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## CERTIFICATE

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# ABSTRACT

## **Background of the study**

The elderly people are society's greatest asset. During the senescence stage, Elderly people must take their health into consideration. Mental health is very important component of elderly people's overall health. The Society and the family members neglect them. It is the obligation of the children to take care of their parents in their old age. The nuclear family system and industrialization has resulted in isolation and separation from family and society, in modern era. As a consequence of this, elderly people are compelled to live in institutional facilities such as old age home. Since the 1990s, the number of institutions has increased drastically. The number of old age homes has increased from 728 in 1998 to 1049 at present. Psychological distress affects more than 50% of the elderly in old age homes. Hence, it is the right time to investigate psychological variables and health related practices which can help the elderly people to maintain their subjective wellbeing. Music and Yoga therapies in today's modern era have an immense impact on overall wellbeing of the elderly people. The ability to maintain a healthy equilibrium between the brain, body and soul is an important aspect of human existence. Music has been used as a source of healing throughout history. Music has long been acknowledged for its capacity to soothe emotions, relax the body and to provide peace of mind. Various physiological and psychological effects of music therapy have been explored by health professionals and music therapists (Nillson, 2008; Phipps et al., 2010; Siedliecki & Good, 2006). The people suffering from chronic pain also used music to soothe their emotions (Mok & Wong, 2003). The flute music has been long associated with healing. The flute music is very powerful and effective instrument for therapy (Burns, 2019).

Yoga has been used clinically for psychological intervention including its history as a personal exercise. The number of publications on yoga's therapeutic use has risen in the last three decades (Jeter et al., 2015). Many publications in the literature described the use of yoga in several circumstances including multiple sclerosis, breast cancer, low back pain, migraine, epilepsy and rheumatoid arthritis (Dash & Telles, 2001; Oken et al., 2006; Ross & Thomas, 2010; Yardi, 2001).

As far as the effectiveness of flute music and yoga interventions is concerned studies

have revealed that music and yoga are effective sources of treatment for elderly people. There is growing need of time and resources for successful treatment (Osth et al., 2019). This research aims to study the flute music and yoga as a combined intervention and its impact on spirituality, emotional regulation, psychological distress and subjective well-being of elderly people. **Method:** Quasi-experimental study was conducted in selected institutionalized and non-institutionalized homes in the Jammu district. 120 elderly people (mean age=68.86 years) participated in the study. In the experimental group 30 elderly people (15 males and 15 females) from institutionalized and 30 elderly people (15 males and 15 females) from non-institutionalized home were taken. Similarly, in the control group 30 participants from institutionalized and 30 from non-institutionalized homes were taken.

The first objective of the research was to study the effect of flute music and yoga intervention on spirituality, emotional regulation, psychological distress and subjective wellbeing of institutionalized and non-institutionalized elderly people. The second objective was to study the mediating role of spirituality in the relationship between emotional regulation and subjective wellbeing of the elderly people. Third objective was to study differences among scores of spirituality, emotional regulation, psychological distress and subjective wellbeing of institutionalized and non-institutionalized male and female elderly people before and after the intervention sessions.

To achieve the above-mentioned objectives, it was hypothesized that institutionalized and non-institutionalized elderly people in experimental group who experience flute music and yoga intervention will have significantly good spirituality, emotional regulation, low psychological distress and good subjective wellbeing as compared to those in the control group. It was also hypothesized that spirituality plays a significant mediating role in the relationship between emotional regulation and subjective wellbeing of the elderly people. Finally, significant gender differences were hypothesized among the participants in all groups for all the four variables. The Lynwood daily spirituality scale for testing of Spirituality level, Gross and John scale for Emotional Regulation, Kessler 10 scale for the screening of Psychological Distress levels, and Subjective wellbeing inventory for measuring the wellbeing dimensions were used for the participants in the experimental and control groups. Before the administration of the intervention the spirituality, emotional regulation, psychological

distress and subjective wellbeing were measured as pre-test in both the groups. The intervention of combined form of flute music and yoga was administered to the participants for 30 minutes in the experimental groups for a period of 12 weeks. All the above-mentioned measures were repeated for post-test in both experimental and control groups of institutionalized and non-institutionalized homes after the 12 weeks sessions. The required statistical tools were applied for the analyses of gathered data in pre- and post-test sessions. The independent sample t-test, ANCOVA, and SPSS regression process mediation analysis were used for the analyses of obtained scores on the variables. The value of the independent sample t- test in pre-test came to be insignificant which implies that there were no significant baseline differences between the participants in control groups and experimental groups before the intervention across the selected variables. But the post-test scores have shown that flute music with yoga as intervention had meaningful effect on the spirituality, emotional regulation, psychological distress and subjective wellbeing of the elderly people in experimental groups of institutionalized and non-institutionalized homes. There were significant differences among the scores of spirituality, emotional regulation, psychological distress and subjective wellbeing in before and after the intervention sessions for institutionalized elderly people.

Mediating effect of spirituality on the relationship between emotional regulation and subjective wellbeing of elderly people was non-significant. The total coefficient of emotional regulation on subjective wellbeing was also shown to be insignificant. The direct and indirect coefficients of emotional regulation on subjective wellbeing were found non-significant. As mediated by spirituality, emotional regulation was linked to subjective wellbeing (coefficient=0.04).

Further, using independent 't' test, the male and female differences with regard to the spirituality, emotional regulation, psychological distress and subjective wellbeing scores of the participants in institutionalized and non-institutionalized homes in before and after intervention sessions were tested. The analyses reflected that the differences were insignificant for spirituality, emotional regulation, psychological distress and subjective wellbeing score of institutionalized and non-institutionalized males and females before and after the intervention of flute music and yoga.

The intervention of yoga with flute music brought significant differences in experimental than in the control group. The participants in control group did not receive any intervention. Feedback was taken from the elderly people in institutionalized and non-institutionalized homes. Eight members (four from institutionalized and four from non-institutionalized) were taken for semi structured interview and analysis was done with the help of NVivo and it was observed that after this intervention there was a positive improvement in subjective wellbeing of the elderly people. The results reflect a significant change in the experiences of experimental group after the therapy. Hence, the joint intervention of flute music and yoga has proved to be effective therapy in the present study. The findings of the study provide the empirical evidence for the subjective wellbeing of the elderly people which would help all the stakeholders and the policy makers in creating policies to improve the mental health of elderly people, especially in old age homes.

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# TABLE OF CONTENT

DECLARATION .....	ii
CERTIFICATE .....	iii
ABSTRACT.....	iv
ACKNOWLEDGEMENT .....	viii
LIST OF TABLES .....	xi
LIST OF FIGURES.....	xv
LIST OF APPENDICES.....	xvii
LIST OF ABBREVIATIONS .....	xviii
<b>INTRODUCTION.....</b>	<b>1-21</b>
Rational of the study .....	1
Ageing .....	1
Who is an Elderly? .....	2
Old Age Home.....	3
Music Therapy .....	4
Benefits of Music for Elderly People.....	6
Theories of music therapy .....	7
Flute Music .....	7
Yoga.....	8
Spirituality.....	13
Emotional Regulation .....	15
Psychological Distress .....	17
Subjective Well-being (SWB) .....	19
<b>REVIEW OF LITERATURE .....</b>	<b>22-36</b>
Ageing and Mental health .....	22
Yoga and Spirituality .....	24
Yoga and Emotional Regulation.....	25
Yoga and Psychological Distress .....	27
Yoga and Well-being .....	28
Music Therapy and Spirituality .....	29
Music Therapy and Emotional Regulation.....	30
Music and Psychological Stress.....	31
Music and Well-being.....	33
Flute Music .....	33
Yoga and Music Therapy .....	34
Research Gap in Literature.....	34
Significance of study.....	35
<b>RESEARCH METHODOLOGY .....</b>	<b>37-49</b>
Statement of the Problem.....	37
Objectives .....	37
Hypotheses .....	37
Variable of the study .....	38
Research Design.....	40
Sample Size.....	40
Study Setting.....	41
Study Population .....	41
Inclusion Criteria:.....	42
Exclusion Criteria:.....	42
Exposure to Music Therapy .....	45
Exposure to Yoga Asanas .....	45

Development of Yoga Module .....	47
Data Collection.....	49
Ethical Clearance .....	49
Statistical analyses .....	49
<b>RESULTS AND DISCUSSION .....</b>	<b>50-88</b>
Results and discussion .....	50
Description of the Subject .....	50
Normality of data.....	52
Pre-Intervention Analyses .....	53
Post-Intervention Analyses .....	57
ANALYSIS OF COVARIANCE (ANCOVA).....	63
Mediation analysis .....	76
Description of the Subject .....	50
t-Test Analysis .....	80
Interview analysis .....	83
<b>SUMMARY, CONCLUSION AND IMPLICATIONS .....</b>	<b>89-97</b>
Summary .....	89
Conclusion .....	90
Applications of the Study .....	94
Strengths of the Study .....	95
Delimitations of the Study.....	96
Future Research.....	96
Implications.....	97
<b>REFERENCES .....</b>	<b>98-145</b>
<b>APPENDICES.....</b>	<b>146-158</b>

## LIST OF TABLES

Table No.	Title	Page No.
4.0	<i>Number of groups and institutions in the sample</i>	51
4.1	<i>Demographics details of the participants elderly people</i>	52
4.2	<i>Test of Normality of pre- and post- scores for Spirituality, Emotional Regulation, Psychological Distress, and Subjective Well-being by using samples 50&lt;N&lt;300: liberal z value -3.29 and +3.29.</i>	53
4.3	<i>Pre-intervention Mean, SD, t-statistics for Spirituality of the institutional and non- institutional Control and Experimental groups</i>	53
4.4	<i>Pre-intervention Mean, SD, and t statistics for Emotional Regulation of the institutional and non-institutional Control and Experimental groups</i>	54
4.5	<i>Pre-intervention Mean, SD, and t statistics for Psychological Distress of the institutional and non-institutional Control and Experimental groups</i>	55
4.6	<i>Pre-intervention Mean, SD, t statistics for Subjective well-being of the institutional and non-institutional Control and Experimental groups</i>	56
4.7	<i>Post-intervention Mean, SD and t statistics for spirituality of the institutional and non-institutional Control and Experimental groups</i>	58
4.8	<i>Post-intervention Mean, SD and t statistics for Emotional Regulation of the institutional and non- institutional Control and Experimental groups</i>	59
4.9	<i>Post-intervention Mean, SD and t statistics for Psychological distress of the institutional and non-institutional Control and Experimental groups</i>	60
4.10	<i>Post-intervention Mean, SD and t statistics for Subjective well-being of the institutional and non- institutional Control and Experimental groups</i>	61
4.11	<i>Pre- and Post-intervention Mean, SD, and paired sample t statistics of four psychological constructs of participants in the Experimental group</i>	62

<b>Table No.</b>	<b>Title</b>	<b>Page No.</b>
4.12	<i>Mean, SD and Change in Mean Value Adjusted (Covariate) for Spirituality of the institutional and non- institutional Control and Experimental groups</i>	63
4.13	<i>Analysis of covariance for Spirituality (test of between subjects effects)</i>	64
4.14	<i>Post hoc test for groups on Spirituality</i>	65
4.15	<i>Mean, SD and Change in Mean Value Adjusted (Covariate) for Emotional Regulation of elderly people in institutional and non-institutional Control and Experimental groups</i>	67
4.16	<i>Analysis of covariance for Emotional Regulation (between subject's effects)</i>	68
4.17	<i>Post hoc test for groups on Emotional Regulation</i>	68
4.18	<i>Mean, SD, and Change in the Mean value Adjusted (Covariance) for Psychological Distress of elderly people in institutional and non-institutional Control and Experimental groups</i>	70
4.19	<i>Analysis of covariance for Psychological Distress(test of between subject's effects)</i>	71
4.20	<i>Post hoc test for groups on Psychological Distress</i>	72
4.21	<i>Mean, SD, and Change in the Mean Value Adjusted (Covariance) for Subjective wellbeing of elderly people in institutional and non-institutional Control and Experimental groups</i>	73
4.22	<i>Analysis of covariance for Subjective Wellbeing (test of between subject's effects)</i>	74
4.23	<i>Post hoc test for groups on Subjective Wellbeing</i>	75
4.24	<i>Simple mediation path 'a' analysis for the relationship between emotional regulation and subjective wellbeing through spirituality</i>	76
4.24A	<i>Simple mediation path 'b' analysis for the relationship between emotional regulation and subjective wellbeing through spirituality</i>	77
4.24B	<i>Simple mediation path 'c' analysis for the relationship between emotional regulation and subjective wellbeing through spirituality</i>	77

<b>Table No.</b>	<b>Title</b>	<b>Page No.</b>
4.24C	<i>Simple mediation total, direct &amp; indirect effect analysis for the relationship between emotional regulation and subjective wellbeing through spirituality</i>	77
4.25	<i>Pre-intervention Mean, SD and t statistics values of SP, ER, PD and SWB of male and female elderly people in institutional and non-institutional experimental and control groups</i>	80
4.26	<i>Post-intervention Mean, SD and t statistics values of SP, ER, PD and SWB of male and female elderly people in institutional and non-institutional experimental and control groups</i>	81
4.27	<i>Original Version of Interview Script</i>	83

## LIST OF FIGURES

<b>Fig. No.</b>	<b>Figure Name</b>	<b>Page No.</b>
1.1	<i>Four concepts of Yoga</i>	11
1.2	<i>Types of Yoga</i>	11
1.3	<i>Components of subjective well-being Source: Analysis through NVivo</i>	20
3.1	<i>Graphical representation of the sample distribution and pre-, post-intervention assessment</i>	42
3.2	<i>Procedure followed for pre- and post-intervention</i>	43
3.3	<i>Elements of Yoga with music</i>	46
3.4	<i>Elements of Yoga practice</i>	48
4.1	<i>Pre-intervention Spirituality of Control and Experimental groups in institutionalized &amp; non-institutionalized homes</i>	54
4.2	<i>Pre-intervention Emotional Regulation of Control and Experimental groups in institutionalized &amp; non-institutionalized homes</i>	55
4.3	<i>Pre-intervention Psychological Distress of Experimental and Control groups in institutionalized &amp; non-institutionalized homes</i>	56
4.4	<i>Pre-intervention Subjective well-being of Experimental and Control groups in institutionalized &amp; non-institutionalized homes</i>	57
4.5	<i>Post-intervention Spirituality of the Control and Experimental groups in institutionalized &amp; non-institutionalized homes</i>	58
4.6	<i>Post-intervention Emotional regulation of the Control and Experimental groups in institutionalized &amp; non-institutionalized homes</i>	59
4.7	<i>Post-intervention Psychological Distress of the Control and Experimental groups in institutionalized &amp; non-institutionalized homes</i>	60
4.8	<i>Post-intervention Subjective Well-being of the Control and Experimental groups in institutionalized &amp; non-institutionalized homes</i>	61
4.9	<i>Pre- and post-intervention assessment of Spirituality, Emotional Regulation, Psychological Distress, Subjective Well-being of the Experimental groups' participants</i>	63
4.10	<i>Spirituality adjustment in mean scores for control and experimental groups institutionalized and non-institutionalized homes</i>	64
4.11	<i>Emotional Regulation adjustment in mean for the Experimental and Control groups of institutionalized and non-institutionalized</i>	67

4.12	<i>Psychological Distress adjustment in mean for (institutionalized and non-institutionalized) experimental and control groups</i>	71
4.13	<i>Subjective Well-being (institutionalized and non-institutionalized groups) experimental and control groups</i>	74
4.14	<i>Statistical Model: Simple Mediation for Emotional regulation and subjective wellbeing with spirituality as mediator</i>	79
4.15	<i>Pre-intervention Mean of SP, ER, PD and SWB of male and female elderly people in institutionalized and non-institutionalized homes</i>	81
4.16	<i>Post-intervention Mean of SP, ER, PD and SWB of male and female elderly people in institutional and non-institutional homes</i>	83
4.17	<i>Themes related to pre-intervention interviews analysis</i>	84
4.18	<i>Themes related to post-intervention interviews analysis</i>	85
4.19	<i>Pre- (Left) and post- intervention (Right) interviews analysis Word Clouds</i>	85
4.20	<i>Hierarchical cluster analysis of words in pre-and post intervention interviews analysis</i>	86
4.21	<i>Comparison Diagram between Pre- and Post-intervention interviews</i>	87
5.1	<i>Mechanisms by which yoga might improve Spirituality, Emotional Regulation and Subjective Well-being of elderly people</i>	93

---

## LIST OF APPENDICES

<b>S. No.</b>	<b>Appendix Name</b>	<b>Page No.</b>
1	<i>Informed Consent Form</i>	146
2	<i>Institutional Home permission letter</i>	147
3	<i>Non-Institutional Home Informed Consent Form</i>	148
4	<i>Demographic Information</i>	149
5	<i>Daily Spiritual Experience Scale</i>	150
6	<i>Emotional Regulation Scale</i>	152
7	<i>Psychological Distress Scale</i>	153
8	<i>Subjective Wellbeing Inventory</i>	154
9	<i>Feedback Form</i>	158
10	<i>Plag Report</i>	159



## **LIST OF ABBREVIATIONS**

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<b>ANCOVA</b>	Analysis of Covariance
<b>APA</b>	American Psychological Association
<b>ER</b>	Emotional regulation
<b>ICG</b>	Institutional control group
<b>IEG</b>	Institutional experimental group
<b>IN</b>	Institutional
<b>NICG</b>	Non-institutional control group
<b>NIEG</b>	Non-institutional experimental group
<b>NIMHANS</b>	National Institute of Mental Health and Neurosciences
<b>NIN</b>	Non-institutional
<b>PD</b>	Psychological Distress
<b>SP</b>	Spirituality
<b>SPSS</b>	Statistical Package for Social Sciences
<b>SWB</b>	Subjective well-being
<b>WHO</b>	World Health Organization

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# **CHAPTER 1**

## **INTRODUCTION**

### **Rationale of the study**

The quality of life has improved due to advancement in technology, agriculture, working conditions, and governance systems, etc. and this has increased the life expectancy over the past decades. Almost in all societies there is good percentage of old people. The bodies of the elderly may be weaker, but their minds are the ocean of experience and their wisdom can be inspiration for younger generation in the society. The elderly people are the guardians of the culture of a nation and work as an agent for culture transfer to young generation.

The old age is identified by various terms in different societies in the world, like seniors, senior citizens, older adults, elderly, elders, autumn of life, evening of life, winter of life, golden age, etc. The United Nations has categorized India as 'ageing country' in which 8.6% of the total population is over 60 years of age and it is expected to be 20% of the country population by 2050 (The United Nations [UN], 2021). The Government has analyzed the status of elderly population and implemented many schemes for their quality of life (Elderly in India, 2021). However, elder care in India is still in progressive stage and the numbers of facilities for elderly people are limited. Ever changing socio-economic patterns in the society, like, increased literacy rate, employability, women participation in workforce, has also changed the social norms of elder care in the family and sometime elders face problems due to the new social transformation. In traditional social system the social fabric was giving more time to attend the elders in the family enabling them to lead reasonably happy lives and not feeling lonely. But in altered social fabric now the institutionalized facilities for elderly are increasing in the country. Whether the elders are in institutional home or non-institutional home their health is a big concern, especially, for mental health there is dire need to implement the workable strategies. Ageing is a natural process having its own consequences in life to be faced by everyone on this planet.

### **AGEING**

The philosopher Plato (Greek 429-347 BCE) and Socrates (Greek -470-399 BCE) have both argued the positive aspect of ageing because ageing is the repository of

knowledge and aged people have used experiences in order to find the solution of their problem in their lives. Many adults in their lives want to contribute to their families and the community but many need assistance and help at old age (Estebansari et al., 2020). In India high percentage of the elderly are illiterate, financially dependent and have health issues or disabilities (Ingle & Nath, 2008; Kancharla, 2016; Tiwari et al., 2012). Galen argued that the ageing brings change among elderly people and they depend on others for their survival. Galen suggested preventive measures rather than cures of the ailments. He emphasized that diet and regular exercises should be paid to modify the life styles (Pachana, 2016).

Maturing is a characteristic procedure. As one grows older, mentality of the elderly people undergoes a drastic change. Mature age is the last phase of human life (Raut et al., 2014). Old individuals behave like children and look for more consideration from their family members. When all of the younger members of the family are preoccupied with their daily lives, the old are deprived of the affection and attention which they require. This results in stress and sadness among the elderly people (Singh & Mishra, 2009). Individuals go to establishments or institutional settings chiefly in light of the fact that they have nobody to look after them (Akbar et al., 2014; Dotty, 1992; Hegde et al., 2012; Kumar et al., 2012; Mishra, 2008; Mudey et al., 2001). The study of the elderly people is known as Gerontology. Physical impairment, deteriorating mental ability, the progressive loss of group interaction, less social support are all signs of old age (Tyagi & Kapoor, 2004). The status of the elderly people today appears to have shifted perceptibly. Migration and the formation of nuclear families have resulted from industrialization and urbanization. It has led to an increased level of stress on individuality of an individual. The modern lifestyle and economic conditions have worsened the relationship issues resulting in elderly neglect.

### **Who is an Elderly?**

If a person is 60 years old or older, he or she is considered as an elderly person. Being elderly is a life-changing process that begins when one reaches to physical maturity. It is known as senescence. An older person is someone who has attained physical maturity and has begun the process of deterioration at varying speed (World Health Organization [WHO], 2018).

According to World Health Organization (WHO, 2012), Depression is a common mental disorder among elderly people. The issue of ageing is a worldwide issue. It is something that all societies have to go through. However, the extent of ageing and how it manifests itself differs from place to place (Suganya, 2016). Indian communities have a long tradition of sons looking after their parents in their old age which is strengthened by religion and cultural belief. The trend is changing in modern time from joint family to nuclear family. The quality of care provided to the elderly people in these joint families is ultimately determined by the quality and amount of interaction (Jamuna, 1997, Jamuna, 2003). However, ongoing processes such as urbanization, industrialization, migration and the market economy and value system disintegration have resulted in structural and functional changes in the family structure and opening of old age homes (Chakravarthy, 1997). Despite their long lives and the services provided by medical and social systems, the elderly people face issues such as loneliness, sadness, and other mental illnesses. The most important of above- mentioned issues are connected to elderly people's psychological well-being (Ingle & Nath, 2008; Lim & Kua, 2011; Thomopoulou et al., 2010).

### **Old Age Home**

Shelter over the heads of the elderly people is their basic need as they are neglected by family members. When they are neglected by their family members, the government has started institutional homes to care for them. HelpAge supports old age homes in 23 states of India (Sawhney, 2003). October 1st every year is commended as International Day for Older Persons in India. Old age homes are the institutional homes for elderly people who have no support from their families. For the elderly who are lonely and abandoned, old age institutions have become their last option (Nair, 2013). Over the years one such Home for the Aged in Amphalla, widely known as Vridh Ashram, has provided services to a large number of poor, helpless, hopeless, impoverished elderly and infirm people of society regardless of caste, creed, religion, area or rank where this study was conducted. It was founded in 1964 in one room by a kind-hearted Gandhian, late Sh. Ram Nath Prabhakar, and was registered in 1965 in Jammu District under the J&K Registration Act.

Elderly people require basic assistance in order to maintain important aspects of their lives while increasing their overall quality of life (Dandekar, 1993). Elderly people are the entryway of the past and window of the future. Elders are well-known for

being a repository of traditional values, skills, and morale. The elderly are seen as a precious national resource because they have adaptable and usable information that has been tested and conserved from generation to generation. As a result, seniors are regarded as a society's "knowledge storage and processing unit." Elders are respected because they have upheld conventional traditions, conventions and kinship. The elderly people make significant contributions to the progress and well-being of society while simultaneously being supported by it (Linden, 1991). Separation from or loss of help from their children make them genuinely and sincerely weak (psychologically and emotionally) leads to mental issues like nervousness, loneliness, depression, a feeling of helplessness, social isolation and so on (Tiple et al., 2006; Trivedi, 2017). In a review published in "Geriatrics & Gerontology International," (Kojima et al., 2020) addresses the issue of multi-morbidity in older people and underline the need for greater research and practices to ensure high-quality patient care and ask for the development of urgent techniques for illness management in elderly people.

## **MUSIC THERAPY**

### **History**

India's music is considered to be one of the world oldest unbreakable cultural styles. The notion that music can have a therapeutic effect on one's health and behaviour is as old as Aristotle and Plato's writings, and it may even have existed in some cultures far earlier (AMTA, 2013). The Greek word "muse" from where the music word is derived which means "seven goddesses" who were in charge of a wide range of social activities including beautiful motivation and expressiveness, history, tranquil life, space science and heavenly marvels, instrumental and vocal music, move, gallant and sensual verse (Malshe, 2007; Wadhawa, 2013). The confidence in the intensity of the music is universal. Music has been long associated with the formation of ideas and has been used for prayers and healing in ancient spiritual and native traditions across time and countries. The use of music or sound remedially has developed immensely over the most recent couple of decades (Wiand, 2001). Tri Hita Karana is the Hindu philosophy of life which refers to a harmonious relationship that manifests happiness. Music can vibrate and pulse rhythmically in our essence and every cell in our body to use an analogy which serves as a rhythmical sound resonator. Listening to music is linked to increased brain plasticity which helps to stimulate cognitive activity in the

elderly people (Hanna- Pladdy & Mackay, 2011). Music therapy for elderly people is based on the idea that music evokes emotional reactions and aids memory retrieval. Research studies conducted in this area have suggested that familiar melodies retained in the brain region which are important for processing music mostly seen in late-stage dementia (Jacobsen et al., 2015; Janata, 2009; Koelsch, 2014) they are offered in individuals, (Hsu et al., 2015; Ridder et al., 2013) groups and community settings (Pedersen et al., 2017; Werner et al., 2017).

Ancient medicinal techniques and artistic rituals are combined with adaptations drawn from the modern therapeutic practice of Indian music therapy. The term "music therapy" is widely used, but it was not widely used in India. Mangalampalli Balamuralikrishna popularized this concept in the south in India. He took remarkable attempt in this direction with an aid of some renowned musicians from the south. Spiritual guru Ganapathi Satchidananda of Mysore is an active practitioner of music therapy. Naturally, he adds a touch of spiritualism and calls it "naadachikitsa." the original Sanskrit treatise on mood- enhancing ragas, "raga chikitsa", was written in Sanskrit. Sir C.V. Raman, who worked in Kolkata, conducted pioneering research on Indian musical instruments (Banerjee et al., 2015; Raman, 1921). From 1909 to 1935, Raman experimented on the sound of musical instruments and also developed a theory of transverse vibration of bowed strings based on superposition velocities.

The harmonic nature of Indian drum sounds like the Tabla was first explored by him. During the mid-nineteenth century, Kumar, Kar, Ramakrishnan and Banerji continued Sir C.V. Raman's musical instrument studies (Banerjee et al., 2015). Following that, significant gap in the study of Indian musical instrument sound was found. Though several studies on the development, interpretation, synthesis, composition and understanding of western music have been published in the west in 1964 and just 9 years later Jellison (1973) conducted the first bibliographic research, reviewing the frequency. Koger et al. (1999) analyzed the literature on music/music therapy and its effect on dementias from 1985 to 1996. Gregory (2002) examined the journal of music therapy from 1984 to 1997 to examine the methods used in music therapy research. Flute is a very popular instrument in India, while historians are unsure of when or where the flute was originated, flutes of various types have been found in a range of cultures according to historical evidence (Bate, 1969). The unique sound of the flute may attract the music therapists (Sweeney-Brown, 2005). When elderly

people are separated from their communities and loved ones, they may feel socially isolated. In these circumstances, music treatment can develop their confidence and encourage their good inner satisfaction.

### **Benefits of Music for Elderly People**

Music is most popular kind of therapy because it helps in relaxation by calming the central nervous system and promoting mental peace and calmness of mind. Music therapy has been shown to minimize individual perceptions of tranquilizing drugs, the usage of hypnotics on hospital wards and to promote rehabilitation in the elderly (Prinsley, 1986). Music therapy has lot of benefits for elderly people and research on the impact of music on relaxation and quality of life has been conducted, it has been discovered that music therapy can help to:

- Promote health
- Control anxiety
- Healing body
- Improvement of memory
- Enhance communication and
- Promote physical rehabilitation (Duerksen, 2014)

Music therapy helps to address physical, emotional, cognitive and social needs of individuals of all ages. Music therapy boosts self-esteem among sick people (Duerksen, 2014). One of the explorations focused on a woman named Gabrielle Gifford who experienced music treatment which helped her to recapture her speech (Moisse et al., 2011) and aids in mental health rehabilitation (McCaffrey et al., 2018).

During the 1960s, senior citizens were depicted as "overlooked spirits," "the penni older" and "unutilized abilities" (Voris, 1962). While the advantages of music interest for senior individuals are likely to be unique to each individual, there is a huge amount of research available in the literature on these advantages (Coffman, 1999; Gibbons, 1985; Juras, 2006; Kraus & Chandrasekaran, 2010; Lehmborg & Fung, 2010; Michalos, 2005; Weinberger, 1995). Music intervention in a clinical setting has been used from decades ago. Music interventions have been utilized to expand socialization and psychological, enthusiastic and neuromotor working (Chanda &

Levitin, 2013; Hillecke et al., 2005; Koelsch, 2009; Raglio et al., 2015). Blackburn and Bradshaw (2014) expressed "music treatment is a sheltered and ease intervention" (p. 879). According to The American Music Therapy Association (AMTA, 2017) music not only has a physical benefit, such as lowering stress levels, but it also "opens possibilities for joyful connection as families enjoy musical interactions". Music therapy for the elderly is a sort of treatment that is being implemented and developed all over the world. Music treatment has been found to be a powerful treatment for boosting quality of life, state of mind, sociability and reducing physical pain in many global studies.

### **Theories of Music Therapy**

**Analytical, Psychodynamic and Transpersonal Theories:** Psychoanalysis, developmental psychology, Freudian-based psychoanalysis, ego psychology, object relation theories, self- psychology, and transpersonal psychology are some of the models, theories and fields of psychology that have influenced music theory and also explained the role of music (Wigram et al., 2012).

**Bio-psychological model of Music Therapy:** According to Gaston (1995), music has the ability to affect people's physical, emotional, and social well-being, as well as making them socially them socially acceptable music gives person stability and helps them accept their culture and religious beliefs (Merriam, 1964).

**Bio-psychosocial model of music therapy:** Music therapy is based on a bio-psychosocial approach. There are several structures in the body that are disrupted for a variety of causes, resulting in stress in the body. As a result, the healing power of music aids in the treatment of all diseases with no negative side effects (Olofsson & Fossum, 2009). The pioneers of music therapy, especially Gaston (1995) and Sears (1996) defined music therapy very much within the behavioural framework (Kenny, 1996).

### **Flute music**

Flute music intervention is becoming more popular kind of alternative medicine. Plato, Aristotle, Aeschylus and others have written about the flute's potential to induce trance or alter states of consciousness (Rouget, 1985). It calms the mind and body (Barbeau & Mantie, 2019). At the temple of Apollo at Delphi, bone whistles and



flutes were discovered, and Apollo is both a God of music and a God of healing. The flute is unique in its connection with divine breath, spirit and life. The healing power of music has been written by Sorrell and Sorrell (2008). Music therapy is a process in which music therapists use all aspects of music (emotional, mental, physical, social and spiritual) to help people improve their mental and physical health. Music interactions, such as the act of creativity, singing, and tuning into, talking about and listening to music, can be used to achieve treatment goals (Breitenfeld, 1970; Navarrete-Campos, 2016).

Music therapy can be called music medicine (Brandes & Haas, 2009; Gold et al., 2009; MacDonald et al., 2013). Music treatment is a reflexive strategy in which the specialist assists the client in improving his or her well-being by utilizing a variety of aspects of the music-treatment session, as well as utilizing the connections formed as the energy for change. However, listening therapies appear to be very widespread in clinical literature (Gerdner, 2000; Gerdner, 2012a; Gerdner & Remington, 2017; Gotell et al., 2002). When it comes to neurological illnesses, Music Therapy can enhance social and psychological outcomes (Maratos, 2008; Raglio, et al., 2015). Although the severity of subjective loss varied among participants in these examinations, the previous system accounted for good outcomes on intellectual capability (Kattenstroth, 2010; Sarkamo et al., 2014; Satoh, 2014; Takahashi & Takano, 2010; Takahashi & Matsushita, 2006). Music is a treatment for the act of relaxation that improves the physical and psychological wellness of individuals and has been highly recommended as a medicine and therapy since the beginning of time (Guerreriro, 2014; Hatampour et al., 2011).

## **YOGA**

‘Ayurveda is made up of two Sanskrit words: "Ayus" and "Veda" which represent "life" and "knowledge". It literally means "life science". Yoga is an important aspect of Ayurveda, which is widely practiced in India and is gaining favor in many other countries. It is a complete and comprehensive method that focuses on the body, mind and consciousness. Herbal medicines, nutrition, yoga, meditation and other disciplines are all part of the Ayurvedic treatment (Mamtani & Mamtani, 2005).

Yoga is said to have been practiced since the beginning of civilization. Yoga is a

science that dates back thousands of years, long before there were any sects or belief systems. Shiva is considered the first yogi (Adiyogi) and as the first Guru (Adi Guru) in yogic literature. Many thousands of years ago Adiyogi poured his profound knowledge into the legendary Saptarishis or "seven sages" on the banks of Kanti Sarovar in the Himalayas. The yogic system, on the other hand, finds its fullest manifestation in India. This culture was created by Agastya, the Saptarishi who travelled throughout the Indian subcontinent. Historical evidence of Yoga's presence can be found in the pre-Vedic period (2700 B.C.) and up to Patanjali's time. "The Vedas (4), Upanishads (108), Smritis, teachings of Buddhism, Jainism, Panini, Epics (2), Puranas (18), and other sources are the key sources from which we get knowledge about Yoga practices and related literature during that time".

The classical era is tentatively described as the period between 500 BC and 800 A.D. which is often regarded as the most fruitful and influential period in the history and evolution of Yoga. During this time, Vyasa's commentaries on the Yoga Sutras and the Bhagawad Gita, appeared (Basavaraddi, 2015). Yoga is a science of good living that is meant to be practiced regularly. It affects the physical, physiological, mental, emotional, psychic and spiritual components of a person. The meaning of word yoga is unity or oneness and is derived from the Sanskrit word — "yuj" which means "to join". The union of the individual consciousness with the universal mind is described by spirituality. Yoga is a method for harmonising and bringing the body, mind, and emotions into harmony on a more practical level. Asana, pranayama, mudra, bandha, shatkarma, and meditation are used to achieve this, which is necessary before union with the higher reality may occur. Yoga is an effective solution for both physical and mental ailments (Iyengar, 2005). Yoga is a psychophysical, profound science that focuses on absolute body and brain advancement which impact character, subjective procedures, well-being and prosperity (Cavallera, et al., 2014). Yoga is one of philosophical systems of India which has remained useful to understand and experience the human existence and depth of human mind. Yoga and its exercises are recommended for the benefits in health and fitness. Some of the following dimensions are linked with different kinds of yoga:

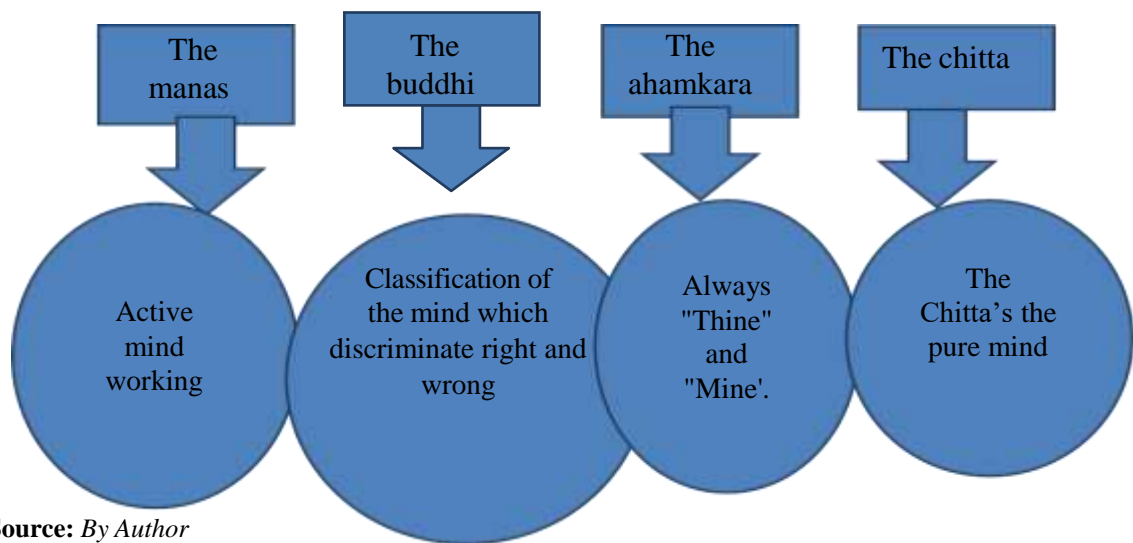
- 1) "Social discipline (Yama) Ahimsa, (non-violence) Satya, (truthfulness) Asteya, (non-stealing) Brahmacharya, (self-restraint) Aparigraha, (non-covetousness)

- 2) Individual adherences (Niyama) Shoucha, (cleanliness) Santosha, (contentment) Tapas, (penance) Swadhyaya, (self- awareness) Swara pranidana,(surrender to supreme)
- 3) Asana, (postures)
- 4) Pranayama, (breathing exercise)
- 5) Pratyahara, (regulation of senses)
- 6) Dharana, (focusing)
- 7) Dhyana, (meditation)
- 8) Samadhi, (concentrate on limiting the mental changes and channeling thought processes).”

Yoga is a discipline that focuses on purifying the body, mind and spirit in order to prepare them for the goals of their life. Because human life is dependent on the nature of Chitta (mind-stuff), therefore, we can always change our nature by regulating it (Nikic, 2010). Yoga is a method of studying and understanding the human personality in terms of body processes. In Yoga theory, it is believed that the body and mind are functioning identically. What happens in the mind reflects what is happening in the body and vice versa (Sharma, 2004). As a holistic form of psychotherapy Yoga combines the physical, emotional and mental rhythms. Theoretically, Yoga is based on the belief that psychological stress in the body can be released. By allowing spontaneous self- expression, Yoga enables the individual to reduce stress and focus more on feelings of well-being (Binzen, 2006). Yoga finds into our body and yourself and will assist us with discovering our fullest potential genuinely, intellectually, inwardly and profoundly (Ross, 1974; Saraswati, 2008; Saraswati & Hiti, 1984).

Fig.1.1.

*Four concepts of yoga*



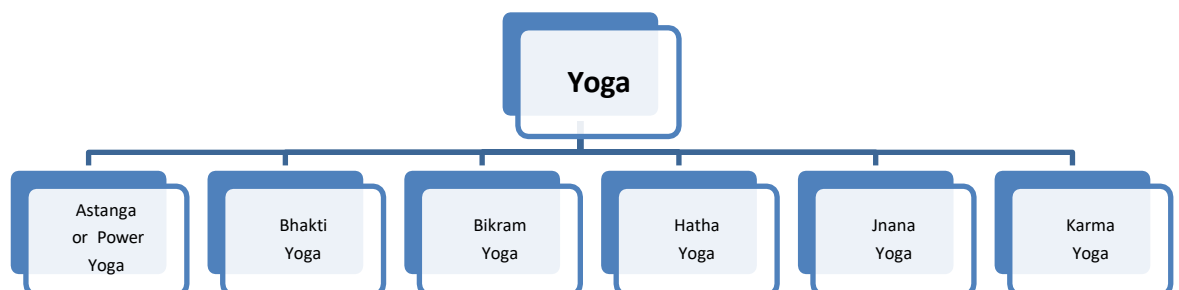
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### **Types of Yoga**

Various schools of yoga exhibited distinct links between the mind and body. They concentrate on multifold benefits to the yoga practitioners. There is a big range of positions of yoga to learn and practice for a long term health benefits. There are specific asanas in yoga linked to alter in specific functioning of the body and recommended for physical as well as mental health. The following yoga types are few of them:

Fig 1.2

*Types of yoga*



The yoga exercises enhance the movement, increases oxygen intake and improves the functioning of the respiratory, endocrine system. Impacts of yoga on the feelings are

also beneficial; quieting the mind, readjusting ourselves to the ground and lessening sleep deprivation are other benefits. Yoga is strongly recommended for people who work in stressful, unpleasant environments, for people who suffer from headaches, back and shoulder pain, allergies, and asthma, and for anyone over the age of 40 years (Cavallera, et al., 2014) and for treatment of anxiety and sadness among children as well (Hagen & Nayar, 2014). Yoga is divided into different segments (Nagendra et al., 2010). Research has demonstrated noteworthy improvement of physical wellness (Telles et al., 2013), subjective well-being (Choudhary et al., 2019) and mental well-being (Berger & Stein, 2009) in different population following the yoga based meditation.

### **Yoga for Elderly People**

Yoga is an "absolute arrangement work out" for elderly people. Yoga is a successful corresponding methodology for adult well-being maintenance and advancement that supports many dimensions of mental well-being from everyday worry to tension, unhappiness and adapting to health issues (Sivananda Yoga Center [SYC], 2000). Yoga works for a large proportion of people where other health and therapeutic strategies have failed since the results from Yoga are immediate. Muscles shiver from head to toe, blood gets streamed, the mind becomes clear, the soul is revived and the body feels energetic and we feel full of stamina (Baptiste, 2011). According to research study, elderly people are interested in and capable of participating in physical exercise programs (Devereux-Fitzgerald et al., 2016). For many people, physical activity is a way to improve their well-being and functional capacities which helps them to keep their independence and quality of life (Franco et al., 2015). Center for Disease Control and Prevention (HRQOL, 2016) has explained that "Well-being is a multifaceted notion that encompasses physical, mental and social factors". Low subjective well-being is linked to a higher prevalence of chronic disease and a lower quality of life in the elderly people (Steptoe et al., 2015, Tulloch et al., 2018). Yoga is becoming more popular as a type of physical activity (Cramer et al., 2013) and it refers to the body, mind and spirit coming together as one (Pandurangi et al., 2017). Yoga has been shown to improve numerous health outcomes such as balance and mobility among elderly people (Oken et al., 2006; Youkhana et al., 2016; Zettergren et al., 2011) cardio metabolic health (Barrows & Fleury, 2016; Pascoe & Bauer, 2015; Santaella et al., 2011), sleep quality (Gothe & McAuley, 2015) quality of life

(Hariprasad et al., 2013) Subjective well-being and mental health (Hendriks, 2017; Hendriks et al., 2018).

## **SPIRITUALITY**

Spirituality refers to a feeling of direction, a feeling of 'connectedness' – to self, nature, 'God' or other. In this way "Spirituality" turns into the vehicle through which the meaning is looked for. Spirituality is the mission for the importance of life. Spirituality in ageing is gaining interest for research over the past decades (Atchley, 2008; Glicksman & Glicksman, 2008; McFadden, 2003; McFadden & Kozberg, 2008; Moberg, 2005; Nelson-Becker, 2003). Quality of life was improved with spiritual practice (Agli et al., 2015; Balboni et al., 2007; McFadden, 2005). Positive discoveries are evolved out through the process of Spirituality (Ardelt & Eichenberger, 2008). The capacity to adjust to the changing needs of individual during later life is supported by spirituality. Research also suggested the spirituality to be linked to acceptance of self as aging (Manning, 2010). Studies recommend that having a feeling of significance in life leads to better physical and mental wellness as well as improved quality of life and abstract prosperity (Krause, 2004; Mackinlay, 2001; Manning, 2012; Nygren et al., 2005). Daily spiritual experiences or day by day profound experiences in later life give harmony to the body, mind and the spirit (Udhaykumar & Ilango, 2012). Numerous scholarly researches on these topics highlighted the benefits for wellness and quality of life, particularly for the elderly and taking into account the role of spiritual aspects (Lima, 2020; Malone & Dadswell 2018). The idea of spirituality is dynamic and impacted by the experiences of each individual, which includes ideas unrelated to religious dogma. Understanding spirituality entails being aware of one's lifelong search for a higher power or God, whether it be in nature or in other people (Büssing, 2010; Chen et al., 2017; Abu et al., 2018). The findings showed that spiritual well-being could be a valuable internal resource for those who are dealing with long-term health issues like diabetes mellitus (Ellison, 1983; Landis, 1996). Ageing is the biggest problem faced by the people in the society. The spiritual needs of older people are at the forefront of societal priorities (Lavretsky, 2010). Because of significant health outcomes connected to spirituality and religious activity, interest in spirituality and ageing has risen recently. The spiritual needs of older people are becoming more important as now they are able to

live longer in modern society. Though there are many challenges in assessing the spirituality but integrating the spiritual experience of a person into medical care can help to obtain more personalized medical care and improve their health outcomes. According to research studies spirituality seems to increase with age (Dalby, 2006; Koenig, 1995; Moberg, 2005; Moberg & Ferraro, 1997). Spirituality is beneficial in the search for meaning and purpose in life as it moderates positive associations with many measures of life satisfaction, psychosocial wellbeing and biophysical and mental health (Moberg, 2006). A feeling of meaning and purpose in life can be found through religion, spirituality, and/or belief, which some individuals use as lenses through which to interpret, comprehend, assess, and react to their experiences in the world (Malone & Dadswell, 2018; Park, 2007).

According to the theoretical perspective of spirituality on ageing by Frankl (1984) spirituality as a desire for meaning is a strong conscious and unconscious force, chance to develop beliefs as part of personal survival strategy (Mackinlay, 2001; Kimble, 2000). Erikson and Erikson (1997) also theorized stages of life and suggested that each level requires the individual to strike a balance between two 'states' with related qualities. The balance to be struck in later life is between integration and despair, and the virtue associated with this is wisdom (Capps, 2008). Carl Jung (1960) was especially interested in the second half of life. He wrote, "one cannot live the afternoon of life according to the program of life's morning: for what was great in the morning will be of little importance in the evening, and what in the morning was true will at evening have become a lie" (Jung, 1970, p399).

Spiritual therapies help to solve mental health issues and problems of caring. As logical information on Spirituality expands more attention must be paid to the need for additional strategies for the establishment of new points and enhancement of universal communities and faith (Lavretsky, 2010; Moberg, 2005). Techniques of research methods help in making spirituality a better tool in overcoming the problems of life. Fear of death among elderly people has changed with the practice of Spirituality. Meditations have brought the experience of peaceful living without fear (Herzog & Moberg, 2004). Yoga not only helps in physical fitness but it also helps in emotional and psychological development. When rehearsed carefully, Yoga fulfills imaginative potential and capacity to discover accomplishment in all aspects of their lives.

According to the seven spiritual laws of yoga, yoga helps in bringing back spirituality and to gain attention due to yoga and it plays an important role towards enlightenment by providing practitioners with a wealth of contemplation systems, mantras, breathing exercises and yoga poses. Thus, yoga helps to make life more joyful, progressively amicable, and disease-free (Chopra, 2006; Chopra, & Simon, 2004). According to Patanjali's sutras, the first big challenge is the emerging of the spiritual man from the coverings and nets of psychic nature as well as the moods and vestures of the mental and emotional man. With the world's populations ageing, there is a greater need to focus on older people's spirituality to better support and guide them towards more inner peace.

### **EMOTIONAL REGULATION**

Emotional regulation is a real worth internal process (Ellison & Fan, 2008). The ability to control emotions in later life is not a new thought in the field of ageing studies. In reality, numerous earlier research show that the age-related growth of the regulation of affective responses follows an upward developmental trajectory (Carstensen et al., 2003), in line with new theories of emotion's life span (Carstensen et al., 1999; Labouvie-Vief, 2003), According to this theory, older persons' attempts to control their emotions revolve around enhancing positive and reducing negative affect. Regulating emotion are tied to maximizing positive and minimizing negative affect according to older adults' perspective (Carstensen & Mikels, 2005; Mather & Knight, 2005). Gross and associates have emphasized on two procedures: cognitive reappraisal (a precursor-centered procedure) and expressive suppression (a reaction-centered technique) (Gross, 2008; Ochsner & Gross, 2008). According to previous studies, reappraisal is increasingly versatile and powerful than suppression on a full of feeling at psychological and social level (Dan-Glauser & Gross, 2015; John & Gross, 2004; Mauss & Gross, 2004). According to current theories, research shows that both anxiety and depressive symptomatology are related to the frequent use of some tactics, such as expressive suppression and rumination, and the less frequent use of others, such as reappraisal and self-disclosure (Gross & Munoz, 1995). The methods by which persons controls their emotions, including arousal, experience, and expression, are known as emotion regulation (Gross, 1998). The capacity to control one's emotions promotes the accomplishment of activities and objectives (Aldao et al.,



2015) or keeping one's wellbeing and mental health (Aldao et al., 2010).

The ability to be aware of and accept one's feelings as well as to act on one's own goals even while one is experiencing negative feelings while reining in impulsive conduct is known as emotion regulation (Gratz & Roemer, 2004). Numerous studies revealed that effective emotion regulation techniques can help people manage stressful life events and protect against negative emotions (Bonanno, 2004), failures to do so have been linked to a wide range of physical and psychological issues, such as depression, anxiety disorders, psychological distress and post-traumatic stress disorder (Guerrini-Usubini et al., 2023; Mennin et al., 2005; Vandekerckhove & Wang, 2018). According to researchers, the dysregulation of negative affect is at the root of mood and anxiety disorders, and it can have major effects on one's mental health and well-being (Hofmann et al., 2009). According to this perspective, research has shown that generalized anxiety disorder issues are related with emotion regulation (Roemer et al., 2009; Salters-Pedneault et al., 2006). Additionally, emotion dysregulation is linked to threat-related attention bias, which implies that those who have trouble controlling their emotions do so when a threat is sensed (Bardeen et al., 2013). Moreover, a considerable amount of literature suggests that emotion dysregulation has an effect not only on individuals' well-being (Westerlund et al., 2020) but also leads to anxiety. Overall, there are a variety of explanations for why the emotion dysregulation may be a significant factor in the development of conspiracy theories. Previous research has focused on informal caregivers such as family members, spouses or adult, children regulating emotion in older people (Ingersoll-Dayton & Raschick, 2004).

The theoretical perspective on emotional regulation for ageing explained that there is decline in emotional function among aged people. According to Carl Jung's view, "old age is a stage in life when people experience emotional similarity and the ageing emotional landscape is described as bleached and desolate" (Scheibe & Carstensen, 2010). Numerous studies have demonstrated the need of strong emotions or emotion regulation in maintaining mental health (Aldao, 2013; Aldao et al., 2014; Aldao et al., 2010; Gross, 2015). The demonstration of yoga encourages positive mental functioning by suggesting its potential as a framework for creating or enhancing feelings (Hagen & Nayar, 2014; Menezes, 2013). Subsequently, emotional regulation can be a speculative system through which yoga and meditation or positive therapies

can have impact on mental well-being and prosperity (Kobylińska, et al., 2018). On the basis of such findings current investigation remained interested to explore the connection of yoga and emotional regulation and also the combination of music and yoga intervention impact on the emotions.

## **PSYCHOLOGICAL DISTRESS**

Psychological Distress refers to unpleasant sentiments or emotions that have an impact on one's ability to operate. In other words, it is psychological distress that disrupts day-to-day living activities and is a subjective experience (Williams et al., 1991). When people get older, their reserve capacity decreases by making them more vulnerable to strain. The older people are at a higher risk than younger people. The World Health Organization has coined the phrase "active ageing" in the late 1990s to describe the goal of extending people's healthy life expectancy and quality of life as they get older (WHO, 2012). When compared to adults, they have a higher risk of suicide (Fiske et al., 2009) and they need special consideration in research, practice and policy. Depression in older people is difficult to comprehend (Necka et al., 2020). There is evidence that older people have more physical symptoms of depression than affective symptoms (Wetherell et al., 2009). "Psychological distress defined as a lack of enthusiasm, sleep problems (trouble falling or staying asleep), feeling downhearted, feeling hopeless about the future, feeling emotional" (Burnette & Mui, 1997; Decker, 1997; Weaver, 1995). Lerutla (2000) defined psychological distress as the emotional state experienced when dealing with upsetting, annoying, or hurtful events. Psychological distress is the unpleasant subjective condition of depression (Mirowsky & Ross, 1989). According to the (WHO —Global Burden of Disease report [GBDR], 2004) during the years 2000- 2002, depression was the biggest cause of disease severity, ranking third globally (Marcus et al., 2012; Mathers, 2008; WHO, 2008). The individuals over the age of 55 years who are depressed have four-fold higher death rate than those who are not depressed (Pilania, et al., 2013; Smith, 2014). In suicide also the depressive illness is well-acknowledged to play the role. According to studies conducted in primary care settings, the elderly people (those with chronic co-morbid conditions) have a greater prevalence of depressive disorders ranging from 10% to 25%. According to a meta- analysis of 74 research involving 487,275 elderly people, the global prevalence rate of depressive disorders ranges from 4.7 to 16 percent. According to this study, India has a higher frequency of geriatric depression

than other countries (Barua et al., 2011; Jacob, 2012; Kritiotis, 2008; Poongothai et al., 2009). The percentage of the elderly population has increased from 5.3 percent in 1971 to 7.5 percent in 2010 as a result of the improved education, health facilities and increased life expectancy. Although the proportion of people aged 60 and above in India is lower than in the developed countries, the absolute number of older adults in India is expected to rise in future.

The societal modernity, family ethical norms and the structure of family support has been destroyed. As a result of increased economic development, people are moving towards cities and keep their parents alone at home. The Parents may find it challenging to acclimate to their new surroundings when moving with their children and the elderly people are not maintaining their identity in their own homes leading to heightened feelings of loneliness. This has a negative impact on the mental health of the elderly people (World Health Organization, 2012) and make the elderly people more vulnerable to mental health issues (Pilania, 2013).

According to the finding of Joubert et al. (2013) elderly people referred to a hospital emergency room with mental health disorders such as depression are usually undiagnosed. Seniors go undetected and continue to be dissatisfied with their quality of life because of a lack of effective screening in a hospital emergency department and an inability to recognize and identify mental disease in the elderly. Seniors frequently may not receive adequate care if they are not guided and encouraged to seek help for mental health difficulties. One of the primary reasons of increasing rates of disability and death among the elderly is psychological disorders. According to the cognitive model, psychological discomfort is caused due to biased negative perception (Barlow & Durand, 1999). This process of physical discomfort occurs in most of the individual who have a very poor perception of themselves, their surroundings, and the worry about their future (Weinrach, 1988). Elderly people believe they are useless, not efficient to do any work, not loved by anyone, and defective. The causes of this excessive emotion and dysfunctional behaviour are caused by incorrect methods of processing their experiences. According to cognitive model, when our perception of events becomes exaggerated beyond the available fact, this leads to psychological distress (Brandes et al., 2010).

Interestingly, in research findings yoga was found to be effective in managing and decreasing anxiety and depression (Kumar & Naudiyal, 2020). Several mechanisms of different yoga practices help in reducing psychological distress as it helps in reduction of cortisol hormone (Raghavendra et al., 2009). They induce tranquility, help in stabilizing the brain, increase energy, and improve mind-body relaxation within minutes of practice (Gurjar et al., 2009; Joshi, 2021; Srivastava et al., 2017; Telles et al., 1995).

### **SUBJECTIVE WELLBEING (SWB)**

The Subjective Well-being studies focused on self-assessments, life fulfillment and emotional reactions to life events (Diener, et al., 1999; Kozma et al., 2000; Lyubomirsky et al., 2005). Life fulfillment and positive instead of negative affect are the key elements of SWB, even though at times, low negative affect (NA) might be viewed as a marker of SWB too (Diener et al., 1999; Ryff, 1989). There are two broad dimensions of well-being such as hedonic and eudaimonic approach (Ryan & Deci, 2001). Happiness, higher positive affect and higher level of life satisfaction are emphasized by hedonic perspective (Diener & Emmons, 1984). Each of these has been found to be quite consistent throughout time (Lucas & Donnellan, 2007; Watson & Walker, 1996). The Meaning in life, deep intimate relationship and mastery over personal difficulties is focused by the eudaimonic approach (Ryff, 1989).

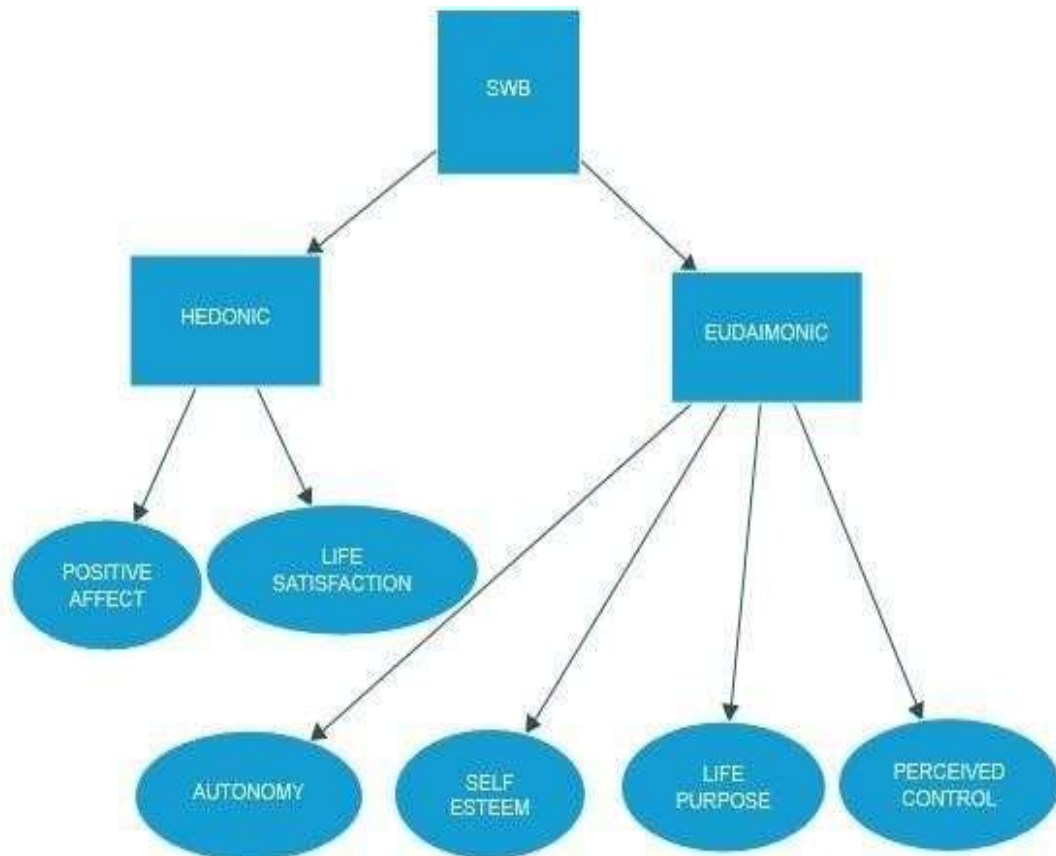
The emphasis in literature is on subjective well-being as defined by the hedonic method. Diener and Suh (1997) defined subjective well-being as "how people perceive their life." In today's society, subjective well-being in later life has gained a lot of interest from academics and politicians in the fields of economics, health and social policy. Broadly speaking, the gerontology literature on well-being in old age stresses the ability of older people to adapt to their circumstances. This adaptive capacity often declines among the very old, i.e. among the "oldest old" or those in the "fourth age" (Baltes & Smith, 2003) and accordingly, empirical evidence also suggests that there is a significant decline in well-being among the oldest old (Gwozdz & Sousa-Poza, 2010).

Moreover, the importance of subjective wellbeing is increasingly recognized in ageing-research, and is closely linked to health and quality of life in elderly populations (Steptoe et al., 2015; Welford et al., 2022). However, there is less

information about how older people perceive their subjective well-being and how these ideas differ among different groups of older adults (Douma et al., 2017). Subjective well-being is regarded to be a function of three variables from this perspective of the individual's internal experience: life satisfaction, the absence of negative mental states and the existence of pleasant mood and emotion (Albuquerque et al., 2013; Beduna et al., 2016). Yoga practice has also been associated with better subjective well-being (Choudhary et al., 2019; Hendriks, 2018; Hendriks et al., 2017; Osth et al., 2019; Rathore & Choudhary 2013; Tulloch et al., 2018).

Fig 1.3

*Components of subjective well-being*



Research on the associations between SWB and physical well-being has significantly expanded in recent years. SWB is emphatically associated with physical well-being uncovering an amazing variety of health benefits identified with positive states and characteristics. It is essential to adopt an omnibus strategy now and again to achieve the expansiveness of these discoveries (Boehm et al., 2012). From the existing literature, it was clear that happy individuals have more and better social connections and connections give prosperity from multiple points of view. SWB is made out of

individuals' assessments of their lives including wonderful effect, infrequent terrible effect and life fulfillment. As per Diener et al. (1999) SWB refers to assessments that individuals make about their lives. Such evaluations are the reflection of positive vs negative influence, which is commonly referred to as joy or life fulfillment (Diener, 2000; Rathore & Choudhary, 2013).

Thus, old age is a matter of concern for mental health and well-being across the societies in the world. In many advance countries the affordable professional counseling and support systems are available to elderly people to manage their mental health issues timely and to live with a quality life. However, in many other developing and underdeveloped countries still there is much to do on the part of professional services to elderly people and to manage for affordable health services for everyone. The advancements in health care industry and education have contributed up to some extent in developing countries, especially in India after independence remarkable increment has been observed towards health concerns, including health mediclaim services, infrastructure, m-health and e-health services, etc. The efforts of governments are to arrange health care for every citizen in rural and urban areas including locations at remote. Also, the review of literature on psychological well-being hints about the benefits of behavioural practices like yoga, meditation, etc. In the next chapter the findings of studies in past have been reviewed to observe the trends among the health-related variables.

## **CHAPTER 2**

### **REVIEW OF LITERATURE**

Music or yoga therapy is being used largely as an intervention and practiced worldwide for different age groups ranging from early adolescent to late adulthood for certain mental issues, for example: hyperactivity, aggression, personality issues, nervousness, stress, emotional wellness issue and so forth. In the current study, the literature review is confined to the work related to the remedial impacts of music and yoga intervention in India and abroad, and the Effect of Flute Music and Yoga Intervention on Spirituality, Emotional Regulation, Psychological Distress and Subjective Wellbeing of Elderly People. This chapter is giving a general survey of the literature on ageing and mental health and a closer look at the studies that probed yoga and music intervention in relation to Spirituality, Emotional Regulation, Psychological Distress and Subjective Wellbeing separately.

#### **Ageing and Mental health**

The age period of elderly people is characterized by change in physical appearance, decline in cognitive function, less interaction with society and lot of mental illness and the emergence of more dependent lifestyles. Compared to adolescents, elderly people show higher stress levels and fewer coping resources. The stressful process of differentiation and identity consolidation can result in significant psychological distress during adulthood. Some studies revealed that one in six individuals will be 60 or older by 2030 in the world. By this point, there will be 1.4 billion people over the age of 60, up from 1 billion in 2020. The number of persons in the globe who are 60 years or older will be double by 2050, i.e. (2.1 billion). Between 2020 and 2050, the number of people of 80 years or older is projected to triple, reaching 426 million globally (World Health Organization [WHO], 2022).

During Ageing, elderly people face lot of mental health issues, such as depression and anxiety. Studies showed a negative association between ageism and the mental health of the elderly people. The study discovered that older adults with high levels of psychological wellbeing has less negatively impacted by ageism. They felt fewer negative emotions and very optimistic about their ageism. They were adaptable in setting goals and more confident about their bodies. The study also found that older adults who reported experiencing less ageism were more positive about ageing and

their future (Kang & Kim, 2022). Further, Fusi et al. (2022) stated that psychological wellbeing (PWB), a multidimensional concept, is an important barrier against chronic diseases. The PWB of older persons might be influenced by a variety of psychological and cognitive factors (Cordella & Poiani, 2021).

For elderly people family is seen as their primary source of protection and support. Elderly care giving was never a problem in India. In the past India had a joint family system that gave elders a dignified place in the family. But the family has undergone significant structural and functional changes as a result of modernity, industrialization, and globalization. As a result of these socio-demographic shifts, older persons are forced to shift from their houses to institutionalized care or old age homes (Doty, 1992; Mcconnel, 1984; Murtaugh et al., 1990; Tiwari et al., 2012; Vijaykumar, 1995). Elderly individuals can find shelter in old age homes constructed by some social organizations. The elderly who are unwell or require special care are properly met in old age homes because all the necessary facilities and amenities have been provided but still elderly people face lot of issues in old age homes (Kapur, 2018). People with good social network reported feeling better emotionally on daily basis and through difficult life events (Cohen & Wills, 1985). Tiwari et al. (2012) examined 45 elderly residents and found that depression was discovered to be the most common mental health issue during ageing.

In sum, the period of elderly is known as a period of storm and stress. The focus of the present study was on elderly people living in old age home and non-institutionalized homes (family). There has been an abundance of literature focusing on ageing and mental health. For elderly people, family is seen as their primary source of protection and support. Elderly people are regarded and treated with great respect by those who are educated, wealthy, and have strong views, values, and conventions. On the other hand, disadvantaged, impoverished, and debilitated people and families who lack the resources, finances, and other means to care for the elderly tend to view them as a burden and place them in old age homes where their needs may be met effectively. Old age homes are places to care for old men and women who lack family support. However, personal and social adjustment issues are what older people in old age homes struggle with. Despondency, loneliness, and economic uncertainty are some of the main problems affecting the elderly. An older person who is admitted to an old age home feels uneasy and the other residents are strangers. Therefore, it



becomes challenging to adjust in the beginning.

### **Yoga and Spirituality**

In meta-analyses investigation of thirty empirical studies with sound quantitative and qualitative methods of research yoga practices were found positively related with various aspects of spirituality. Participants in these studies from the West were found with higher physical motive than spiritual motive for yoga practices (Csala et al., 2021). Research on chair yoga and spirituality by Kertapati (2022) explored elements contributing to older individuals' dissatisfaction in the ageing process accompanied by degenerative conditions. This quasi-experimental study involved an intervention group of 42 respondents by using multistage random sampling. The practice of chair yoga combined with spiritual guidance was found to be an effective preventive measure to improve life satisfaction among older individuals. The study contends that this type of intervention needs to be taken into account as an additional nursing therapeutic technique for geriatric patients in the community. The important feature in practicing yoga is that human beings (self) can acquire the highest level of mind-body coordination. It (yoga) was handed to the human race by ancient Rishis and has significant role in spirituality (Kishan, 2020).

Barnes et al. (2020) have studied stress, yoga, ayurveda and naturopathy among 251 people having age range from 18 to over 65 years. The outcomes demonstrated that the impact of stress was emphatically identified with yoga practice. For overcoming the stress, yoga practices assumed a significant role. This study realized the importance of both yoga and spiritual belief in reducing the effect of stress. Naik and Jabeen (2019) have suggested the yoga as an important aspect of spiritual intelligence. Yoga can decrease hazard factors and help in a patient's mental healing process. Yoga also has positive effect on spiritual intelligence. Yoga contributes not exclusively towards emotional wellbeing, but also towards spiritual development, spiritual practice and spiritual knowledge. Spiritual intelligence can emerge as a result of conscious integration of body, mind and soul. Yoga connects people to spirituality and helps to control mental activities.

Sirswal (2019) explored that yoga helps in treatment of mental health problems and also provides spiritual benefits (sense of transcendence) to almost anybody. Another study conducted by Kumar (2018) indicated that yoga professionals had high spiritual

intelligence and psychological wellbeing as compared with non-yoga practitioners. Safara and Ghasemi (2017) led an investigation to examine the effects of yoga on spiritual knowledge in Tehran flight control group of 40 individuals. The outcomes demonstrated a noteworthy impact of yoga on expanding spiritual knowledge and its segments (individual significance creation, extended condition of consciousness, sensory experiences, basic reasoning). One's subjectivity can effectively enhance specific components of spirituality, compassion and mindset (Bussing et al., 2012a) and spirituality adds the positive effect to the mental health of a person (Verghese, 2008). According to the Bussing et al. (2012b) yoga has a positive effect on body and mind.

In sum, spirituality means introspection, i.e., knowing of oneself. The research has recommended that yoga enhances the spiritual experiences and daily spiritual practices are good for mental health and should not be ignored. Spiritual practices should be incorporated for all age groups of people. People with high ability of spirituality have good mental health whereas, people with low spirituality feel isolated and have little/do not have good wellbeing.

### **Yoga and Emotional Regulation**

Age-related changes in emotional regulation refer to the mechanisms by which people control their emotions. In the discipline of psychology, findings and promoting techniques for regulating emotions have frequently been a concern now-a-days. An early scientific theory revealed that emotional function declined with age. According to this hypothesis advocated by Carl Jung, people experience emotional sameness as they age and the emotional landscape is described as bleached and barren (Ebner & Fischer, 2014). Recent research has highlighted the significance of flexible application of emotion regulating techniques for resilient and healthy adjustment (Bonanno et al., 2004). Several scholars view anxiety disorders as a problem with emotion control (Kring & Bachorowski, 1999). The studies have demonstrated that emotional regulation issues may be directly related to intervention strategies and can be a significant contributor to the symptoms of anxiety. People who endorse anxiety symptoms, for instance, are more likely to report stronger negative emotional impulses (Mennin et al., 2005). The following section of review deals with effect of yoga on emotional regulation.

Sreekumar et al. (2021) explored that yoga had an extensive impact on perceived stress, mindfulness, positive affect and better emotional regulation strategy. Mocanu et al. (2018) led an examination on 36 yoga specialists of differing experience (between 6 months and 11 years of training). The long stretches of yoga practice were altogether connected with good emotional wellbeing. Yoga, on the other hand, may aid in good breathing exercises that also aid in the emotional regulation process depending on the years and frequency of yoga practice. Janjhua et al. (2020) also showed a strong impact of yoga on emotional regulation, self-esteem, and sentiments of adolescent. Patel et al. (2018) demonstrated a critical increment in the scores of cognitive reappraisals, positive effect, self-empathy and alongside a noteworthy decrease in the score of negative effects and expressive suppression after a yoga intervention. Yoga is successful in improving emotional regulation. Emotional regulation is viewed as an essential factor in prosperity. Another study surveyed the connection between perceived wellbeing and regulation of emotions, which are psychological reappraisal and expressive suppression. The results revealed that emotional regulation is important for maintaining wellbeing which is important for living (Menezes et al., 2015) and physical health which in turn helps in satisfaction in life, regulation of emotions and overcoming stress (Kalinauskaite, 2014).

Rathore and Choudhary (2013) conducted a study on emotional intelligence and subjective wellbeing. 60 participants were taken for the study, i.e., 30 females and 30 males. Pre- and post-test design was used and the results of the study showed that yoga helped the participants in maintaining good subjective wellbeing. There was an increase in emotional intelligence after the yoga practice which also helped in increasing the subjective wellbeing. There was gender difference in the regulation of the expressions after yoga.

To conclude, emotional regulation is one's capacity to manage emotions in everyday life and create a surrounding/context that fits with personal needs and values. There was lack of literature on elderly people and attempts were made to gather the data for the effect of yoga on emotional regulation of young people. People with high emotional regulation can lead their life smoothly and less mental health issues whereas, people with low emotional regulation are more prone to psychological distress and leading life properly is difficult for them.

## **Yoga and Psychological Distress**

Psychological distress is defined as suffering of emotions which is characterized by the symptoms of depression and anxiety. A strong negative relationship between psychological distress and wellbeing in the elderly people has been noted in the number of studies (Gold et al., 2009; Golden et al., 2009; Lader, 2007; Payne, 1997; Reifman & Welte 2000; Strawbridge et al., 2002; Stuck et al., 1999; Unutzer et al., 2000; Xavier, 2003). The section below deals with studies for the effect of yoga intervention on psychological distress of elderly people.

According to a nationally representative survey of adult yoga practitioners in the United States those who were experiencing psychological distress were more likely to use yoga as part of their practice. A previous study suggests that practicing yogic breathing and meditation in addition to yoga practices may be beneficial to mental health issues. A comprehensive yoga approach may be a valuable self-management technique for yoga practitioners who are experiencing psychological distress (Schroter & Cramer, 2021). Osth et al. (2019) demonstrated beneficial outcomes of a 12-week yoga program. Two groups, one having aerobic exercises and another control group without any activity were involved. There were total 180 members in the age 65–85 years. The results of the study have shown that yoga increases metabolic rate of the body which in turn improves the wellbeing of the older people both psychologically and emotionally. Tulloch et al. (2018) performed a systematic analysis on different databases and the results of the study showed that yoga was beneficial for the people ranging from normal to old age. Quality of life maximizes the health benefits and mental health proved to be better after Yoga. Yoga therapy as an elective treatment serves to solve difficulties connected to the patient's stress, disability and emotional concerns (Annapoorna, 2017). Gururaja et al., (2011) led an investigation to discover the effects of yoga among young and old subjects in Japan. Experimental group were subjected to 90 min of yoga classes once or twice a week for a month. Over a 4-week time frame, the discoveries have demonstrated that yoga has potential for improving mental wellbeing among old people. Bonura and Tenebaum (2014) led a survey of 98 elderly people aged 65 to 92 years. Participants were randomly assigned to chair yoga, chair exercise and control group and one-month follow-up. The yoga group improved more than both, the chair exercise and control groups. Over a six-week time frame, the results demonstrated that yoga

improved mental wellbeing in elderly people after the session. Yoga treatment seems to improve the QoL of older people living in old-age homes (Hariprasad et al., 2013).

Moreover, research reported yoga as a powerful corresponding way to deal with the psychological problem of all individuals ranging from younger to the older one. It helps in solving numerous issues of mental health from regular worry to uneasiness, sadness and adapting to wellbeing challenges, etc. Bonura (2011) investigated the benefits of yoga programme in life of older people and the importance of yoga as an intervention for living purposeful life at the last phase of life. Yoga benefitted the most aged people in the world. Yoga showed signs of improving physical wellbeing, including balance, physical function, circulatory system, pain, weakness and general wellbeing (Wang, 2009).

According to Harvard Mental Health Letter (2009), Yoga was used as stress reduction technique which involved meditation. However, in medical science yoga has attained less importance. Meditation and breathing exercises help people to relieve mental illness. To summarize, Yoga is a therapeutic method for the patients suffering from stress and anxiety. The evidence is growing that yoga practice helps in maintaining good health with low risk. People who practice yoga are free from psychological distress whereas people with no practice of yoga are more prone to stress, anxiety and depression and have low subjective wellbeing.

### **Yoga and Subjective Wellbeing**

The term "subjective wellbeing" (SWB) refers to person's assessment of their life from their own perspective (Ferring & Boll, 2010). Leading studies reported that SWB involves both emotive and cognitive component, specifically an evaluation of one's life namely, the presence of positive and absence of negative feelings (Diener, 2006). Prominent SWB researchers also agree with this conclusion in later life (Diener & Suh, 1998; Ferring et al., 2004; Ferring & Boll, 2010; Pinquart & Sorensen, 2000; Staudinger, 2000). The following section deals with effect of yoga on subjective wellbeing of elderly people.

Osth et al. (2019) examined the impact of yoga on wellbeing of 180 participants within the age range of 65–85 years. In Pre- and post-session and 12-week follow-up design the findings revealed that practicing yoga enhanced the emotional wellbeing and mental health. Yoga plays a very important role in quality of life and mental

health among the elderly people. Wellbeing was increased among participants due to practice of yoga (Noradechanunt et al., 2017; Tulloch et al., 2018).

De Manincor (2017) investigated the impact of an individualized yoga intervention among 101 individuals in 6-week yoga therapy. In terms of depression reduction, enhanced emotional wellbeing, good positive experiences, decreased negative experiences, flourishing and flexibility substantial differences were found between the yoga group and control group. Bhosale (2016) led an examination and found yoga improving the subjective wellbeing of the adults and reducing the tension. Another research concluded that hatha yoga practice affected psychological wellbeing in sedentary adults (Taspinar et al., 2014). Yoga is successful for all types of population like aged individuals with psychological instability or major illness. This meta investigation shows that yoga intervention can be powerful in reducing unhappiness, reducing negative side effects and advancing prosperity (Knobben, 2013). Yadav et al. (2012) evaluated the efficacy of 10-day yoga-based way of life intervention among 90 patients with constant ailments. According to the findings yoga-based way of life intervention significantly reduced anxiety and increased the emotional wellbeing of patients with chronic illnesses. Jadhav and Havalappanavar (2009) examined the anxiety and subjective wellbeing of fifty participants who were chosen from naturopathy and yogic sciences courses and observed the positive benefits.

To conclude, yoga has the capacity to enhance subjective wellbeing among elderly people. It highlights one's capacity to grow in life and artistically transform it through physical or mental endeavors. People with high SWB can control their environment and can lead their life smoothly. Thus, it is an important construct for elderly people. However some of the particular yoga exercises are to be identified in the research which can be performed easily by the elderly people.

### **Music Therapy and Spirituality**

Spirituality can be an interior state of being that transcends modes of expression and involves belief in the God or higher power (Clair, 1994). Music may prove to be a helpful instrument for identifying the spiritual needs and offering deep spiritual support. Spiritual requirements are the crucial component of receiving high-quality

medical care (Connolly & Moss, 2021). For accessing spiritual needs and providing meaningful spiritual support for people with dementia music may prove a useful tool. Spiritual needs are important aspects of good-quality of health for elderly people (Kirkland et al., 2014). Notarangelo (2021) discussed few problems of incorporating spirituality into music therapy. The prospects of music therapy to achieve the community's health and wellbeing are investigated. Music therapy is a health practice to improve mental and physical health. Clair (1994) argues that a person's spirituality can be within and involves the idea of a divine, God, or higher power that transcends modes of expression.

Matsunobu (2018) analyzed the role of music in spiritual growth and maturation in later life. The research has described that network music practice in which spiritual development is an aggregate goal of melodic interest is based on anthropological research of Japanese music. Music can help people to develop a sense of direction and increase the value of life by instilling the belief that they are still capable of growing. Włodarczyk (2007) examined the music therapy for its impact on spirituality of the patients in hospital. Spirituality was judged by self-report measure. On music days there was statistically significant increment in spiritual wellbeing scores. Spirituality can be considered as the substance of religious beliefs which also includes our belief in ourselves. It is manifested through a person's intelligence, personality and self-conscious.

To conclude, music therapy helps in increasing the spirituality. People can use music as a tool to explore and interpret their sense of self. It may serve as a vehicle for people to express deeply ingrained self-affiliated emotions.

### **Music Therapy and Emotional Regulation**

Music can be used to regulate emotions since it is enjoyable stimulus that can elicit good sentiments. Participating in music in daily life can have a good impact and enhance the wellbeing. One of the main purposes of listening to or creating music is to arouse emotions (Croom, 2012; Grau-Sánchez, 2017; Juslin & Västfjäll, 2008; Koelsch, 2014). Cook et al. (2019) analyzed music types and their functions in emotional regulation. According to the studies, people commonly utilize music to control their moods. Sakka and Juslin (2018) examined emotion regulation with music in depressed and non-depressed individuals. Music was frequently utilized in

everyday life to regulate emotions and it had positive effects on emotional health. The results showed that music helped to increase positive emotions. Using the quasi-experimental design Valizadeh et al. (2021) investigated the role of CBMT (cognitive behavior music therapy) in helping the elderly people to regulate their emotions cognitively. The experimental group (15 people) received six sessions of cognitive-behavioral music therapy and the control group (15 people) received no intervention. CBMT resulted in cognitive modulation of geriatric emotions.

Saarikallio (2011) investigated music for emotional self-regulation throughout the adulthood. The findings revealed two primary patterns and highlighted conceptual elements of music-related emotional self-regulation in adulthood. Seniors' emotional health was positive correlated with music.

To summarize, musical activities can support the maintenance of physical, mental and cognitive capacities. However, in order to create music interventions more research is needed to better understand how musical activities relate to an individual.

### **Music and Psychological Stress**

Elderly people who are experiencing psychological distress, such as anxiety and depression, benefit from music therapy. It is a very efficient and cost-effective intervention for dementia patients who are elderly. It has enhanced the quality of life for elderly dementia sufferers (Blackburn & Bradshaw, 2014; Navarrete-Campos, 2016; Sayied et al., 2019). Castillo-Ramírez (2021) analyzed that music was found to help in reducing the anxiety and depression improving the wellbeing and quality of life. Although no clinical trials have been conducted to directly examine the relationship between effects of music on negative emotions during quarantine. The previous research suggests that exposure to music could be used as an effective intervention to help people cope with their feelings and have good mental health. Music therapy was found to be useful in the treatment of mental illness in the elderly individuals (Yang, 2021). Shankar et al. (2020) investigated the effect of music intervention on hypertension. A randomized controlled assessment was done and the results of the study revealed that music had a positive benefit for people having hypertension. De Witte et al. (2020) examined the benefit of music for stress, i.e., physiological and psychological stress among 9,617 participants. Outcomes of the study showed that music had effect on stress to minimize it. Mathew et al. (2017)



investigated the music treatment given by a music expert in the group setting for three weeks. Costa et al. (2018) explored a study to examine the music intervention. Daily 30 minutes music intervention for three weeks was given to 131 participants. It was found that participants had positive benefit of listening to favorite music.

Moreover, study on use of music treatment revealed the benefits in biophysical and mental issues of the older people in the age range of 60-90 years living in geriatric homes. The findings suggested that music therapy had a significant impact on hypertension, a common symptom of cardiovascular disease among the elderly people (Lakshmi, 2016). Music is related to a reduction in death nervousness and increments in life fulfillment, confidence and a feeling of control. Tuning into strict music may advance mental prosperity in later life (Bradshaw et al., 2015).

Schafer et al. (2013) determined the psychological functions of music listening. Music helps people to control their arousal and mood, improve self-awareness and display social connectedness by allowing them to listen to music. Music had a significant impact on older people's cognitive functioning and mental mood (Hars et al., 2014). Chan (2012) examined 50 older adults for around two months and found that members who listened to music for 30 minutes every week reported decreased levels of depression as compared to the non-music group. According to Castillo-Perez et al. (2010) music therapy reduces the degree of depression in elderly persons and help in maintaining good mental health. One of the most significant health issues affecting the elderly is depression, which also happens to be one of the most common mental health issues as individuals aged (Mueller et. al., 2017; Seligman et al., 2001). Music therapy is very effective therapy and non-pharmacological intervention that is believed to help the clients in overcoming negative feelings and helping in gaining mental calm (Lakshmidewi, 2021). Botek (2020) explained that music helped to relieve sadness and stress in the elderly, as well as enhanced their quality of sleep through calming music, in addition to lowering the pain and sleeplessness among the elderly people.

To sum, music therapy helps in decreasing psychological distress. The people who engaged in music therapy have good mental health as compared to those who does not engage. Music intervention is good for mental health of elderly people. However, more research is required to find out specific types of music helping the elderly people for their psychological wellbeing.

## **Music and Subjective Wellbeing**

Since ancient times, music has also been used to maintain the wellbeing. According to Ramalingam et al. (2022) music therapy has clinical benefits for improving the quality of life. The findings revealed that music therapy has lot of benefits in cognitive, emotional, linguistic, social and educational domains. Grimm and Kreutz (2021) evaluated a systematic review on music therapy to promote wellbeing, improve quality of life and increase the cognitive functioning. The findings have showed that music intervention leads to improve the quality of life and increase the cognitive functions. Lindblad and de Boise (2020) investigated the benefits of music and noted that wellbeing was improved after engagement in music. It is an effective treatment for elderly people to maintain their wellbeing during ageing (Laukka, 2007). Sarkamo (2018) conducted research on music and found that music can engage the auditory, cognitive, motor and affective activities across cortical and subcortical brain regions, and also its ability to do so is substantially retained in ageing and dementia. The music has the potential for the treatment of ageing related brain disorders including stroke and Alzheimer's disease. As the frequency and prevalence of various ailments rises with the age, music-based therapies that are both joyful and effective in the routine treatment of patients, are required. In a nutshell, music therapy helps in maintaining the wellbeing. People using the music in their everyday lives have good wellbeing as compared to the people not using the music.

## **Flute music**

The flute has a long history of being associated with healing from ancient Greece and Rome to modern music therapy settings. Historical evidence shows that flutes of various sorts have occurred throughout a wide spectrum of civilizations, despite the fact that historians are unsure of the flute's actual origins or date of invention (Bate, 1969). But flute is an instrument used for healing. The University of Oxford (2012) explained that the flute is a wind instrument which is the earliest instrument discovered and it has very positive benefits for all age groups. Flute music has some truly remarkable advantages and it is used for meditation. It appears that the flute is a viable instrument for music therapy practice. To maintain and improve cognitive function in the elderly, it is advised that they routinely listen to instrumental and classical Balinese flute music. One non-pharmacological therapeutic option that can

improve the standard of geriatric home care is music (Laksmidewi et al., 2019). Researches on elderly people who used flute as an instrument have discussed that the cognitive function of elderly people was improved due to the listening to flute music (Laksmidewi, et al., 2019). Wiand (2001) examined the impact of sacrosanct/shamanic flute music on injury and conditions of awareness. This study looked on the effects of listening to a specific piece of music played on a Native American flute on people who had been diagnosed with injury-related stress.

To conclude, listening to flute music dramatically improved cognitive performance. There is a scarcity of information regarding effect of flute music on wellbeing of elderly people and even the study reports were inconsistent. Most of the previously conducted studies focused on adolescents and adult samples.

### **Yoga and Music Therapy**

Ajmera et al. (2018) analyzed that music along with yoga has more significant effect on mental health and helps in decrease of anxiety and also improve breathing rate. Priyadarsini (2016) studied the efficacy of Carnatic music therapy and pranayama for managing depression in a pre- and post-test with control group design research. The study found remarkable improvement in the degree of strength after the intervention of Carnatic music treatment of individuals with a mild level of distress.

To summarize, music and yoga are used by humans from ancient time in almost all societies in multiple forms. However, the therapeutic usage of music and yoga are recent in the psychological literature. Researchers have attempted to test these scientifically in experimental settings across the range of psychological complaints among the people of different age. The findings have remained motivating for the use of music and yoga by the therapists. However, the benefits in treatment of combined use of variety of music and different kinds of yoga practices are less validated.

### **Research gap in literature**

WHO Atlas study (2005) reported that elderly people had mental health problems. Researchers have identified that psychological distress affects elderly people a lot because of loneliness, lack of social support, family support, emotional problems and difficulty in coping with ageing. According to the research on the emotional regulation of older adults (Saxena et al., 2006) it is suggested that there is a need of concern to ventilate the emotions of the old age people residing in the old age home.

Researchers attempted to explore the emotional regulation, spirituality, psychological distress and subjective wellbeing among older adults in separate studies, but there was little empirical evidence of any interrelationship between these variables. Furthermore, while music and yoga studies are conducted independently, no study has ever been conducted to test the Spirituality, Emotional Regulation, Psychological Distress and Subjective Wellbeing of elderly people along with music and yoga exercises. Specifically, the effect of flute music along with yoga practices on their (elderly people) wellbeing has almost no evidence in the literature. Due to the increasing psychological distress among the institutionalized aged persons, there is a paramount need to find the suitable intervention strategies so that elderly people get rid of their mental health problems and maintain a good quality of life.

In the literature review it was observed that very few studies have gone ahead to explain the role of flute music and yoga practices for the spirituality, emotional regulation, psychological distress and subjective wellbeing, particularly for elderly people. Further, the fact from review of the earlier studies emerged that in national research the flute music and yoga, as joint intervention, are with no empirical evidence for their psychological health benefits. There are also limitations in terms of sample size, research region and intervention modalities when it comes to the psychological health related research for the people living in institutional setting during their old age. The current research attempted to bridge these gaps. More specifically, flute music and specific yoga exercises jointly as an intervention need attention for the impact on spirituality, emotional regulation, psychological distress and subjective wellbeing of elderly people who are residing away from their homes in institutionalized and non-institutionalized setting. Thus, this research is an attempt to study the impact of flute music and yoga intervention on spirituality, emotional regulation, psychological distress, and subjective wellbeing of elderly people.

### **Significance of the study**

Due to ever decreasing family support, social role, recognition, chances for creative and productive use of leisure time, the elderly people in our society suffer from many mental health issues. Emotional problem is a major epidemic in the society for elderly people. The surveys and studies in different part of the world have shown the elderly men and women experiencing emotional problems in institutionalized settings. If psychological intervention is executed among the elderly people in institutionalized

settings, the quality of life may improve.

There is a limited exploration of spirituality and flute music and yoga intervention among the elderly people. Prayer has been linked to happiness and emotions of overall well-being and it has been found to affect stress and coping (Baldacchin, 2008; Poloma & Pen-dleton, 1989; Wachholtz & Sambamthoori, 2013). Humans are capable of questioning their existence and seeking purpose and meaning in life. According to Bussing et al. (2012) the majority of yoga research focused on its psychological, physiological and therapeutic advantages, but the spiritual aspects of the practice received less attention. The improved mood is the immediate response to yoga (Yoshihara et al., 2011). Yoga practitioners often report that the combination of music and yoga postures followed by breathing exercises creates a deep sense of peace which they never experienced before (Boudette, 2006). The maternal and child health care is in main focus of the health policies in India but limited number of policies are present for the support of good health of elderly people. For geriatric care enhanced government efforts are needed. More than half of the residents of old age homes in earlier studies were above 75 years of age and also widowed (Amonkar et al., 2018; Chandrika et al., 2015; Panday et al., 2015). There is immediate need to address the issue of psychological well-being of the elderly people. The next chapter describes the objectives and hypotheses of the study. The research methodology of the study in following chapter explains the tools, variables and procedure of intervention in detail.

# **CHAPTER 3**

## **RESEARCH METHOD**

### **Statement of the Problem**

Effect of flute music and yoga intervention on spirituality, emotional regulation, psychological distress and subjective wellbeing of elderly people

### **Objectives**

The current study aims to study the effect of flute music and yoga intervention on spirituality, emotional regulation, psychological distress and subjective wellbeing of elderly people. In the backdrop of the above literature review the following objectives were framed:

**Objective1:** To examine the effect of flute music and yoga intervention on:

- 1a.** spirituality of institutionalized and non-institutionalized elderly people.
- 1b.** emotional regulation of institutionalized and non-institutionalized elderly people.
- 1c.** psychological distress of institutionalized and non-institutionalized elderly people.
- 1d.** subjective wellbeing of institutionalized and non-institutionalized elderly people.

**Objective 2.** To examine the mediating effect of spirituality on the relationship between emotional regulation and subjective wellbeing of institutionalized and non-institutionalized elderly people after receiving flute music and yoga intervention in the experimental group.

**Objective 3.** To investigate the differences among the scores of spirituality, emotional regulation, psychological distress, and subjective wellbeing of institutionalized and non-institutionalized male and female elderly people in before and after intervention sessions.

### **Hypotheses**

In the light of existing findings and literature following alternate hypotheses were proposed:

**Hypothesis 1a:** Those institutionalized and non-institutionalized elderly people who have flute music and yoga intervention will report a significant increase in spirituality in post- intervention assessment as compared to those in the control group.

**Hypothesis 1b:** Institutionalized and non-institutionalized elderly people who have flute music and yoga intervention will report significant improvement in emotional regulation in post-intervention scores as compared to those in the control group.

**Hypothesis 1c:** Institutionalized and non-institutionalized elderly people who have flute music and yoga intervention will report significantly low psychological distress as compared to those in the control group.

**Hypothesis 1d:** Institutionalized and non-institutionalized elderly people who have flute music and yoga intervention will have significantly good subjective wellbeing as compared to those in the control group.

**Hypothesis 2:** There exists a significant mediating effect of Spirituality on the relationship between Emotional Regulation and Subjective Well-being of institutionalized and non-institutionalized elderly people after Music and Yoga intervention in the experimental group.

**Hypothesis 3:** There are significant differences among the scores of Spirituality, Emotional Regulation, Psychological Distress and Subjective Wellbeing of institutionalized and non-institutionalized male and female elderly people in before and after intervention sessions.

### **Variables of the Study**

Attempts were made to study the effect of flute music and yoga intervention on the following variables among elderly people in Jammu:

#### **Independent variables**

- Flute Music and Yoga as an intervention

#### **Dependent variables**

- Spirituality
- Emotional regulation
- Psychological distress

- Subjective wellbeing

#### **Demographic dimensions:**

- Gender of elderly people (Male and Female)
- Residence (institutionalized and non-institutionalized)

#### **Assessment procedure**

Elderly people who accepted flute music and yoga as a mode of intervention and willing to participate were included in the study. Informed consent was taken at the beginning of intervention. Majority of the participants were in the age range of 60 to 90 years. Many studies in literature have researched on this age range of the old age participants (Osth et al., 2019). The Old Age home in Jammu district was considered for intervention on ground of permission for data collection and feasibility of holding the experimental sessions. Face-to-face interviews were conducted to collect information on the socio-demographic characteristics. The scales of spirituality, emotional regulation, psychological distress and subjective wellbeing were administered before the intervention and after the 3 months (12 weeks) of the intervention. Finally, feedback was taken from the elderly people in the experimental group.

#### **Variables and Operational definitions**

**Music Therapy:** Music Therapy is research-based intervention which requires professionals to construct a composition with unity and continuity, the science or art of ordering tones in sequence, combination and temporal linkages, etc. It encompasses the use of rhythmic, melodic, harmonic vocal, instrumental or mechanical sounds. It helps in the treatment of both physical and mental illnesses in a wide range of people.

**Yoga Therapy:** Yoga Therapy is the application of yoga principles and techniques to specific participants in order to cure disease and sustain a condition of physical, emotional, mental and spiritual health. It includes a variety of mind-body approach such as postural and breathing techniques as well as deep relaxation and meditation.

**Flute music and Yoga Intervention:** In the current research flute music and yoga intervention is the combination of pranayama, meditation, suksham vayamas and other flexible positions with flute music in background. The combination of music



and yoga has less evidence of its health benefits, especially in day-to-day life of individuals of different age groups.

**Spirituality:** Spirituality refers to a religious re-formation process that "seeks to restore man's original shape". Spirituality is the pursuit of a meaningful connection with something more than oneself which can produce pleasant emotions such as calmness, love, and fulfillment and so on. Spirituality is a wide term for a belief in something greater than oneself. People who have daily spiritual experiences are more likely to focus on religious rituals and prayers which benefit their health.

**Emotional Regulation:** It refers to a person's ability to successfully control and respond to emotional experiences. In daily routine life everyone has to use emotion management strategies to cope with stressful events. This ability alters the intensity and severity of the emotional experience and is carried out in order to regulate future emotional experiences.

**Psychological Distress:** Psychological distress is a state of mental illness having impact on the personal, emotional and physical aspects of the person. It is difficult to manage it being silent killer which further causes problems in the lives of the individuals.

**Subjective Wellbeing:** It refers to a person's holistic health and good subjective wellbeing which enable the person to enjoy a happy and prosperous life. Good subjective wellbeing leads to good mental health.

### **Research Design**

The present research was a quasi-experimental study to investigate the effect of flute music and yoga intervention on spirituality, emotional regulation, psychological distress and subjective well-being of elderly people living in both institutionalized and non-institutionalized homes. Due to vast cultural differences and limited resources and paucity of time, the study covered only the elderly living in Jammu. Purposive sampling technique was used to select the participants residing in institutionalized and non-institutionalized homes.

### **Sample size**

The sample size was calculated based on effect size (0.59) obtained from a previous research study - "effect of a 12-week yoga intervention on fear of falling and

balance in older adults” (Schmid et al., 2010). The size of the sample was calculated using G\*Power software, Version 3.1.9.7, where the level of alpha was  $\alpha=0.05$ , power  $\beta=0.90$  and the recommended sample size was  $[n=60(30+30)]$ .

### **Study Setting**

Institutionalized elderly people were selected from old age home, Amphalla in Jammu district and non-institutionalized elderly were selected from families in village Kotly Rayian, R.S. Pura, Jammu.

### **Study Population**

The participants in the study were older persons aged 60–90 years ( $M=68.86$  years,  $S.D.=8.67$ ) who lived in old age home (institutionalized) in Jammu and in village Kotly Rayian, R.S. Pura (non-institutionalized). The study sample was further distributed between experimental (30) and control (30) subgroups each in institutionalized and non-institutionalized home setting. Both male and female elderly people, i.e., 15 in each group were taken as participants by using purposive sampling technique. To draw a competent sample size, the age range 60 to 90 years was considered. In pilot study it was already tested that the yoga exercises involved in current intervention with flute music were possible to practice competently by the elderly with age of 90 years and below. Further in this study, participants were selected carefully with their consent of participation. By checking the old age home records, self-report of the elderly people and discussion with family members as well as observation of physical appearance it was ensured that none of the participants had any complaints of medical health problems.

Prior to intervention, approval was taken from the concerned authority, i.e., from old age home secretary and Panch of non-institutionalized home. Consent from all the elderly people for their voluntary participation was taken in the beginning of this research. Before the initiation of the 12-week intervention, participants were asked to fill out their responses on scales of spirituality, emotion regulation, psychological distress and subjective wellbeing. From the population in institutionalized and non-institutionalized home setting, those residents who satisfied the inclusion criteria were selected for the study.

**Inclusion Criteria:**

- People living in Old Age Homes and living in the Home without any psychiatric complaint were included in this study.
- Both males and females having age group 60 to 90 years were included.
- The participants who voluntarily participated and provided the consent form were considered in the sample.

**Exclusion Criteria:**

- Those having severe psychiatric, medical and neurological problems like schizophrenia, cancer and dementia were not included.

Fig.3.1

*Graphical representation of the sample distribution and pre-,post- intervention assessment*

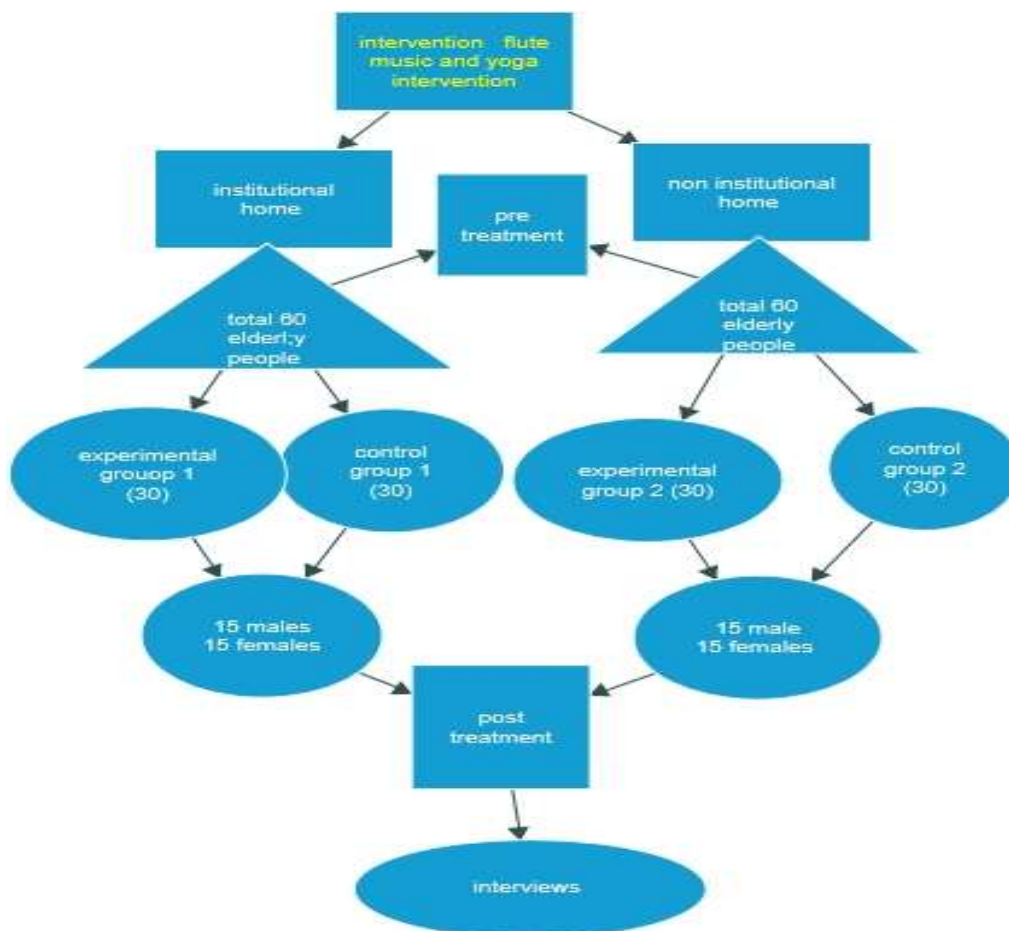
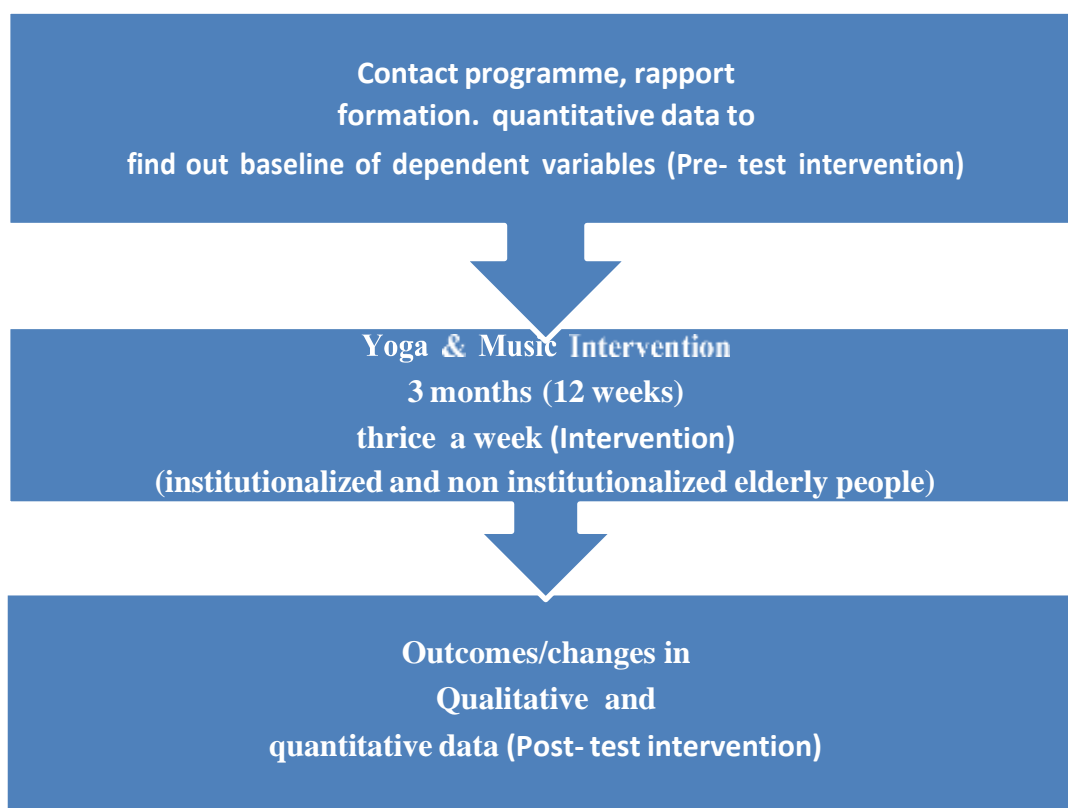


Fig. 3.2

*Procedure followed for pre- and post-intervention*



### **TOOLS USED FOR DATA COLLECTION**

Considering the aims of study and dimensions available in tools the following standardized tools were used:

**Socio-Demographic Sheet:** It includes the information of various socio demographic characteristics of the participants like age, sex, education, marital status, religion, etc. It was self-constructed draft for collecting general information of the participants.

**Daily Spiritual Experience scale** (Vibhuti Gupta & Lynn Underwood, 2012, Hindi version by Hussain et al., 2016): It is 15 items scale in which the items of the questionnaire are responded on a 6-point Likert-type scale: many times a day, every day, most days, some days, once in a while, and never or rarely. There are two dimensions of spirituality: Theistic (1,3,4,5,7,8,9,10,15) and Self Transcendence including items (2,6,11,12,13,14). The DSES is highly reliable (internally consistent) with Cronbach's alpha ranging from .94 and .95. Higher the score higher would be spirituality.

**Emotional Regulation Scale: ERS (Gross and John, 2003).** It is a 10 items scale measuring an individual emotional level. The emotional regulation scale are divided into two dimensions: “cognitive reappraisal” (six items 1, 3, 5, 7, 8, 10) and “expressive suppression” (four items 2, 4, 6, 9). The ERS is applied to all age groups. The consistent reliability of cognitive reappraisal is  $\alpha = .85$  and for expressive suppression it is  $\alpha = .77$ . In addition, the test-retest reliability (n=49; 3-wk. interval) is  $\alpha = .82$  for cognitive reappraisal and  $\alpha = .79$  for expressive suppression. The questionnaire includes 10 statements based on 7-point Likert-type scale including Strongly Disagree to strongly Agree to respond.

**Psychological Distress scale:** Kessler Psychological Distress Scale (K10) is 10 items scale with good internal consistency ( $\alpha = .91$ ) and strong inter- item correlation (ranges from .35 to .66). There are two dimensions of psychological distress, i.e., Depression items (1,4,7,8,9,10) and anxiety items (2,3,5,6). The items are summed to generate a total score ranging from 10 to 50, with higher scores indicating higher levels of psychological distress. Each item is rated on a Likert scale from 1 to 5. Low score indicates low psychological distress, whereas high score indicates high psychological distress.

**Subjective Wellbeing scale (Sell & Nagpal,1992):** The scale has 40 items and 11 different components (“Adequate Mental Mastery, Perceived Ill-health, Deficiency in Social Contacts, General Well-being, Expectation Achievement Congruence, Confidence in Coping, Transcendence, Family Group Support, Social support”). Each statement has three possible responses: very good, quite good, and not good, except 14, 27, and 29 items, which include an additional choice, not applicable. For positive items scoring is 3, 2, and 1 and for negative items scoring is reversed. The test-retest reliability of the SWBI inventory is 0.79 and the validity is 0.86. The items included are “General Wellbeing Positive Effect (1,5,6), Expectation Achievement Congruence (2,3,4), Confidence in Coping (7,8,9), Transcendence (10,11,12), Family (14, 27, 29), Inadequate Mental Mastery (16, 17, 18, 19, 20, 30, 31), Perceived Ill Health, Group Support (21,22,23), Social Support (13,15,28), Primary Group Concern (34,35,36,37,38,39), Deficiency in Social Contexts (32,33,40), General Wellbeing (24, 25, 26).

### **Exposure to Music Therapy**

The music used in this study was an instrumental music of Flute. The flute has primarily been manufactured of wood over the last 150 years. The flute is an old instrument (University of Oxford, 2012). The Flute, according to Bastani Nezhad (2012), is an expansion of the player's spirit and body. Aside from the fact that it was their specialty instrument, the flute has various advantages for flute music therapists (FMTs). It establishes a link between inner selves, emotional states and past experiences (Anderson et al., 2015; Hadar & Amir, 2018; Schenstead, 2009). The flute was an excellent choice for music because of its soothing and cooling effect on the human. Flute music was one of the best music which is recommended by experts due to its soulful tone (Goss & Miller, 2014; Miller & Goss, 2014). Flute Music was soft, soothing, calming and filled with positive energy vibrations for meditation. It relaxes our senses and makes to feel fresh from within. As per the suggestions of expert panel, flute music was used along with yoga as intervention. The recorded flute music was used as background for meditation by using a Bluetooth device and yoga practice went along with it. In the Jammu district region flute music was noted as top choice of the majority of the people for relaxation.

**Exposure Time:** The time duration of flute music was 30 minutes for 12 weeks as background music. It was administered by the investigator using a Bluetooth device along with yoga asanas in the morning 3 days a week for 3 months.

### **Exposure to Yoga Asanas**

Yoga intervention included the breathing exercises (Ajmera et al., 2018) as shown below. The elderly people (n=60) each in institutionalized and non-institutionalized were further distributed into two groups, i.e., the control group and experimental group comprised of 30 elderly people each having 15 males and 15 females. The intervention sessions were conducted for each group for the same period. Yoga asanas along with recorded audio of flute music were performed for 30 minutes in each session for 3 days in a week. Each practice (especially the asanas) was taught using the different modes of teaching as explained below.

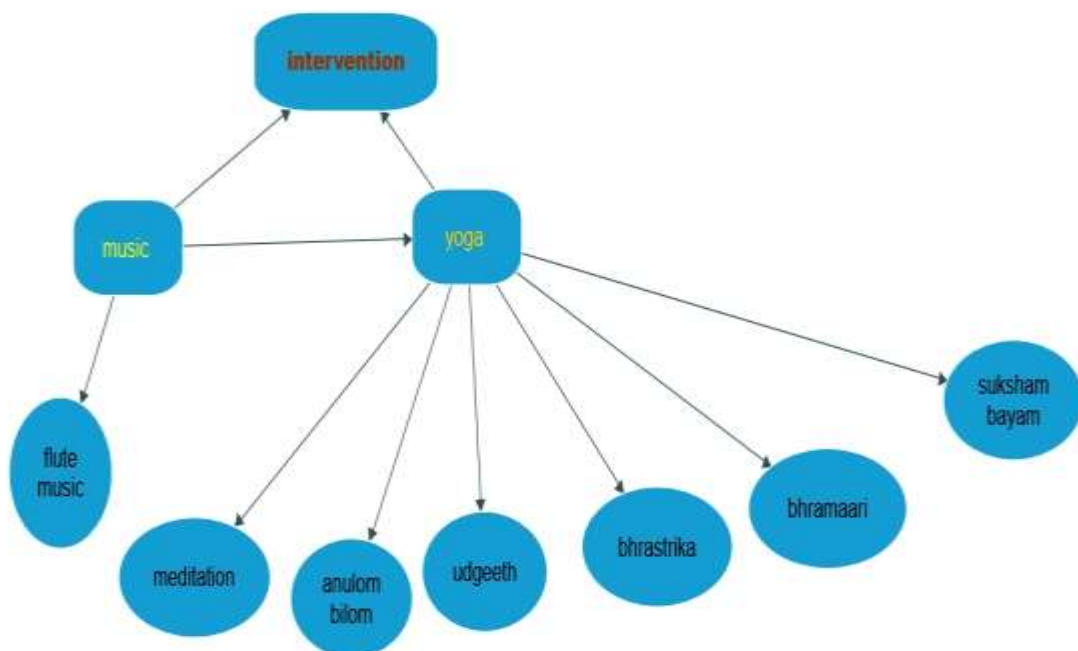
- Pranayama Meditation (Frontal brain cleansing)
- Udgeeth Pranayama (Om chanting breathing)

- Bhrastrika Pranayamas (Deep breathing)
- Nadisuddhi Pranayama (Alternate nostril breathing)
- Bhramari Pranayama (Humming bee breathing)
- Suksham Practices (Hands in and out, Ankle stretch, stretching of hands, feet, neck, clapping, folding of hands, with focus on breath).

The investigator physically taught asanas (physical postures) because there were no physical motions involved in these yoga activities and the verbal instructions were sufficient. Each step has its originality and significance when it comes to effective yoga teaching. Once the practices were clearly understood, the elderly people were taught to perform all the pranayama exercises and Suksham Vayamas. Although some participants found certain pranayamas (breathing exercises) difficult at the beginning of the intervention, but within a week, all started taking more interest and were positive about learning yogic practices. With certain practices, most of the elderly people felt comfortable, i.e., in balancing asanas and breathing practices. The participants in the control group were asked to stick to their normal routines and not start yoga or any other mind-body activity throughout the study period.

Fig. 3.3

*Elements of Yoga with music*



## **Development of Yoga Module**

The development of the Yoga Module was undertaken by considering a list of target symptoms (both physical and psychological) of elderly people, and then yoga practices to remedy them were determined from an extensive literature review of the benefits of yoga practices for elderly people. A yoga module was designed in light of panel members' suggestions, a methodical review of yoga texts and contemporary research (Iyenger, 2005; Saraswati, 2008; Schmid et al., 2010; Tekur et al., 2012) and the previous studies of elderly people with psychological problems. The yoga module contained 5 yoga practices including pranayama, meditation and relaxation practices for 30 minutes along with soothing flute music during experimental sessions.

## **Validation of the Yoga Module**

Validation was done in a scientifically accepted way by the guidance of subject experts in the University. Expert suggestions were included in the Yoga module as part of the following round of revision and then the module of flute music and yoga intervention was finalised. Thus, the validated yoga program consisted of Sukshma vyayama, (relaxation exercises), Pranayama (breathing exercises) and meditation in the form of Nadanusandhana (OM meditation) (Hariprasad, 2013). The list of yoga practices is as given below:

### **List of Yoga Practices**

**Sukshma Vyayamas** practice includes the Stretching of ankle, hands, legs, neck, and clapping with focus on the breath. The body is revitalized and relaxed, and the mind is calmed releases mental tension as the benefits of the practice (Halder et al., 2015; Mamtani & Mamtani, 2005; Saraswati, 2008).

**Meditation** is performed by gently closing the eyes and having focus on slowly and gently inhale and exhale of breath. The practice of meditation reduces stress and anxiety by balancing the prana induces serenity, mental clarity, physical and mental wellbeing (Chan et al., 2019; Monk-Turner, 2003; Wang & Feinstein, 2011).

**Udgeeth** is practiced by folding the legs, closing the eyes and chanting the AUM (OM). Every inhalation in Udgeeth pranayama is accompanied by the chanting of AUM (OM). Depression, sleeplessness, loss of focus, and other brain-related issues can be treated by Udgeeth Pranayama (Telles et al., 2009).



**Bhastrika Pranayama** is practiced by closing the eyes gently and taking a long breath. It is a yogic breath of fire that involves fast inhale and exhale to provide a boost to the body. This is considered excellent for revitalizing both the body and the intellect because it increases the lungs capacity. Pranayama aids in the removal of poisons and pollutants from body. It helps in the treatment of sinusitis, bronchitis and other respiratory problems. It also helps in the balancing of the doshas (Pramanik et al., 2009).

**Anulom Bilom** is performed by inhale via the left nostril, exhale through the right nostril, and inhale through the right nostril again, and vice versa. It purifies all Nadi. This practice cleans nasal tract, increases digestive fire and appetite, lowers the level of stress and anxiety, benefits respiratory disorders, i.e., bronchial asthma, nasal allergy, bronchitis and calms the mind (Telles et al., 2012).

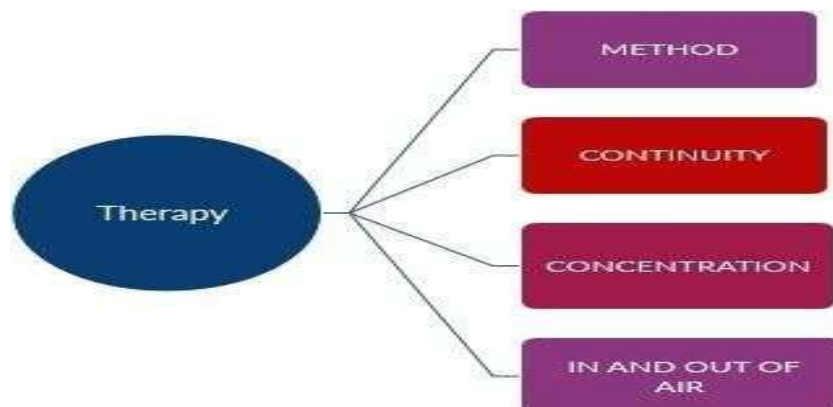
**Bhramari** exercise is done with gently closing both eyes and ears to produce the sound of a bee. It is also called bee breath and through this indescribable blissful experience fills the mind. (Humming bee breathing). It relieves stress, reduces anger, anxiety and increases the body's healing capacity. Furthermore, it strengthens the nervous system of the practitioner (Khan et al., 2018; Sohl et al., 2021).

**Flute music** – In the current research it is the sound of recorded flute music used with the help of bluetooth speakers. It soothes the mind and body and leads to good concentration (Barbeau & Mantie, 2019).

The practice of yoga therapy depends on four things which are graphically presented in the image below:

Fig. 3.4

*Elements of Yoga practice*



**Ethical Clearance:**

Informed written consent was obtained from all the participants after thoroughly explaining the objectives of the study, the risks and the benefits involved. Confidentiality of the participants, personal details and the data were maintained at all stages of the study for all the participants who participate in the study.

**Data Collection**

Data collection involved the administration of the questionnaires as well as a face-to-face interview. Besides using different tools, a 10-minute information schedule was developed for demographic information. A pre-test was conducted to know the levels of spirituality, emotional regulation, psychological distress and subjective wellbeing of all the participants. As an intervention, Flute Music and Yoga Therapy were administered to the experimental group. Post-test was conducted on participants in all the study groups to know the effectiveness of flute music and yoga as an intervention on all the variables undertaken.

**Statistical analyses**

Gathered data was tabulated and analyzed by applying descriptive statistics (Central Tendency measures) and inferential statistics (independent sample t test, ANCOVA, regression PROCESS Mediation Model, t-test). These statistics were computed using Statistical Package for Social Sciences and interview analysis was done with the help of NVivo (trial version) as shown in the next chapter of results and discussion.

## **CHAPTER 4**

### **RESULTS AND DISCUSSION**

As intimated in the previous chapter, data were collected from participants by the investigator immediately before and after the intervention period. The qualitative information was also obtained through a semi-structured interview. Questionnaires were used to collect the information on dependent variables. Participants' responses were written on the answer sheets and there was no time limit for filling the questionnaire. The obtained responses were scored as per the norms of the scales and data were fed into SPSS for analysis.

#### **Results and discussion**

Pre-intervention assessment was conducted on 120 participants of institutionalized and non- institutionalized experimental and control groups. After completion of the 12 weeks intervention participants in experimental and control groups were reassessed on all the variables.

The results and discussions of the current research are presented in the following segment. In the Tables below, the data gathered have been summarized. Each Table contains data that is accompanied by a detailed explanation and analysis. The findings are presented and discussed in the light of the study's goals. For data processing, descriptive statistics such as mean, standard deviation were used as well as inferential statistics such as ANCOVA, regression mediation process analysis and t- test have been executed for data analyses. The results of the study are discussed as follows:

#### **Description of the Participants**

Purposive sampling was done to select subjects as per the criterion. An equal number of males and females were selected, and were randomly assigned to experimental and control groups in both, institutional and non-institutional home settings. 60 males and 60 female elderly people were included in the sample. Among 60 elderly people from old age home, 30 (15 males and 15 females) were assigned to the institutionalized experimental group (IEG), and remaining 30 (15 males and 15 females) were included in the institutionalized control group (ICG). In the non-institutionalized home, another 30 participants (15 males and 15 females) were assigned to non-institutionalized experimental group (NEG), and another 30 (15 males and 15 females) were selected

in the non-institutionalized control group (NCG). All the participants were assessed (baseline) on four psychological measures before starting the intervention. After baseline assessment the experimental groups were given flute music and yoga intervention for 12 weeks (thrice a week). Again after 12 weeks participants were assessed (endline) for spirituality, emotional regulation, psychological distress and subjective wellbeing in both experimental and control groups of institutionalized and non-institutionalized homes. The scores are tabulated with schematic representations and then explored in detail. The first segment discusses the different groups and institutions in the sample.

The pre- and post-intervention statistical inferences are discussed in the second section. This involves interpreting the spirituality, emotional regulation, psychological distress and subjective wellbeing by using independent sample t-tests for pre- and post- intervention assessments. Participants were distributed in the groups as follows:

There were four groups in the study, two from institutional homes (ICG and IEG) and two from non-institutional homes (NICG and NIEG). 120 elderly people (mean age =68.86 years) meeting the inclusion criteria were selected in the study. They were assigned to the experimental and control groups randomly (Table 4.0). They were grouped as institutional experimental group, institutional control group, non-institutional experimental group, and non-institutional control group.

**Table 4**

*Number of groups and institutions in the sample*

<b>Institution</b>	<b>Groups</b>	<b>N</b>	<b>Gender</b>	
<b>Institutional</b>	<b>ICG</b>	30	15 Males	15 Females
	<b>IEG</b>	30	15 Males	15 Females
	<b>NICG</b>	30	15 Males	15 Females
<b>Non-institutional</b>	<b>NIEG</b>	30	15 Males	15 Females

*Note: ICG; institutionalized control group, IEG; institutionalized experimental group; NICG; non-institutionalized control group, NIEG; non-institutionalized experimental group.*

The demographic details of elderly participants in both institutional (n=60) and non-institutional (n=60) home settings of this study are presented in Table 4.1. 26.67% in institutional home and 98.33% in non-institutional home settings are literate elderly whereas 73.33% elderly in institutional home and 1.67 % in non-institutional home are with no formal school education. 50% of elderly people in each home setting are from rural and rest 50% participants are from urban area. So far as marital status is concerned 10% elderly people in institutional home and 96.67% in non-institutional home are married. There are 83.33% people in institutional home and 3.33% in non-institutional home are in the widow category. Only 6.67% of elderly people in institutional home are with single status in this study.

**Table 4.1**

Demographics details of the participant’s elderly people

Group		Education		Residence		Gender		Marital status		
		LEP	IEP	U	R	M	F	MR	W	S
IN (n=60)	N	16	44	30	30	30	30	6	50	4
	%	26.67	73.33	50	50	50	50	10.00	83.33	6.67
NIN (n=60)	N	59	1	30	30	30	30	58	2	0
	%	98.33	1.67	50	50	50	50	96.67	3.33	0

*Note: IN- Institutional, NIN- Non-institutional, LEP- Literate elderly people, IEP- Illiterate elderly people, U- Urban, R- Rural, M- Male, F- Female, MR- married, W- Widow, S- Single.*

### Normality of data

A normality test was used to find the normality of the data by using z score for a medium size sample (samples  $50 < N < 300$ ). Z value range between -3.29 to + 3.29 is said to be approximately normal for normality test (Kim, 2013; Mishra et al., 2019). Thus, data were approximately normally distributed (Table 4.2). The parametric statistics were used for the analysis of data.

**Table 4.2**

*Test of Normality of pre- and post- scores for Spirituality, Emotional Regulation, Psychological Distress and Subjective Wellbeing by using samples 50<N<300: liberal z value -3.29 and +3.29.*

<b>Statistics</b>	<b>Group</b>	<b>SP_ pre</b>	<b>SP_ post</b>	<b>ER_ pre</b>	<b>ER_ post</b>	<b>PD_ pre</b>	<b>PD_ post</b>	<b>SWB_ pre</b>	<b>SWB_ post</b>
Skewness /SEM	Exp.	1.47	-0.19	1.49	-2.99	-0.22	-3.86	-0.54	-0.72
	Control	2.62	2.85	-0.39	-0.70	-0.04	-0.29	-1.10	-0.08
Kurtosis /SEM	Exp.	-0.29	1.70	0.27	0.14	-1.69	1.14	-1.34	0.06
	Control	1.17	2.47	1.96	1.36	-1.26	-1.56	-0.23	-0.58

## **PRE-INTERVENTION ANALYSES**

### **Spirituality**

A standardized scale was used to assess the subjects' spirituality level and the scores were statistically analyzed and presented in the Table 4.3. The analysis for differences between the scores of control and experimental groups in institutionalized and non-institutionalized homes was discovered using the independent samples t test (Table 4.3).

**Table 4.3**

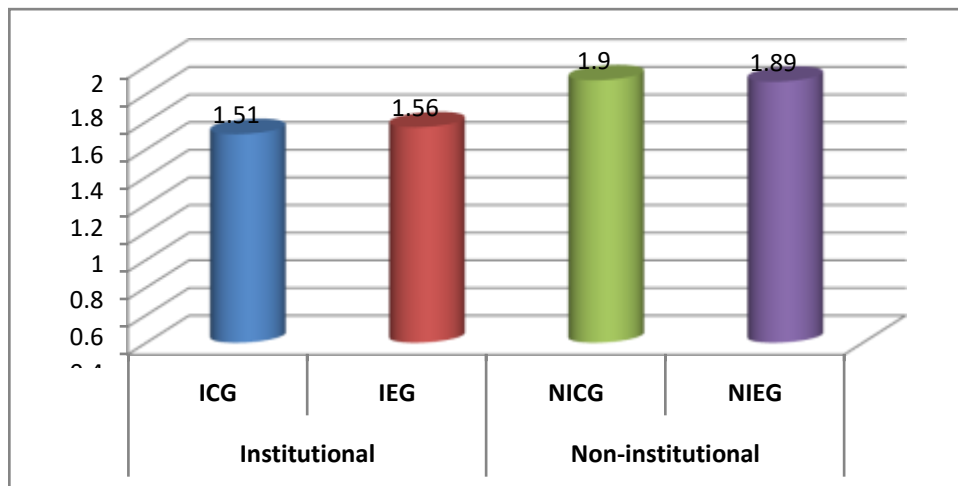
*Pre-intervention Mean, SD, t-statistics for Spirituality of the institutional and non-institutional Control and Experimental groups*

<b>Variable</b>	<b>Group</b>	<b>Mean</b>	<b>SD</b>	<b>t-value</b>	<b>p-value</b>
<b>Spirituality</b>	ICG	1.51	0.28	.64	.53
	IEG	1.56	.31		
	NICG	1.90	0.46	.04	.97
	NIEG	1.89	0.39		

Table 4.3 shows the mean, SD, independent sample t-test along with its p-value for spirituality of participants in experimental and control groups before the intervention. From the Table it is evident that the mean spirituality of the IEG is 1.56 with a SD of .31 which is slightly more than the spirituality of ICG (M=1.51, SD=.28). The t-value comes out to be 0.64 which is not significant (p-value=0.53) in institutionalized setting. The spirituality mean values of NIEG (M=1.89, SD=.39) and NICG (M=1.90, SD=.46) are also non-significant (t=0.40, p-value =.97). Thus, it is interpreted that before the intervention there is no significant difference between the spirituality levels of the experimental and control group in institutionalized and non-institutionalized homes. Fig. 4.1 shows the spirituality mean values of the experimental and control groups graphically.

**Fig. 4.1**

*Pre-intervention Spirituality of Control and Experimental groups in institutionalized & non-institutionalized homes*



**Table 4.4**

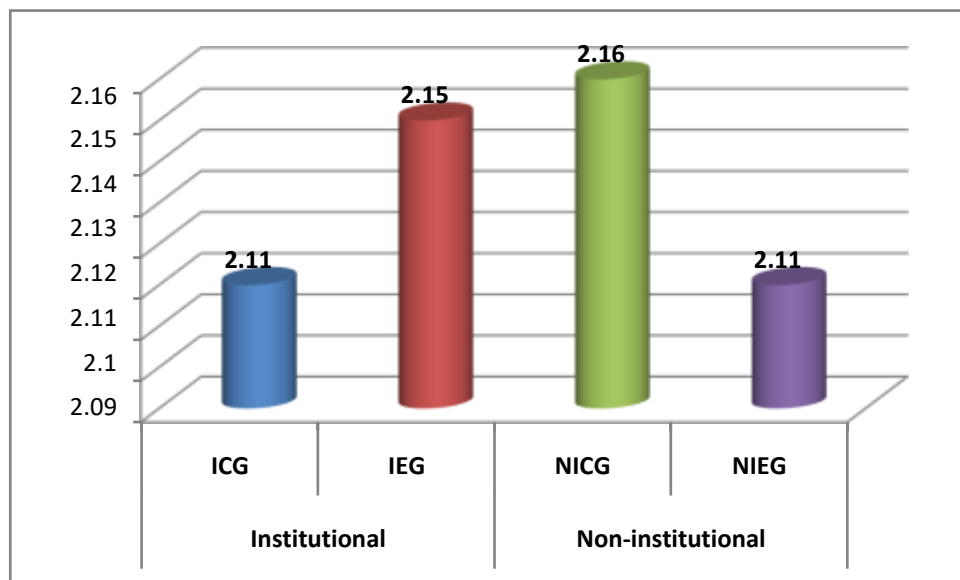
*Pre-intervention Mean, SD, and t statistics for Emotional Regulation of the institutional and non-institutional Control and Experimental groups*

Variable	Group	Mean	SD	t-value	p-value
ER	ICG	2.11	.13	.64	.53
	IEG	2.15	.29		
	NICG	2.16	.25	.86	.39
	NIEG	2.11	.19		

Table 4.4 shows the mean, SD, independent sample t-value, and its significance for ER of the experimental and control groups. The Table reflects that the mean values for ER of IEG (M=2.15, SD=0.29) and ICG (M=2.11, SD=0.13) are not significantly different. Similarly, the mean values of ER for NIEG (M=2.11, SD=.19) and NICG (M=2.16, SD=.25) are not significantly different ( $t=0.86$ ,  $p$  value=.39). Thus, before therapy, the experimental and control groups were almost similar on the dimension of ER as shown in Fig .4.2.

**Fig 4.2**

*Pre-intervention Emotional Regulation of Control and Experimental groups in institutionalized & non-institutionalized homes*



**Table 4.5**

*Pre-intervention Mean, SD, and t statistics for Psychological Distress of the institutional and non-institutional Control and Experimental groups*

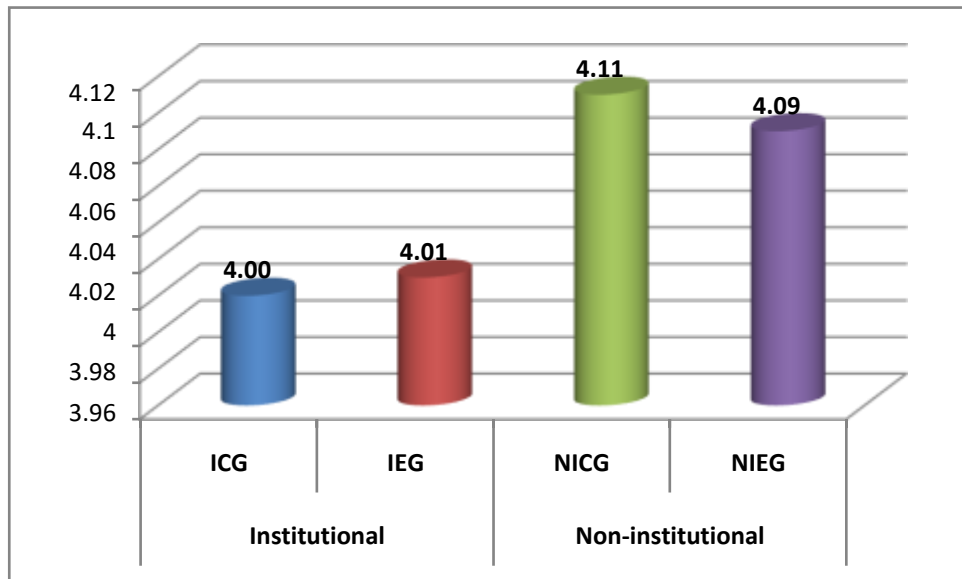
Variable	Group	Mean	SD	t-value	p-value
<b>PD</b>	ICG	4.00	.28	.09	.93
	IEG	4.01	.27		
	NICG	4.11	.24	.25	.80
	NIEG	4.09	.27		



Table 4.5 shows the mean, SD, independent sample t-value for PD of the experimental and control groups. The Table reflects that the mean for PD of IEG is 4.01 with SD =.27 and ICG mean is 4.00 and SD is .28 with t value .09 (p=.93) which shows that p-value is more than .05 and the differences are insignificant. The mean value of NIEG is 4.09 with SD =.27 and in NICG the mean is 4.11 with SD =.24 and the t value is 0.25 with p-value =.80 indicating no significant differences between the groups. The psychological distress of all the groups is as shown in Fig.4.3.

**Fig 4.3**

*Pre-intervention Psychological Distress of Experimental and Control groups in institutionalized & non-institutionalized homes*



**Table 4.6**

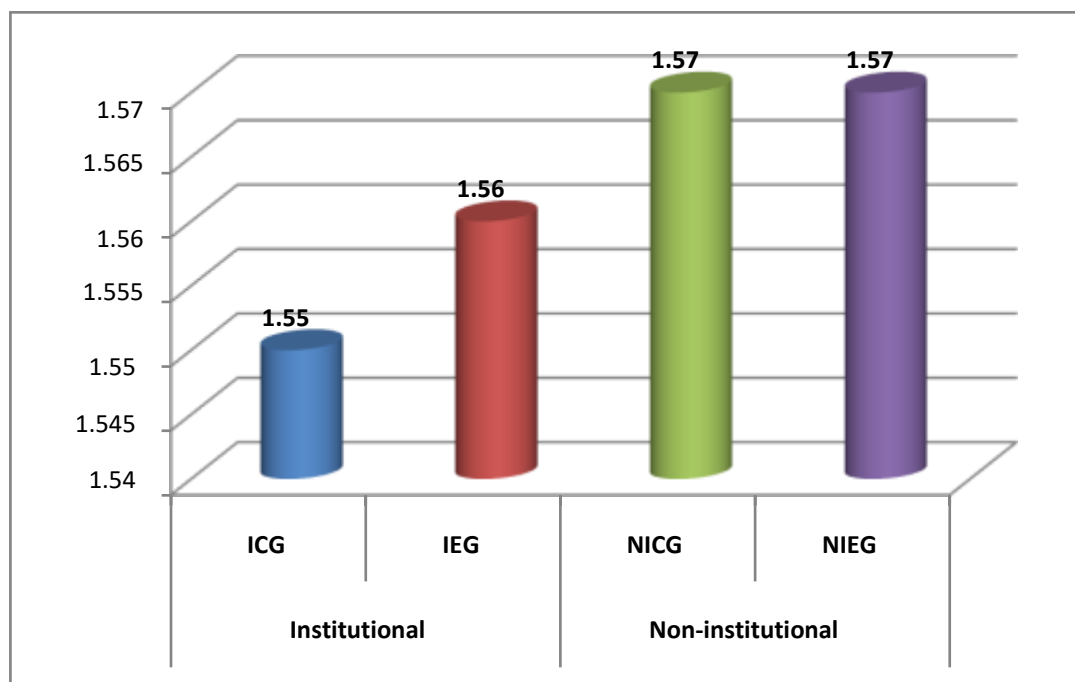
*Pre-intervention Mean, SD, t statistics for Subjective wellbeing of the institutional and non-institutional Control and Experimental groups*

Variable	Group	Mean	SD	t-value	p-value
SWB	ICG	1.55	.04	1.28	.21
	IEG	1.56	.36		
	NICG	1.57	.03	.11	.91
	NIEG	1.57	.04		

Table 4.6 shows the mean, SD, independent sample t-value and its significance for SWB of the experimental and control groups of institutionalized and non-institutionalized elderly people. The Table reflects that the mean for SWB of IEG is 1.56 with SD=.36 and ICG the mean value is 1.55 and SD is .04 with t value 1.28 p=.21 confirming that there is no significant difference between the SWB scores of the experimental and control group in institutionalized homes. The SWB mean of NIEG is 1.57 with SD =.04 and SWB mean for NICG is also 1.57 with SD of .03. Independent sample t-value (t=0.11, p=.91) reveals that the difference is not significant for SWB in experimental and control groups before the intervention. Findings are demonstrated in Figure 4.4 as below.

**Fig. 4.4**

*Pre-intervention Subjective wellbeing of Experimental and Control groups in institutionalized & non- institutionalized homes*



## POST-INTERVENTION ANALYSES

After giving flute music and yoga intervention for 12 weeks to the participants in experimental groups the subjects were again asked to respond on SP, ER, PD and SWB scales. The participants in control groups also completed the responses. The scores were tabulated for analyses and the results are as given below.

**Table 4.7**

*Post-intervention Mean, SD and t statistics for Spirituality of the institutional and non-institutional Control and Experimental groups*

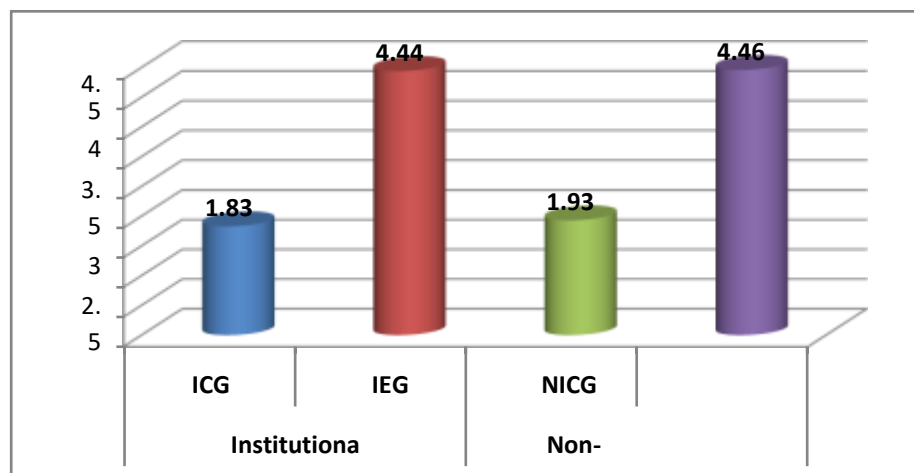
Variable	Group	Mean	SD	t-value	p-value
SP	ICG	1.83	.19	30.99	.00**
	IEG	4.44	.42		
	NICG	1.93	.37	34.81	.00**
	NIEG	4.46	.14		

\*\*p<.01

The mean scores on SP for the second stage, i.e., after the intervention are depicted in Table 4.7 along with t statistics for the differences between experimental and control groups. As evident from the Table that after the intervention there is a difference in the mean score of SP between the IEG (M=4.44, SD=0.42) and ICG (M=1.83, SD=0.19) groups, (t=30.99, p<.01). The t-value comes out to be 34.81 with p=.00 for NIEG and NICG groups which implies that there is significant difference between the experimental and control group after flute music and yoga intervention in non-institutionalized participants. Thus, it was clear that after the intervention of flute music with yoga exercises there was statistically significant difference among experimental and control groups on SP in institutionalized and non-institutionalized homes. Results are exhibited in Fig. 4.5.

**Fig 4.5**

*Post-intervention Spirituality of the Control and Experimental groups in institutionalized & non- institutionalized homes*



**Table 4.8**

*Post-intervention Mean, SD and t statistics for Emotional Regulation of the institutional and non-institutional Control and Experimental groups*

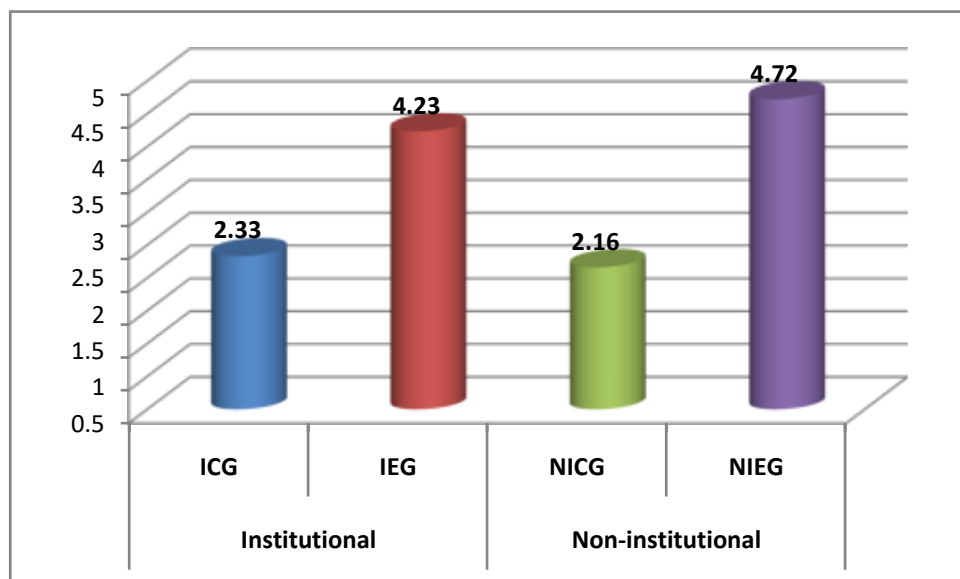
Variable	Group	Mean	SD	t-value	p-value
<b>ER</b>	ICG	2.33	.18	22.69	.00**
	IEG	4.23	.42		
	NICG	2.16	.19	54.17	.00**
	NIEG	4.72	.17		

\*\*p<.01

The mean scores on ER for all the four groups in institutionalized and non-institutionalized homes are tabulated in Table 4.8. As evident from the Table there is significant difference in the mean score of ER after intervention. IEG (M=4.23, SD=0.42) showed better emotional regulation than ICG (M=2.33, SD=0.18) and the differences are significant (t=22.69, P<.01). The t- value for NIEG (M=4.72, SD=0.17) and NICG (M=2.16, SD=0.19) was also significant (t=54.17, p<.01). Thus, the results revealed significant differences between the experimental and control groups in institutionalized and non-institutionalized participants after the completion of the intervention as the mean scores are demonstrated in Fig. 4.6.

**Fig. 4.6**

*Post-intervention Emotional regulation of the Control and Experimental groups in institutionalized & non- institutionalized homes*



**Table 4.9**

*Post-intervention Mean, SD and t statistics for psychological distress of the institutional and non-institutional Control and Experimental groups*

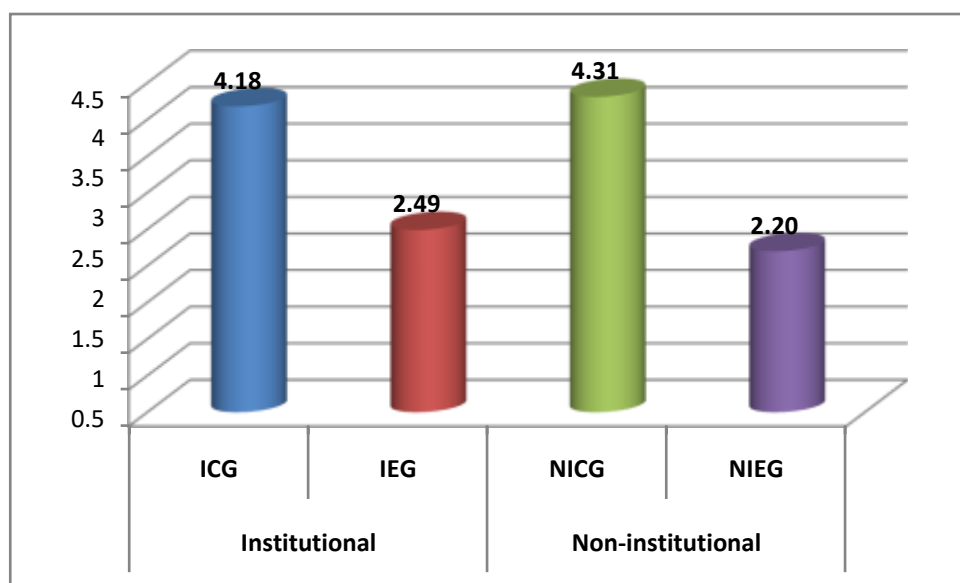
Variable	Group	Mean	SD	t-value	p-value
PD	ICG	4.18	.22	39.28	.00**
	IEG	2.49	.09		
	NICG	4.31	.16	33.45	.00**
	NIEG	2.20	.31		

\*\*p<.01

Table 4.9 shows change in mean scores of psychological distress for experimental and control groups in institutionalized and non-institutionalized settings. As evident from the Table, there is significant difference between the mean scores of PD of IEG (M= 2.49, SD=.09) and ICG (M= 4.18, SD=.22) with t value 39.28 significant at .01 level. The mean PD difference for NIEG (M=2.20, SD =.31) and NICG (M=4.31, SD =.16) with t value 33.45 at .01 level of significance was also observed statistically significant. The significant results state about the impact of intervention that experimental groups have done better than control group by reducing the Psychological Distress. The obtained mean scores are exhibited in the Fig. 4.7.

**Fig. 4.7**

*Post-intervention Psychological Distress of the Control and Experimental groups in institutionalized & non- institutionalized homes*



**Table 4.10**

*Post-intervention Mean, SD and t statistics for Subjective wellbeing of the institutional and non-institutional Control and Experimental groups*

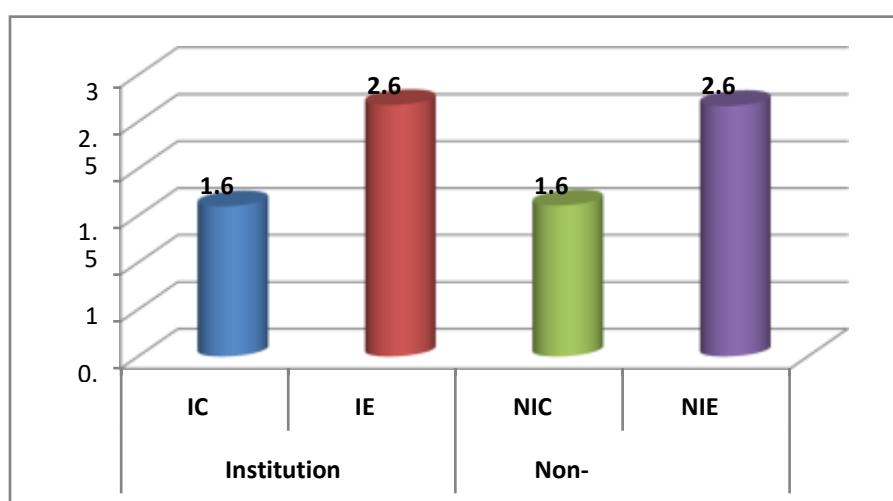
Variable	Group	Mean	SD	t-value	p-value
SWB	ICG	1.60	.11	48.34	.00**
	IEG	2.68	.06		
	NICG	1.61	.09	52.45	.00**
	NIEG	2.67	.07		

\*\*p<.01

Table 4.10 shows the SWB mean, SD, t value for both the experimental and control groups of institutionalized and non-institutionalized homes. As evident from the Table, there is a difference between the mean score of SWB of IEG (M= 2.68, SD=.06) and ICG (M= 1.60, SD=.11) with t value 48.34 significant at .00 level. On the other hand, the mean difference of NIEG (M= 2.67 SD = .07) and NICG (M= 1.61 SD = .09) was also significant with t value =52.45. According to this result, after flute music with yoga intervention, there is a substantial change in SWB between the experimental and control groups as shown in the Figure 4.8.

**Fig. 4.8**

*Post-intervention Subjective Wellbeing of the Control and Experimental groups in institutionalized & non- institutionalized homes*



**Table: 4.11**

*Pre- and Post-intervention Mean, SD, and paired sample t statistics of four psychological constructs of participants in the Experimental group*

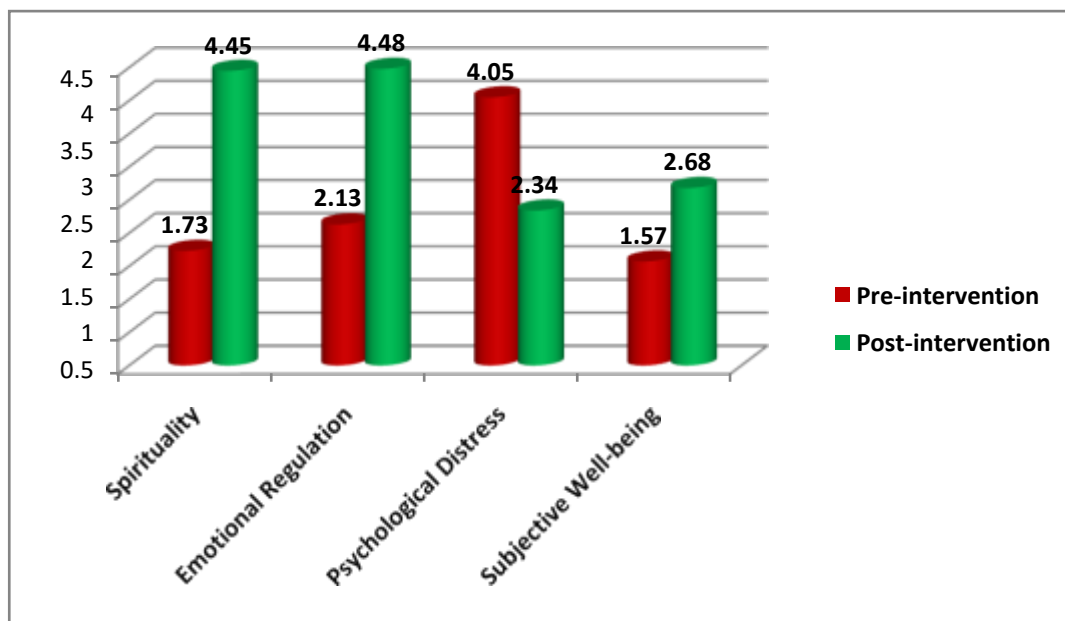
Variable	N	PRE		POST		t value	P value
		M	SD	M	SD		
<b>SP</b>	60	1.73	.39	4.45	.31	41.98	.000**
<b>ER</b>	60	2.13	.27	4.48	.40	39.36	.000**
<b>PD</b>	60	4.05	.27	2.34	.27	34.27	.000**
<b>SWB</b>	60	1.57	.04	2.68	.07	116.05	.000**

\*\*p<.01

Table 4.11 exhibits the mean differences of pre- and post-test with respect to SP, ER, PD, and SWB of elderly people in experimental groups. From the Table, it can be seen that the t-value 41.98 with p-value =.00 for SP is significant at  $p < 0.01$ . This implies that the practice of yoga with flute music brought significant change in the SP scores of the post intervention assessment. The elderly people reported an increase in ER in the post intervention session supported by  $t=39.36$ ,  $p<0.01$ . Thus, participants reported improved ER in both institutionalized and non-institutionalized homes in experimental groups. The participants also reported a significant decrement in the scores of PD ( $t=34.27$ , at  $p<0.01$ ). Further, the participants reported better SWB after the flute music and yoga intervention in the post-test assessment as compared to pre-intervention with t value=116.05. Thus, it was interpreted from the paired-sample t-test for experimental group performance in four psychological constructs that flute music and yoga intervention was effective for the elderly people who underwent this intervention. Results demonstrated in Figure 4.9.

**Fig. 4.9**

*Pre- and post-intervention assessment of Spirituality, Emotional Regulation, Psychological Distress, Subjective Wellbeing of the Experimental group's participants*



**Objective 1a:** To examine the effect of flute music and yoga intervention on spirituality of institutionalized and non-institutionalized elderly people.

**H<sub>A1a</sub>:** Those institutionalized and non-institutionalized elderly people who have flute music and yoga intervention will report a significant increase in spirituality in post-intervention assessment as compared to those in the control group.

#### ANALYSIS OF COVARIANCE (ANCOVA)

**Table 4.12**

*Mean, SD and Change in Mean Value Adjusted (Covariate) for Spirituality of the institutional and non-institutional Control and Experimental groups*

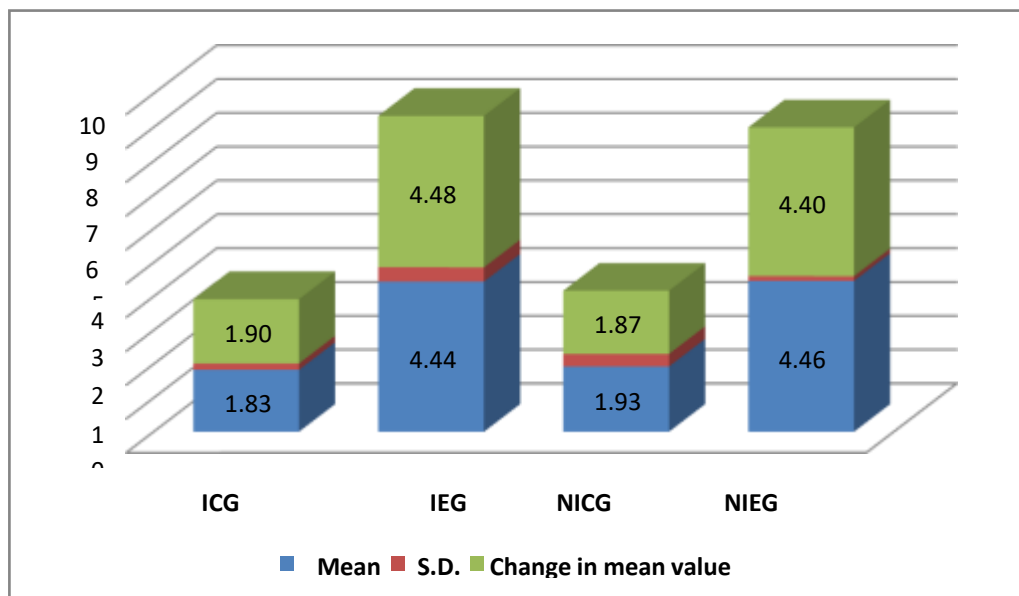
GROUP	N	M	SD	Adjustment in mean value
ICG	30	1.83	.19	1.90
IEG	30	4.44	.42	4.48
NICG	30	1.93	.37	1.87
NIEG	30	4.46	.14	4.40



The comparison of the mean scores of ICG, IEG, NICG and NIEG is shown in the Table 4.12. Results clearly show that there is a considerable difference between the mean scores of the spirituality in post-test assessment of IEG (M=4.44, SD=.42), NIEG (M=4.46, SD=.14), ICG (M=1.83, SD=.19) and NICG (M=1.93, SD=.37) elderly participants. The patterns of differences are shown graphically in Figure 4.10. The estimated marginal means are used to determine the adjusted means for the experimental groups which means that the SP score has increased.

**Fig. 4.10.**

*Spirituality adjustment in mean scores for control and experimental groups institutionalized and non-institutionalized homes*



**Table 4.13**

*Analysis of covariance for Spirituality (test of between subjects effects)*

Dependent Variable: SP post test score						
Source	SS SUM Squares	df	Mean Square	F	Sig.	Partial Eta Squared
SP_pre	1.60	1	1.60	20.13	.000**	.149
Group	196.277	3	65.43	824.96	.000**	.956
Error	17.420	115	.151			

R Squared = .956 (Adjusted R Squared = .955)

\*\*p<.01

A one-way analysis of covariance (ANCOVA) was run to examine whether post-intervention spirituality scores differed between the experimental and control groups while controlling the pre-intervention spirituality scores. The results are exhibited in Table 4.13.

After controlling the pre-intervention spirituality scores there was significant main effect of group  $F(3, 115) = 824.96, p < .01$  on post-intervention spirituality scores of the elderly people. It is also indicated by the eta squared value  $\eta^2 p = .956$  that the main effect of group accounted for 95.6% of the variance in total was observed. The estimated marginal means were different for control groups (ICG=1.90, SE=.05; NICG=1.87, SE=.05) and experimental groups (IEG=4.48, SE=.05; NIEG=4.40, SE=.05) in institutionalized and non-institutionalized homes.

Thus, the music and yoga intervention elicited statistically significant changes in SP in experimental groups. Therefore, the proposed alternative hypothesis ( $H_{A1a}$ ) that those institutionalized and non-institutionalized elderly people who have flute music and yoga intervention will report a significant increase in spirituality in post-intervention assessment as compared to those in the control group is accepted. The results are significant at the 0.01 level.

**Table 4.14**

*Post hoc test for groups on Spirituality*

Dependent Variable: SP_post						
(I) GROUP	(J) GROUP	Mean Difference(I-J)	Std. Error	Sig.	95% Confidence Interval for Difference <sup>d</sup>	
					Lower Bound	Upper Bound
	NICG	0.03	0.08	0.71	-0.13	0.18
ICG	IEG	-2.59*	0.07	0.00**	-2.73	-2.44
	NIEG	-2.50*	0.08	0.00**	-2.65	-2.35
IEG	ICG	-0.03	0.08	0.71	-0.18	0.13
	NICG	-2.61*	0.08	0.00**	-2.77	-2.46
NIEG	ICG	-2.53*	0.07	0.00**	-2.67	-2.39
	IEG	2.59*	0.07	0.00**	2.44	2.73
NICG	IEG	2.61*	0.08	0.00**	2.46	2.77

	NICG	0.08	0.08	0.27	-0.07	0.24
	ICG	2.50*	0.08	0.00**	2.35	2.65
<b>NIEG</b>	NICG	2.53*	0.07	0.00**	2.39	2.67
	IEG	-0.08	0.08	0.27	-0.24	0.07

---

\*\*p<.01    \*p<.05

Table 4.14 shows the results of Post hoc tests for the comparisons between all the groups which state that there was a significant difference between majority of the groups which have the  $p = <0.01$ .

## DISCUSSION ON RESULTS

Findings showed a significant difference in pre- and post-intervention spirituality scores of elderly people in institutionalized and non-institutionalized homes. This result is similar to the research carried by Kishan (2020) who examined the effects of yoga and spirituality on mental health. The obtained result is also similar to the research carried by Kertapati et al. (2018) demonstrating that chair yoga combined with spiritual intervention is an effective preventative therapy for functional deterioration in elderly individuals. Bussing et al. (2012a) study implies that regular yoga practice can improve spirituality, mindfulness, and mood of people. The present findings are also in confirmation with the findings of Alvarenga et al. (2018) and Wlodarczyk (2007) who revealed the improved level of spirituality after the yoga intervention.

**Objective 1b: To examine the effect of flute music and yoga intervention on Emotional Regulation of institutionalized and non-institutionalized elderly people.**

H<sub>A</sub>1b: Those institutionalized and non-institutionalized elderly people who have flute music and yoga intervention will report significant improvement in emotional regulation in post-intervention assessment as compared to those in the control group.

**Table 4.15**

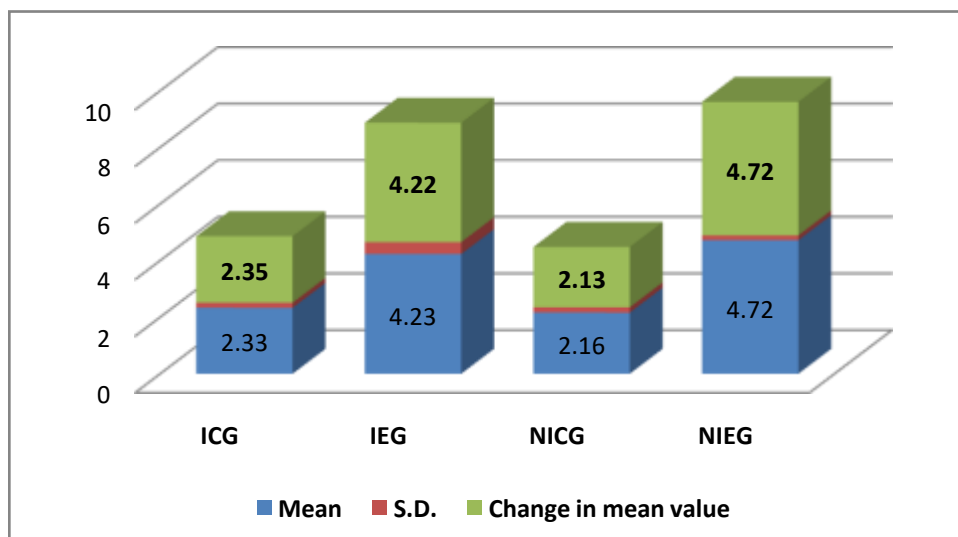
*Mean, SD and Change in Mean Value Adjusted (Covariate) for Emotional Regulation of elderly people in institutional and non-institutional Control and Experimental groups*

<b>Group</b>	<b>N</b>	<b>M</b>	<b>S.D.</b>	<b>Change in mean value (M)</b>
<b>ICG</b>	30	2.33	.18	2.35
<b>IEG</b>	30	4.23	.42	4.22
<b>NICG</b>	30	2.16	.19	2.13
<b>NIEG</b>	30	4.72	.17	4.72

Table 4.15 showed the comparison of the ER mean scores of ICG, IEG, NICG and NIEG participants while controlling the pre-intervention emotional regulation scores in ANCOVA analysis. Findings yielded that the experimental group has a higher ER level (M=4.23, SD=.42) than the control group (M=2.33, SD=.18) in institutionalized home. Results also depict from the mean analysis that NICG participants have scored lower on ER (M=2.16, SD=.19) than NIEG (M=4.72, SD=.17) participants. Findings mean thereby that the experimental group participants have an increased level of emotional regulation than the control group in post-intervention assessment. Mean scores on the ER of institutionalized and non-institutionalized elderly people are shown in Figure 4.11.

**Fig. 4.11**

*Emotional Regulation adjustment in mean for the Experimental and Control groups of institutionalized and non-institutionalized*



**Table 4.16***Analysis of covariance for Emotional Regulation (between subject's effects)*

<b>Dependent Variable: ER post test score</b>						
<b>Source</b>	<b>Type III Sum of Squares</b>	<b>df</b>	<b>Mean Square</b>	<b>F</b>	<b>Sig.</b>	<b>Partial Eta Squared</b>
<b>ER_pr</b>	1.43	1	1.43	28.14	.000**	.201
<b>Group</b>	4.81	3	1.60	31.48	.000**	.457
<b>Error</b>	12.61	115	.11			

a. R Squared = .965 (Adjusted R Squared = .962)

\*\*p&lt;.01 \*p&lt;.05

Table 4.16 depicted a significant difference among the groups in the post-test score of ER as determined by ANCOVA,  $F(3,115) = 31.48$ ,  $p < .01$ ) whilst adjusting for pre-intervention ER scores. As indicated by the partial eta squared value  $\eta^2 p = .457$  that the groups explained for 45.7% of the variance in post-intervention ER scores. So, there was a statistically significant difference between the mean score of ER before and after therapy between control and experimental groups. Therefore, the proposed alternative hypothesis ( $H_{A1b}$ ) that those institutionalized and non-institutionalized elderly people who have flute music and yoga intervention will report a significant increase in ER in post-intervention assessment as compared to those in the control group is accepted.

**Table 4.17***Post hoc test for groups on Emotional Regulation*

<b>Dependent Variable: ER post test score</b>						
<b>(I) GROUP</b>	<b>(J) GROUP</b>	<b>Mean Difference(I-J)</b>	<b>Std. Error</b>	<b>Sig.<sup>d</sup></b>	<b>95% Confidence Interval for Difference<sup>d</sup></b>	
					<b>Lower Bound</b>	<b>Upper Bound</b>
<b>ICG</b>	NICG	0.19*	0.06	0.00**	0.06	0.31
	IEG	-1.89*	0.06	0.00**	-2.01	-1.76

	NICG	-2.39*	0.06	0.00**	-2.52	-2.27
	ICG	-0.19*	0.06	0.00**	-0.31	-0.06
<b>NICG</b>	IEG	-2.07*	0.06	0.00**	-2.20	-1.95
	NIEG	-2.58*	0.06	0.00**	-2.70	-2.45
	ICG	1.89*	0.06	0.00**	1.76	2.01
<b>IEG</b>	NICG	2.07*	0.06	0.00**	1.95	2.20
	NIEG	-0.50*	0.06	0.00**	-0.63	-0.38
	ICG	2.39*	0.06	0.00**	2.27	2.52
<b>NIEG</b>	NICG	2.58*	0.06	0.00**	2.45	2.70
	IEG	0.50*	0.06	0.00**	0.38	0.63

\*\*p<.01 \*p<.05

Table 4.17 shows the results of Post hoc tests that there were significant differences between the subgroups of the elderly people both in institutionalized and non-institutionalized homes.

## DISCUSSION ON RESULTS

Results revealed that the experimental groups of both institutionalized and non-institutionalized have scored higher than control groups of institutionalized and non-institutionalized elderly people on ER. Findings meaning thereby that elderly people who have flute music and yoga intervention have good emotional regulation than elderly people who have not received the intervention in control groups. Other research, such as Groarke and Hogan (2019) have found comparable results explaining that the music listening groups demonstrated a greater reduction in negative affect. Janjhua et al. (2020) revealed that yoga significantly influenced emotional regulation. Menezes, et al. (2015) reviewed and found that the emotion regulation potential of yoga is beneficial for older adults. The present findings are also in line with the above studies and yoga exercises with flute music were beneficial in emotional regulations among elderly people.

**Objective 1c: To examine the effect of flute music and yoga intervention on Psychological Distress of institutionalized and non-institutionalized elderly people**

H<sub>A1c</sub>: Those institutionalized and non-institutionalized elderly people who have flute music and yoga intervention will report significantly low psychological distress as compared to those in control group.

**Table 4.18**

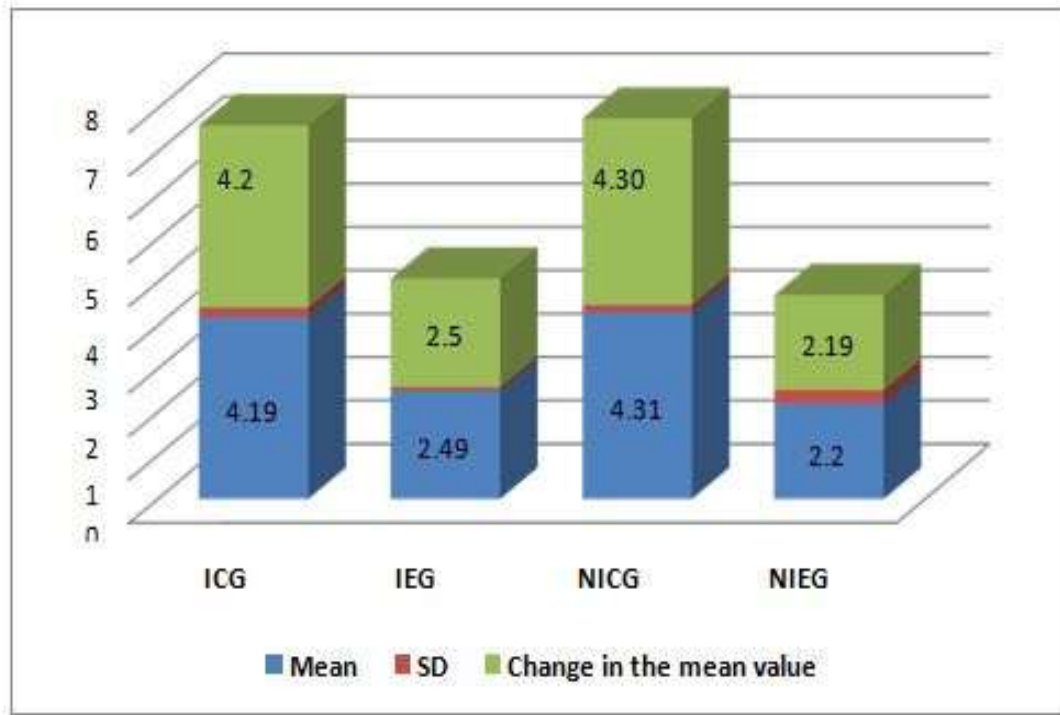
*Mean, SD, and Change in the Mean value Adjusted (Covariance) for Psychological Distress of elderly people in institutional and non-institutional Control and Experimental groups*

<b>Group</b>	<b>M</b>	<b>SD</b>	<b>Change in the mean value</b>
<b>ICG</b>	4.19	.22	4.20
<b>IEG</b>	2.49	.09	2.50
<b>NICG</b>	4.31	.16	4.30
<b>NIEG</b>	2.20	.31	2.19

Table 4.18 shows the mean, SD, and significance for post-intervention PD in experimental and control groups. The Table reflects that the mean for PD of ICG is 4.19 with SD of .22 and IEG mean is 2.49 with SD of .09. These results reveal that the mean score of PD in the control group is higher than the experimental group in institutionalized home. The value of NICG mean is 4.31 with SD=.16 and NIEG mean is 2.20. Thus, results showed that experimental group reported lower PD in the post-intervention assessment in non-institutionalized homes. Findings mean thereby that the experimental groups have lower level of psychological distress than the control groups in institutionalized and non-institutionalized homes. Mean scores on the psychological distress are shown in the Figure 4.12. The adjusted means for the treatment groups are calculated using the estimated marginal means which indicate the decrement in PD scores. So, in the post-intervention assessment the experimental groups were found with less psychological distress indicating the positive benefit of flute music and yoga intervention among elderly people.

**Fig. 4.12**

*Psychological Distress adjustment in mean for (institutionalized and non-institutionalized) experimental and control group*



**Table 4.19**

*Analysis of covariance for Psychological Distress(test of between subject's effects)*

Dependent Variable: PD_post						
Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
PD_pre	.29	1	.29	6.92	.010	.057
Group	110.72	3	36.91	879.91	.000**	.958
Error	4.82	115	.04			

a. R Squared = .958 (Adjusted R Squared = .957)

Table 4.19 shows Group effect  $F(1, 115) = 879.91, p < .01$  which confirms the significant differences among the scores of psychological distress of the groups in the post-intervention assessment whilst adjusting the pre-intervention PD scores. As indicated by the eta squared value  $\eta^2 = 0.958$ , the main effect of group in post-



intervention psychological distress accounted for 95.8% of the variance in total. This indicates that post-test PD scores differ considerably from pre-test PD scores. These results support the hypothesis that those institutionalized and non-institutionalized elderly people who have flute music and yoga intervention will report significantly low psychological distress as compared to those in control group. The effect of intervention emerged in terms of decrement in the experience of psychological distress by the participants in experimental groups of institutionalized and non-institutionalized homes.

**Table 4.20**

*Post hoc test for groups on Psychological Distress*

<b>Dependent Variable: PD_ post</b>						
<b>(I) GROUP</b>	<b>(J) GROUP</b>	<b>Mean Difference(I-J)</b>	<b>Std. Error</b>	<b>Sig.<sup>d</sup></b>	<b>95% Confidence Interval for Difference<sup>d</sup></b>	
					<b>Lower Bound</b>	<b>Upper Bound</b>
<b>ICG</b>	NIEG	-0.11*	0.05	0.05*	-0.21	0.00
	IEG	1.70*	0.05	0.00**	1.60	1.81
	NIEG	2.01*	0.05	0.00**	1.90	2.11
<b>NICG</b>	ICG	0.11*	0.05	0.05*	0.00	0.21
	IEG	1.81*	0.05	0.00**	1.70	1.91
	NIEG	2.11*	0.05	0.00**	2.01	2.22
<b>IEG</b>	ICG	-1.70*	0.05	0.00**	-1.81	-1.60
	NIEG	-1.81*	0.05	0.00**	-1.91	-1.70
	NIEG	0.31*	0.05	0.00**	0.20	0.41
<b>NIEG</b>	ICG	-2.01*	0.05	0.00**	-2.11	-1.90
	NICG	-2.11*	0.05	0.00**	-2.22	-2.01
	IEG	-0.31*	0.05	0.00**	-0.41	-0.20

\*\*p<.01    \*p<.05

Table 4.20 exhibits that there was statistically significant difference between the adjusted means of experimental groups after the intervention. Post hoc analysis showed that the majority of the participants in experimental groups were significantly different for their psychological distress scores (p=<.001).

## DISCUSSION ON RESULTS

The results show the benefit of the music and yoga intervention among elderly people in experimental groups of institutionalized and non-institutionalized homes by reducing the psychological distress. Thus, intervention of Flute music and yoga had a positive impact on the mental health of elderly people. The present results are similar to the findings of the study conducted by Bonura and Tenenbaum (2014) indicating benefits of yoga for improving psychological health of older adults. The current findings are also consistent with those of a study conducted by Bonura and Pargman (2009) who described yoga participants experiencing the benefits throughout the intervention. Leubner and Hinterberger (2017) have reported the effectiveness of music intervention in its benefits in treating depression.

**Objective 1d: To examine the effect of flute music and yoga intervention on Subjective Wellbeing of institutionalized and non-institutionalized elderly people.**

H<sub>A</sub>1d: Institutionalized and non-institutionalized elderly people who have flute music and yoga intervention will have significantly good subjective wellbeing as compared to those in the control group.

**Table 4.21**

*Mean, SD, and Change in the Mean Value Adjusted (Covariance) for Subjective wellbeing of elderly people in institutional and non-institutional Control and Experimental groups.*

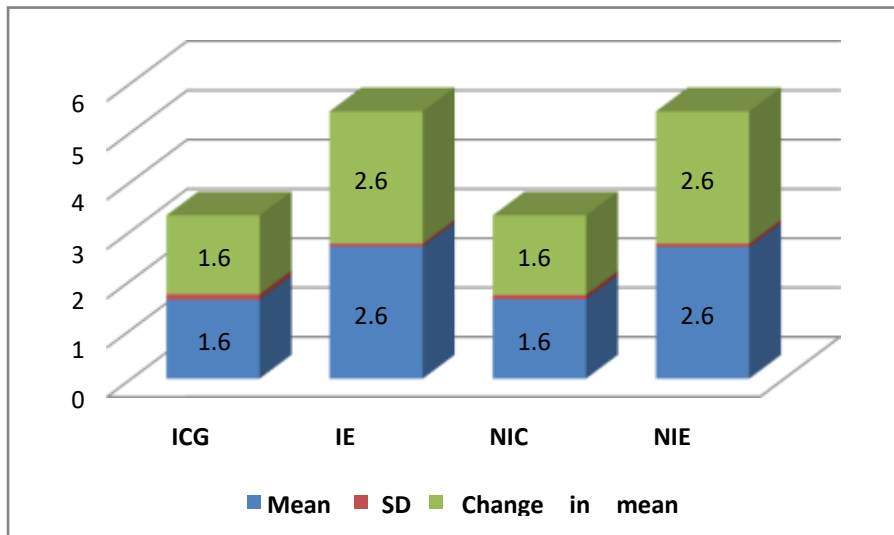
<b>GROUP</b>	<b>M</b>	<b>SD</b>	<b>Change in mean value</b>
<b>ICG</b>	1.60	.11	1.60
<b>IEG</b>	2.68	.06	2.68
<b>NICG</b>	1.61	.09	1.61
<b>NIEG</b>	2.67	.07	2.68

Table 4.21 shows the mean analysis that ICG (M= 1.60, SD= .11) and NICG (M=1.61, SD=.09) have lower subjective wellbeing than the participants in the IEG (M = 2.68, SD =.06) and NIEG (M = 2.67, SD = .07) groups in both the homes settings. These findings reveal that in post-intervention assessment IEG and NIEG participants have reported higher subjective wellbeing than ICG and NICG

participants. The estimated marginal means give the adjusted means for the treatment groups. This simply means that the scores of the SWB have increased in experimental groups.

**Fig. 4.13**

*Subjective Well-being (institutionalized and non-institutionalized groups) experimental and control groups*



**Table 4.22**

*Analysis of covariance for Subjective Well-being (test of between subject's effects)*

**Dependent Variable: SWB\_post**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
SWB_pre	.004	1	.004	.593	.443	.005
Group	34.17	3	11.39	1665.96	.000**	.978
Error	.786	115	.007			

a. R Squared = .978 (Adjusted R Squared = .977)

Table 4.22 indicates the significant differences among the group for their subjective well-being scores,  $F(3,115)=1665.96$  ( $P < .01$ ) whilst adjusting the pre-intervention subjective well-being scores of the participants. As indicated by the eta squared value  $\eta^2=.978$  that the main effect of groups accounted for 97.8% of the variance in total indicating that level of SWB increased after flute music and yoga intervention among

the experimental group's participants. Hence, the proposed hypothesis that institutionalized and non-institutionalized elderly people who have flute music and yoga intervention will have significantly good subjective wellbeing as compared to those in the control group, is accepted.

**Table 4.23**

*Post hoc test for groups on Subjective Wellbeing*

<b>Dependent Variable: SWB_post</b>						
<b>(I) GROUP</b>	<b>(J) GROUP</b>	<b>Mean Difference(I-J)</b>	<b>Std. Error</b>	<b>Sig.<sup>d</sup></b>	<b>95% Confidence Interval for Difference<sup>d</sup></b>	
					<b>Lower Bound</b>	<b>Upper Bound</b>
<b>ICG</b>	NICG	-0.01	0.02	0.60	-0.05	0.03
	IEG	-1.08*	0.02	0.00**	-1.12	-1.04
	NIEG	-1.07*	0.02	0.00**	-1.12	-1.03
<b>NICG</b>	ICG	0.01	0.02	0.60	-0.03	0.05
	IEG	-1.07*	0.02	0.00**	-1.11	-1.03
	NIEG	-1.06*	0.02	0.00**	-1.11	-1.02
<b>IEG</b>	ICG	1.08*	0.02	0.00**	1.04	1.12
	NICG	1.07*	0.02	0.00**	1.03	1.11
	NIEG	0.01	0.02	0.79	-0.04	0.05
<b>NIEG</b>	ICG	1.07*	0.02	0.00**	1.03	1.12
	NICG	1.06*	0.02	0.00**	1.02	1.11
	IEG	-0.01	0.02	0.79	-0.05	0.04

\*\*p<.01 \*p<.05

The post hoc test analysis results in Table 4.23 revealed the statistically significant differences between the subgroups on SWB scores. In particular, elderly people showed impressive improvements when they listened to flute music and practiced the yoga exercises during the intervention in experimental groups.

## **DISCUSSION ON RESULTS**

The result of the study showed that SWB of elderly people is increased with the flute music and yoga intervention and similar results were observed by Murabayashi et al. (2019) that music therapy helped the depressed elderly people for overall quality of

life. Similarly, Hariprasad (2013a) found positive results i.e. good wellbeing after yoga. Further, Laukka (2007) indicated important insights into how older persons use music in their daily lives, and gave the suggestions concerning possible correlations between musical experiences and wellbeing. Thus, the findings in current research are also in congruence of findings obtained in many earlier research on the use of music for treatment.

**Objective 2:** To examine the mediating effect of Spirituality on the relationship between Emotional Regulation and Subjective Wellbeing of institutionalized and non-institutionalized elderly people after receiving music and yoga intervention in experimental group.

**Hypothesis 2:** There exists a significant mediating effect of Spirituality on the relationship between Emotional Regulation and Subjective Wellbeing of institutionalized and non-institutionalized elderly people after Music and Yoga intervention in the experimental group.

### Mediation analysis

**Table 4.24**

*Simple mediation path 'a' analysis for the relationship between emotional regulation and subjective wellbeing through spirituality*

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**Model: 4**

**Y: SWB\_Post, X: ER\_Post, M: SP\_Post**

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**OUTCOME VARIABLE: SP\_Post**

---

#### Model Summary

<b>R</b>	<b>R-sq</b>	<b>MSE</b>	<b>F</b>	<b>df1</b>	<b>df2</b>	<b>p</b>
.3482	.1212	.0865	8.0024	1.0000	58.0000	.0064

#### Model

	<b>Coeff.</b>	<b>se</b>	<b>t</b>	<b>p</b>	<b>LLCI</b>	<b>ULCI</b>
<b>Constant</b>	3.2464	.4257	7.6263	.0000	2.3943	4.0985
<b>ER_Post</b>	.2680	.0947	2.8289	.0064	.0784	.4577

---

**Table 4.24.A.**

*Simple mediation path b analysis for the relationship between emotional regulation and subjective wellbeing through spirituality*

**OUTCOME VARIABLE:****SWB\_Post****Model Summary**

<b>R</b>	<b>R-sq</b>	<b>MSE</b>	<b>F</b>	<b>df1</b>	<b>df2</b>	<b>p</b>
.2471	.0611	.0042	1.8537	2.0000	57.0000	.1660
Model						
	<b>Coeff.</b>	<b>se</b>	<b>t</b>	<b>p</b>	<b>LLCI</b>	<b>ULCI</b>
<b>Constant</b>	2.7832	.1327	20.9685	.0000	2.5174	3.0490
<b>ER_Post</b>	-.0429	.0223	-1.9254	.0592	-.0875	.0017
<b>SP_Post</b>	.0196	.0289	.6764	.5015	-.0384	.0775

**Table 4.24.B.**

*Simple mediation path c analysis for the relationship between emotional regulation and subjective wellbeing through spirituality*

**TOTAL EFFECT MODEL****OUTCOME VARIABLE: SWB\_Post****Model Summary**

<b>R</b>	<b>R-sq</b>	<b>MSE</b>	<b>F</b>	<b>df1</b>	<b>df2</b>	<b>p</b>
.2314	.0535	.0042	3.2805	1.0000	58.0000	.0753
Model						
	<b>Coeff.</b>	<b>se</b>	<b>t</b>	<b>p</b>	<b>LLCI</b>	<b>ULCI</b>
<b>Constant</b>	2.8467	.0934	30.4947	.0000	2.65993	.0336
<b>ER_Post</b>	-.0376	.0208	-1.8112	.0753	-.0792	.0040

**Table 4.24.C.**

*Simple mediation total, direct & indirect effect analysis for the relationship between emotional regulation and subjective wellbeing through spirituality*

<b>TOTAL, DIRECT, AND INDIRECT EFFECTS OF X ON Y</b>					
<b>Total effect of X on Y</b>					
<b>Effect</b>	<b>se</b>	<b>t</b>	<b>p</b>	<b>LLCI</b>	<b>ULCI</b>
-0.0376	.0208	-1.8112	.0753	-.0792	.0040
<b>Direct effect of X on Y</b>					
<b>Effect</b>	<b>se</b>	<b>t</b>	<b>p</b>	<b>LLCI</b>	<b>ULCI</b>
-0.0429	.0223	-1.9254	.0592	-.0875	.0017
<b>Indirect effect(s) of X on Y:</b>					
	<b>Effect</b>	<b>Boot SE</b>	<b>Boot LLCI</b>	<b>Boot ULCI</b>	
<b>SP _ Post</b>	.0052	.0116	-.0129	.0346	

The study assessed the mediating role of spirituality on the relationship between emotional regulation and subjective wellbeing and the results are shown in Table 4.24 to Table 4.24C. In order to calculate simple mediation effect, SPSS PROCESS Model 4 (Hayes, 2013) was used. The model indicated that path a of emotional regulation to spirituality was significant ( $b=0.27$ ,  $se=0.09$ ,  $t=2.83$ ,  $p=0.006$ , 95% CI excluding zero = 0.078 to 0.458), means thereby that emotional regulation significantly predicted the spirituality. Thus, emotional regulations enhancement facilitated the spirituality among elderly people who received the intervention. The path b in the model (Table 4.24A) indicated the relationship between spirituality and subjective wellbeing, which proved to be non-significant ( $b=0.0196$ ,  $se=0.028$ ,  $t=0.6764$ ,  $p=0.50$ , 95%CI including zero = -0.0384 to 0.0775). Thus, spirituality could not be significantly supportive in subjective wellbeing among elderly people of experimental group.

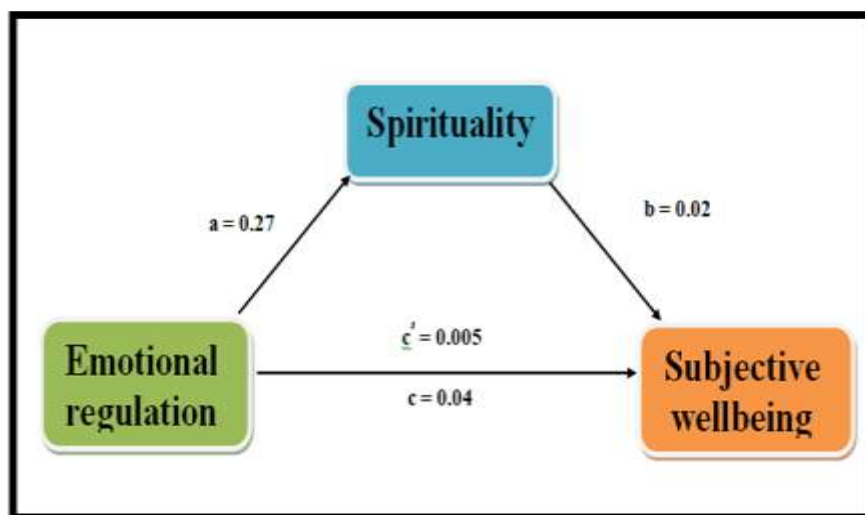
The indirect effect (Table 4.24C) of the emotional regulation on subjective wellbeing through spirituality appeared to be non-significant ( $b=0.0052$ ,  $se=0.0116$ , 95%CI including zero = -0.0129 to 0.0346). Thus, the product of path a and path b could not reach at significant level to facilitate the subjective wellbeing of the elderly

participants.

Furthermore, the direct effect (Table 4.24C) of emotional regulation on subjective wellbeing in presence of the mediator was also not found significant ( $b = -0.0429$ ,  $se = 0.0223$ ,  $t = -1.9254$ ,  $p = 0.59$ , 95%CI including zero =  $-0.0875$  to  $0.0017$ ). Hence, spirituality did not mediate the relationship between emotional regulation and subjective wellbeing and the second hypothesis that there exists a significant mediating effect of spirituality on the relationship between emotional regulation and subjective wellbeing of institutionalized and non-institutionalized elderly people after music and yoga intervention in the experimental group, is not accepted. The mediation analysis findings are demonstrated in the Figure given below.

**Fig. 4.14**

*Statistical Model: Simple Mediation for Emotional regulation and subjective wellbeing with spirituality as mediator*



**Figure details-** Mediating effect of SP on the relationship between ER and SWB of institutionalized and non-institutionalized elderly people in experimental groups. Notes: a (0.27) is the effect of ER on Spirituality, b (0.02) is the effect of spirituality on SWB; c' ( $a \cdot b$ ) (0.005) is the indirect effect of ER on SWB; c (0.04) is the total effect of ER on SWB.

## DISCUSSION ON RESULTS

The findings revealed a considerable total effect of ER on SWB of elderly people after the intervention but it remained non-significant. The Spirituality is helpful in subjective wellbeing but in the present sample it could not reach to the significant



level. Villani et al. (2019) studied the SWB and found that spirituality and religiosity have been found to be positive predictors of SWB. But the present findings could not support the previous results on spirituality. The subjective wellbeing was not predicted by emotional regulation through spirituality. However, trend might be further tested by increasing the sample size and tenure of the intervention.

**Objective 3:** To investigate differences among the scores of Spirituality, Emotional Regulation, Psychological Distress, and Subjective well-being of institutionalized and non-institutionalized male and female elderly people in before and after intervention sessions.

**Hypothesis 3:** There are significant differences among the scores of Spirituality, Emotional Regulation, Psychological Distress, and Subjective Wellbeing of institutionalized and non-institutionalized male and female elderly people in before and after intervention sessions.

Table 4.25

*Pre-intervention Mean, SD and t statistics values of SP, ER, PD and SWB of male and female elderly people in institutional and non-institutional experimental and control groups*

Home Variable		Group									
		Experimental					Control				
		Male		Female		t	Male		Female		t
		(n=15)	(n=15)	(n=15)	(n=15)						
		Mean	SD	Mean	SD		Mean	SD	Mean	SD	
IN	SP	1.67	0.27	1.46	0.31	1.95	1.72	0.21	1.30	0.16	6.23**
	ER	2.24	0.32	2.05	0.22	1.86	2.07	0.11	2.15	0.14	1.87
	PD	3.99	0.28	4.02	0.27	0.26	4.00	0.27	4.00	0.29	0
	SWB	1.56	0.03	1.56	0.03	0.10	1.55	0.04	1.54	0.04	0.79
NIN	SP	1.84	0.42	1.94	0.36	0.75	1.92	0.53	1.88	0.41	0.21
	ER	2.14	0.27	2.09	0.24	0.57	2.16	0.18	2.17	0.20	0.09
	PD	4.05	0.26	4.13	0.28	0.88	4.12	0.25	4.09	0.25	0.30
	SWB	1.57	0.04	1.56	0.04	0.76	1.57	0.03	1.57	0.02	0

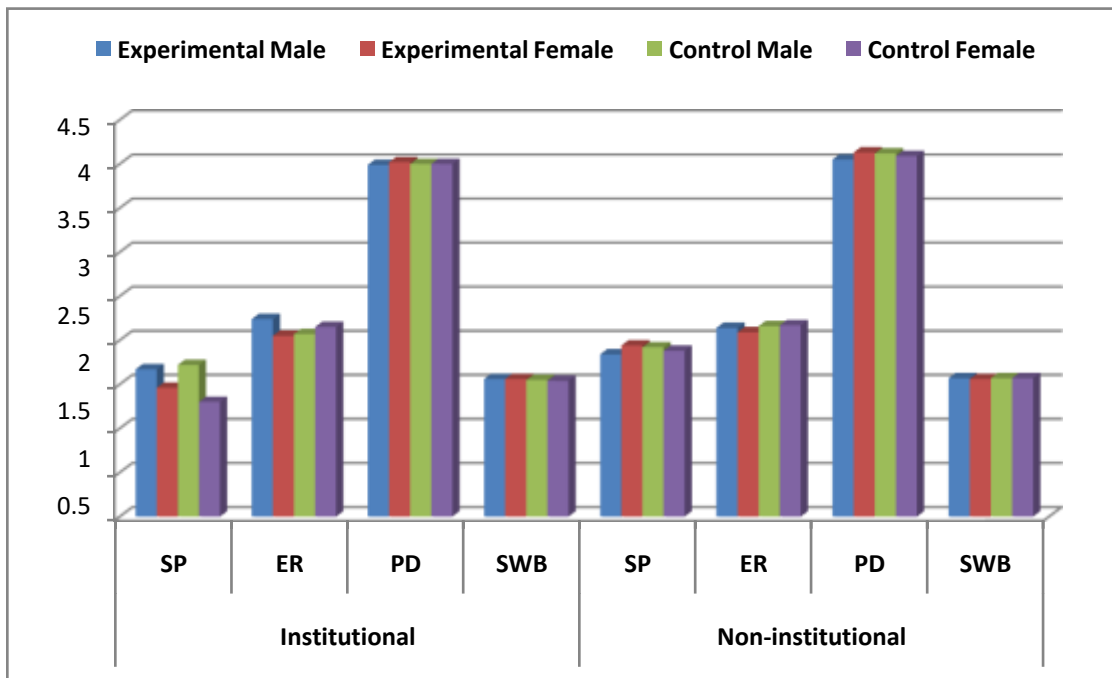
\*\*p<.01

**Note:** IN: institutional, NIN: non-institutional

Table 4.25 shows the mean, SD and t statistics values of pre-intervention assessment analyses of spirituality, emotional regulation, psychological distress, and subjective wellbeing of male and female elderly people in experimental and control groups residing in institutionalized and non-institutionalized homes. The male and female elderly participants in experimental and control groups of institutionalized and non-institutionalized homes reported marginal differences among all the psychological constructs undertaken in the study and the t statistics values were observed to be insignificant for these groups. But institutionalized males (M=1.72, SD=.21) and females (M=1.30, SD=.16) in control group were statistically different ( $t=6.23$ ,  $p<.01$ ) with regard to their spirituality scores. The males in old age home reported higher spirituality than the females. These results for all the variables are shown in Figure 4.15.

**Fig. 4.15**

*Pre-intervention Mean of SP, ER, PD and SWB of male and female elderly people in institutionalized and non-institutionalized homes*



**Table 4.26**

*Post-intervention Mean, SD and t statistics values of SP, ER, PD and SWB of male and female elderly people in institutional and non-institutional experimental and control groups*

Home Variable		Groups									
		Experimental					Control				
		Male		Female		t	Male		Female		t
		(n=15)		(n=15)			(n=15)		(n=15)		
Mean	SD	Mean	SD		Mean	SD	Mean	SD			
IN	SP	4.51	0.52	4.36	0.29	1.04	1.85	0.20	1.82	0.17	0.51
	ER	4.29	0.40	4.17	0.44	0.73	2.31	0.18	2.35	0.20	0.59
	PD	2.47	0.09	2.50	0.10	0.77	4.23	0.23	4.15	0.21	1.01
	SWB	2.67	0.07	2.70	0.05	1.25	1.57	0.10	1.63	0.11	1.51
NIN	SP	4.49	0.13	4.42	0.14	1.38	1.96	0.41	1.90	0.34	0.39
	ER	4.73	0.13	4.71	0.22	0.41	2.16	0.19	2.17	0.20	0.09
	PD	2.40	0.23	1.99	0.23	4.86**	4.29	0.18	4.34	0.15	0.89
	SWB	2.66	0.06	2.69	0.08	1.47	1.61	0.09	1.61	0.08	0.02

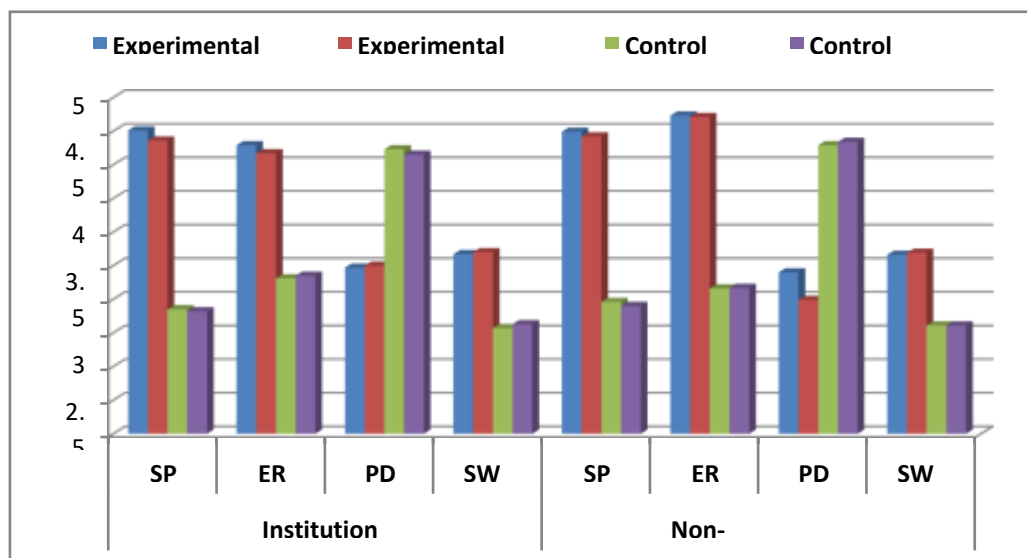
\*\*p<.01

**Note:** IN: institutional, NIN: non-institutional

The male and female elderly participants in experimental and control groups from institutional and non-institutional homes reported the SP, ER, SWB with marginal differences and the t statistics remained insignificant for these groups (see Table 4.26). However, experimental group elderly males (M=2.40, SD=.23) and females (M=1.99, SD=.23) in non-institutional homes were significantly different with regard to their psychological distress scores (t=4.86, p<.01). Elderly males from non-institutional homes reported higher psychological distress which might be due to their responsibility in the family. The observed results of elderly males and females in both the groups are presented in Figure 4.16.

**Fig. 4.16**

*Post-intervention Mean of SP, ER, PD and SWB of male and female elderly people in institutional and non-institutional homes*



### Pre- and post-intervention Interviews Analyses

Participants from institutional and non-institutional homes were interacted who voluntarily wanted to give information of their pre-intervention and post-intervention experiences. (Table 4.27 for sources of information from the participants). Interview data was analyzed by using content analysis techniques. NVivo electronic database was used to organize transcripts and assemble the themes.

**Table 4.27.**

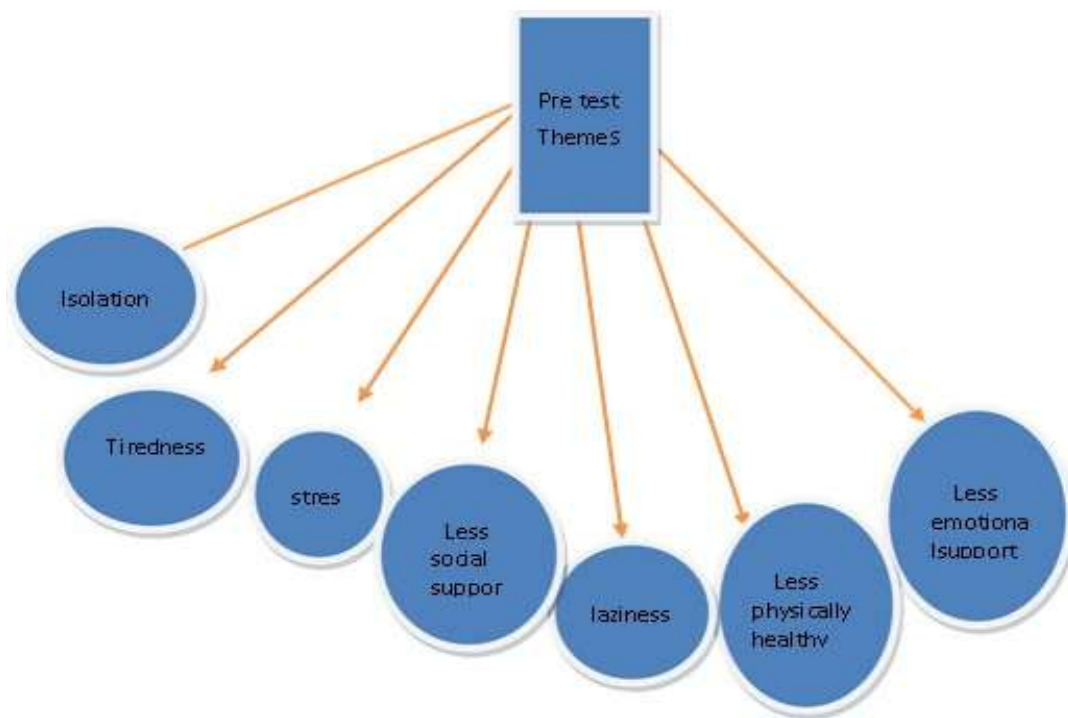
*Original Version of Interview Script*

S. No.	Item
1	Can you describe an experience of flute music and yoga, before and after the intervention?
2	What are your thoughts about benefits of flute music and yoga for your health?

Themes were derived from pre-intervention and post-intervention interviews' analyses and the results presented in the Fig 4.17:

**Fig. 4.17**

*Themes related to pre-intervention interviews analysis*



The Figure 4.17 depicts the themes or ideas before the flute music and yoga intervention. The elderly people before the intervention felt less emotionally stable and less happy. The themes that emerged before the intervention when participants interacted with the investigator included isolation, tiredness, stress, less social support, laziness, over thinking, less physically healthy and less emotional support. It is inferred from the Figure that before the start of the intervention, elderly people had psychological distress, no control on emotions and low subjective well-being.

**Fig 4.18**

*Themes related to post-intervention interviews analysis*

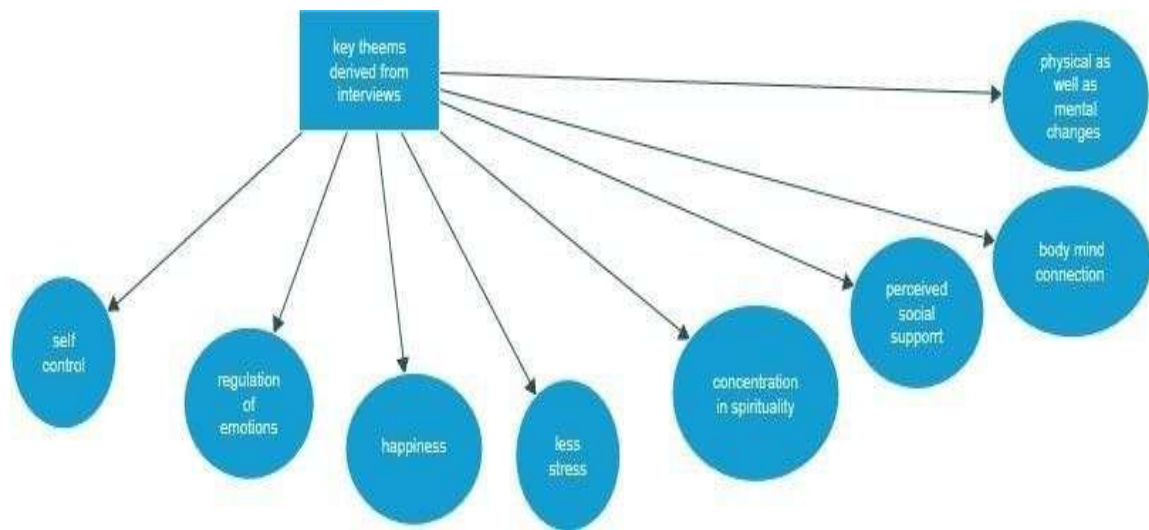


Figure 4.18 highlights themes that emerged related to post-test of flute music and yoga intervention which included self-control, regulation of emotions, happiness, less stress, concentration in spirituality, perceived social support, etc. As a result of the themes collected from the interviews, it was concluded that yoga intervention with flute music was beneficial for the elderly people. The experimental groups of both institutional and non-institutional homes who participated in this intervention experienced these benefits.

**Fig. 4.19.**

*Pre- (Left) and post- intervention (Right) interviews analysis Word Clouds*



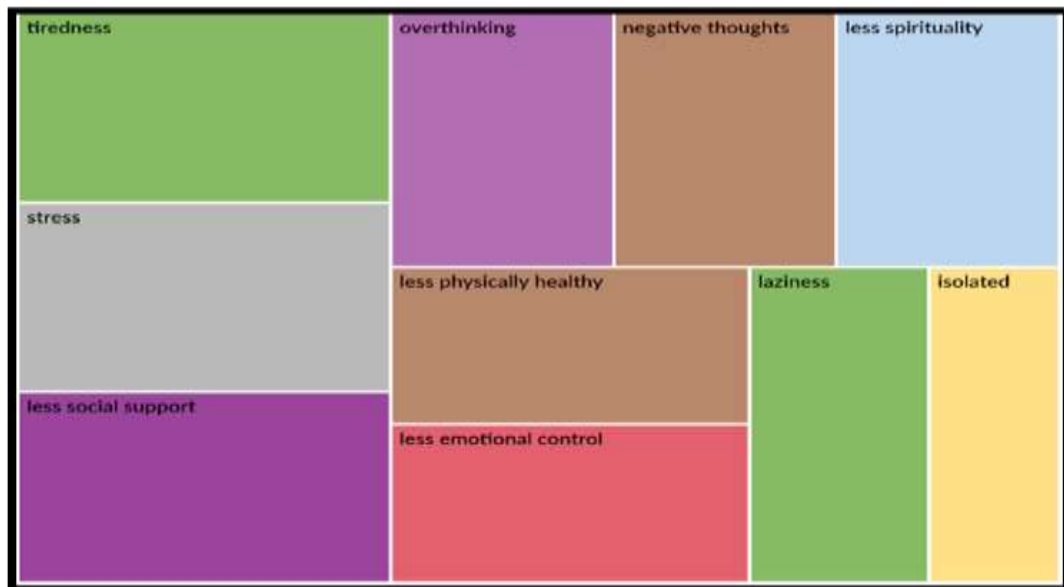
The word clouds (Figure 4.19) show that the elderly people talked about physical and mental health difficulties during the pre-interview. After yoga with flute music, the elderly people believed in spirituality and focus on meditation which helps them in

the regulation of emotions, less psychological distress and good subjective well-being.

**Fig 4.20.**

*Hierarchical cluster analysis of words in pre-and post-intervention interviews analysis*

***Pre- intervention Interviews Analysis***



***Post- intervention Interviews Analysis***

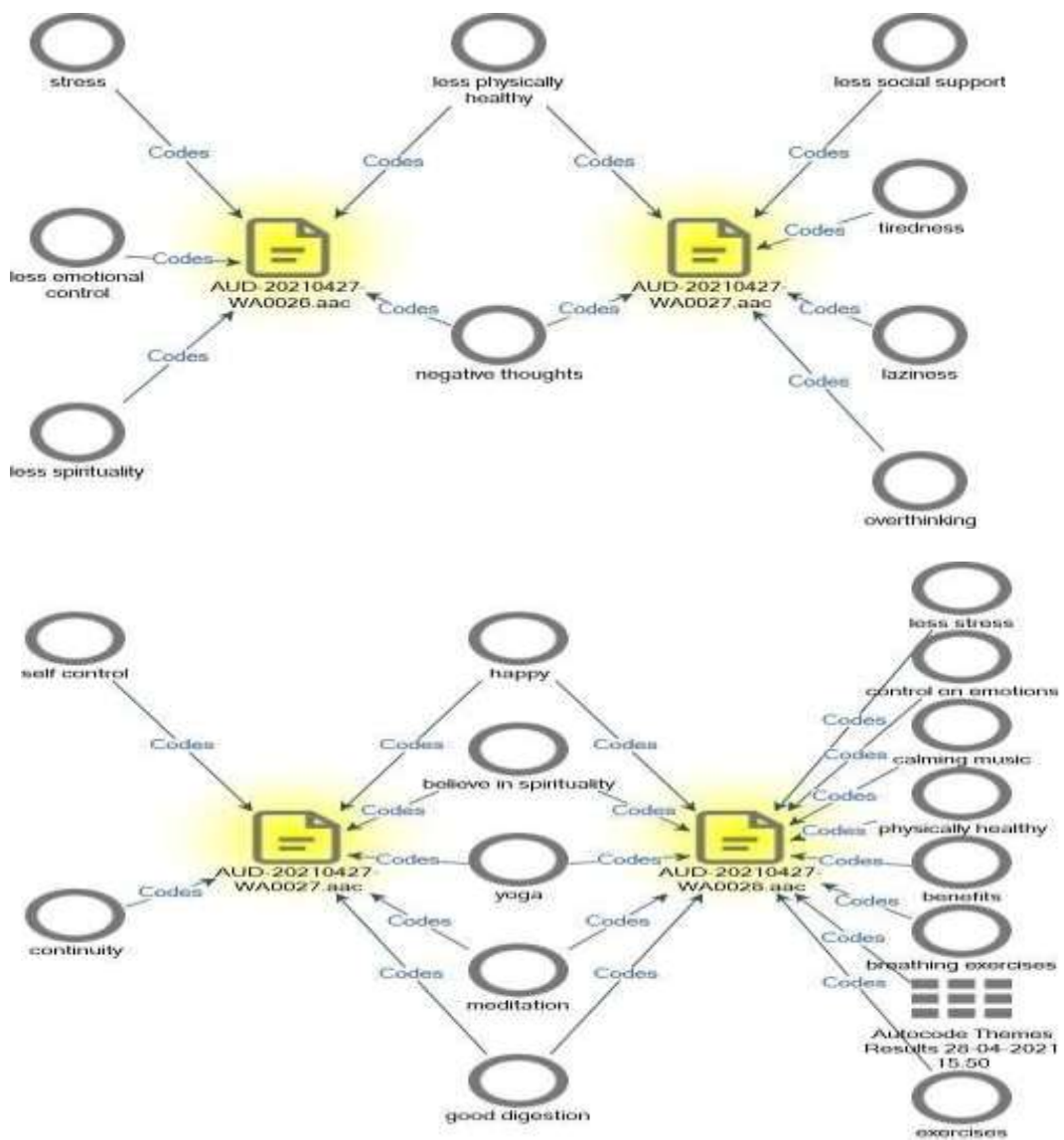


The gradual transition from negative to positive sentiments in words was observed from pre- to post-intervention analysis (Fig. 4.20). This indicated the benefits of

intervention among the elderly people. However, previous study showed insignificant results of yoga practicing participants for physical activity and self-efficacy type of variable but decrement in external motivation among PTSD women (Martin et al., 2015). The spirituality, emotional regulation, subjective wellbeing psychological constructs in current research were observed with benefits of yoga and music intervention given to elderly people.

**Fig. 4.21**

*Comparison Diagram between Pre- and Post-intervention interviews*



On an average, the interview was recorded in the audio recorder and then transcribed by NVivo. Majority of the participants were satisfied with the yoga sessions and



experienced benefits from flute music and yoga intervention. From the interview, it was observed that elderly people believed in spirituality and had more spirituality after receiving the intervention. They had better control over emotions and experienced less psychological distress. They felt happy which means enhanced subjective wellbeing. Overall, it was concluded from the interviews that flute music and yoga intervention had the positive benefits for elderly people in experimental groups with regards to their spirituality, emotional regulation and subjective wellbeing experiences.

Further, in semi structured interview it was also observed that majority of the elderly participants reported the reduced amount of medicine usage for their headache, B.P., pain in body etc. complaints after participation in the music and yoga intervention sessions during this study. Some of the participants also shared that their visit to doctor decreased because of positive changes in their mood and mental health. Interestingly few elderly people in old age home also reported improvement in their digestion and quality of sleep. The data was gathered to better understand the intervention's benefits. The majority of this content was about the advantages of flute music and yoga practices as given below:

**Meditation:** Elderly people thought that yoga has changed their live and music has great power which helps them in meditation.

**Less stress:** Flute music and yoga intervention was offered as a group intervention and the elderly people stated that due to this intervention, they have reduced their stress.

**Self-control:** Before this intervention elderly people couldn't manage their emotions and they had less social support while living in old age home. They have control over themselves and their emotions as a result of the intervention they received.

**Spirituality:** Due to flute music and yoga they have enhanced belief in spirituality and able to concentrate on themselves.

**Happiness:** Elderly people felt happy after the flute music and yoga intervention.

**Physical health:** They also stated about better digestion than before and this improvement has added to their physical health.

Thus, from the analysis of the study, it was interpreted that yoga intervention with flute music has tremendous advantages for elderly people. The effectiveness of this intervention was attributed to the use of flute music as explained in the following chapter.

## CHAPTER 5

### SUMMARY, CONCLUSION AND IMPLICATIONS

The present study was a quasi-experimental study. It examined the effects of 12 weeks (thrice a week) of yoga training along with flute music on spirituality, emotional regulation, psychological distress and subjective wellbeing of elderly people. To impart yoga with flute music in an effective way, a special module was developed for the elderly people and which was approved by the research panel members in the University. In the main study, experimental groups of 30 elderly people in institutional home and 30 elderly people in non-institutional home were compared with the control groups of 30 elderly people in institutional and 30 elderly people in non-institutional homes, respectively. All were aged between 60 to 90 years. The experimental groups showed significant improvement in spirituality, emotional regulation and subjective wellbeing and statistically significant reduction in the psychological distress after the intervention. Magnitude of improvement was consistently higher for the experimental groups than control groups in both institutional and non-institutional homes. These encouraging findings confirm the applicability of the flute music and yoga intervention for enhancing the wellbeing of elderly people in both types of living settings, i.e., institutional and non-institutional homes.

#### **Summary**

The main findings from this research can be summarized as follows:

- Flute music and yoga therapy was effective in increasing the spirituality of the elderly people in the experimental group of institutional and non-institutional homes.
- The regulation of emotions of the elderly people in the experimental group of institutional and non-institutional homes was noted to be improved.
- There was decrement in psychological distress of the elderly people in the experimental group of institutional and non-institutional homes.
- The intervention of flute music with yoga helped in maintaining the good subjective wellbeing among the elderly people in the experimental group of institutional and non-institutional homes.

- The spirituality could not be reported significantly to mediate the relationship between emotional regulation and subjective wellbeing of the elderly people.
- For gender differences, almost all male and female elderly people reported similar levels of psychological constructs under this study. However, males in institutional control group were higher in spirituality in the pre-intervention assessment. But the females in non- institutional experimental group reported low psychological distress in post-intervention assessment.

### **Conclusion of Research Hypotheses**

**H<sub>A1a</sub>.** Those institutional and non- institutional elderly people who have flute music and yoga intervention will report a significant increase in spirituality in post-intervention assessment as compared to those in control group.

#### **Significant and Accepted**

**H<sub>A1b</sub>.** Institutional and non-institutional elderly people who have flute music and yoga intervention will report significant improvement in emotional regulation in post- intervention scores as compared to those in control group.

#### **Significant and Accepted**

**H<sub>A1c</sub>.** Institutional and non-institutional elderly people who have flute music and yoga intervention will report significantly low psychological distress as compared to those in control group.

#### **Significant and Accepted**

**H<sub>A1d</sub>.** Institutional and non- institutional elderly people who have flute music and yoga intervention will have significantly good subjective wellbeing as compared to those in control group.

#### **Significant and Accepted**

**H<sub>A2</sub>.** There exists a significant mediating effect of spirituality on relationship between emotional regulation and subjective wellbeing of institutional and non- institutional elderly people after music and yoga intervention in experimental group.

#### **Non-Significant and Not Accepted**

**H<sub>A3</sub>.** There are significant differences among the scores of spirituality, emotional regulation, psychological distress and subjective wellbeing of institutional and non-

institutional male and female elderly people in before and after intervention sessions.

Insignificant gender differences in all the groups for all the variables except the before intervention spirituality of control group and after intervention psychological distress of experimental group.

### **Partially Accepted**

### **Conclusions**

In the light of above findings and discussion the following conclusions have been determined. As per the feedback received from the elderly people, positive changes were seen among most of the elderly people with regard to their spirituality, emotional regulation and subjective wellbeing. The reducing psychological distress was also reported by the elderly people. Interestingly, the participants started to feel such changes passing the first month of intervention. At the end of the 3 months of intervention, the changes in their experience were re-assessed in post-intervention assessment. The elderly people learnt practicing the asanas (Pranayamas' and relaxation techniques) with ease. It was advised to elderly people to continue practicing the same yoga module after the intervention program to lead a quality life.

Yoga's benefits on the health are well established in previous studies. However, limited assessment of possible benefits of flute music and yoga practice has previously been attempted for elderly people living in institutionalized and non-institutionalized homes. Yoga is a low-risk practice not requiring any special equipment which can be included in the regular activities of elderly population to solve their problems. The present intervention takes an eclectic approach combining two interventions: Yoga and Flute Music. Yoga intervention includes pranayama's and Suksham Vyayama with background music of the flute. Thus, this study proves that yoga is more effective with music because music helps in better concentration, relaxing the mind. Yoga also maintains balance in the body and helps in clearing the negative thoughts of mind by achieving a particular state of mind using specific music sound. It helps the listener to move from one state of mind to another state of relaxedness. Thus, practicing yoga along with music has a plethora of benefits as compared to yoga only. This is not surprising given the fact that research on yoga as a therapeutic intervention has only been undertaken over the past four decades in limited aspects. In the current research yoga is examined in old age home and family

settings among elderly people.

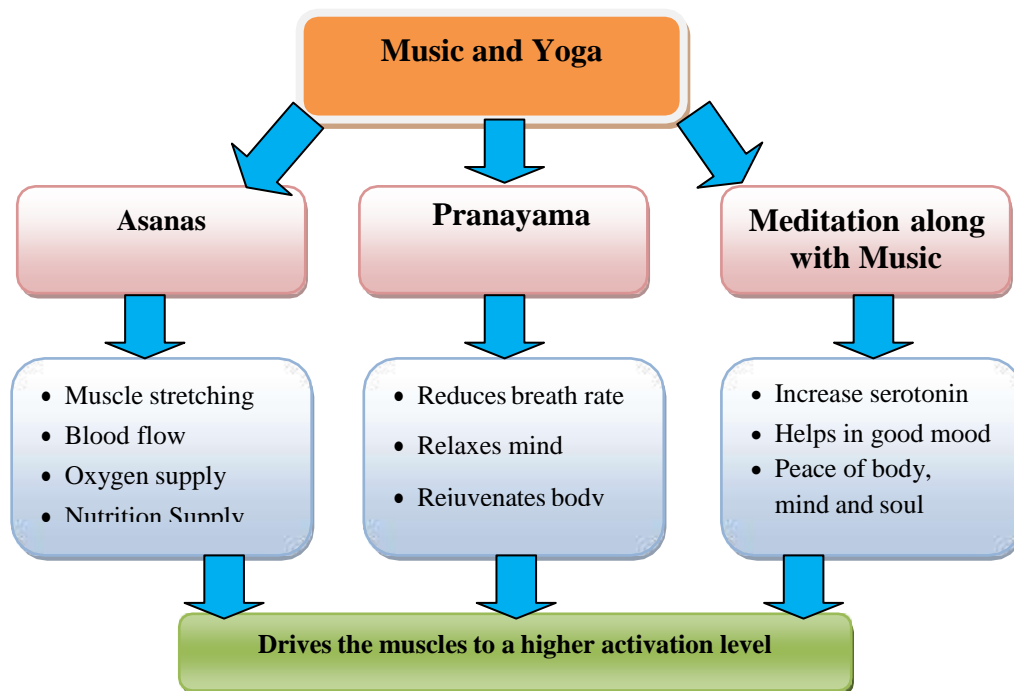
In this study the approach used was Linking Breath to the Beat. As a result, yoga and music were used as an intervention which has numerous advantages as evidenced by the study's findings. Music and Yoga are two disciplines that despite their differences and origins have one thing in common, i.e. they make us feel good and improve our wellness. Both of them communicate in the global language of love. Music predates the human race and has remained constant throughout our species' cultural growth. Music like yoga has been demonstrated to have physiological advantages in research. Therefore, music is used in wide variety of areas such as strengthening of inner core, to get rid of anxiety and for good mental health. Listening to music can help to relax and relieve tension. Music therapy has several benefits including improved health, improved relationships, improved moods and stress alleviation (Kumar & Naudiyal, 2020). Evidence suggests that listening to music actively improves one's quality of life. Strong sentiments of pleasure and happiness created via the act of music are some of the most important psychological advantages acquired by senior persons during active music engagement (Coffman & Levy, 1997; Darrough, 1990; Ernst & Emmons, 1992; Hays & Minchiello, 2005; Lehmborg, & Fung, 2010; Murphy, 2003). The previous studies have also found the pranayama exercises and music healing benefits for elderly people. This research has supported the attainment of these goals by yoga with flute music intervention given to elderly people.

Yoga is an effective method for increasing spirituality among elderly people (Dos Santos & Brown, 2021; Janjhua et al., 2020; Kishan, 2020; Naik & Jabeen, 2019; Notarangelo, 2021; Valizadeh et al., 2021). Earlier research found that yoga helps in increasing emotional regulation (Cook, et al., 2019; Mocanu et al., 2018; Sreekumar et al., 2021). Furthermore, recent study suggested that those people who were suffering from psychological distress were benefitted from the use of flute music and yoga intervention (Schroter & Cramer, 2021). A study on musical engagement and subjective wellbeing amongst men in the third age was conducted by Lindblad and De Boise (2020) and which observed its positive benefits. Ajmera et al. (2018) have conducted a comparative study on the “effect of music therapy alone and a combination of music and yoga therapies on the psycho- physiological parameters of cardiac patients posted for angiography”, and the results have found the effectiveness of the combination of music and yoga therapy.

Hence, the present study concludes that music along with yoga is an effective treatment and results in positive benefits for the elderly people. Thus, future study should be done on the combined effect of music and yoga so that the vulnerable population gets more benefits. This intervention is effective due to various asanas which help the individual in stretching the muscles and meditation helps to calm the mind, and music helps in enhancing concentration and keep free from stress. The mechanism of intervention is shown in Figure 5.1:

**Fig. 5.1**

*Mechanisms by which yoga might improve Spirituality, Emotional Regulation and Subjective Wellbeing of elderly people*



It has been found that the main reasons for psychological distress among elderly people are less social support, poor emotional support and various other health issues. The elderly people are part of the family. Due to neglect in the family, they are not properly cared and some are forced to stay in the old age home settings. Old age is designated "dark" not because the light fails to sparkle but since individuals refuse to see it (Bhat, 2001; Gowri, 2003; Kaur et al., 2021). This study concludes that elderly people need much consideration from others. There should also be given professional care. They don't require our pity but they do require respect and care from their family

members. It is our obligation to see that they don't spend the twilight years of their life in isolation, agony and hopelessness.

The investigator by using the flute music and yoga intervention made elderly people shift their focus from the problems to the solutions. The flute music and yoga intervention has helped them to self-understanding and maintain subjective wellbeing which gives peace to the mind. Therefore, it can be argued that the flute music and yoga intervention is an effective therapy for the elderly people which helps in decreasing the psychological distress, increasing the spirituality, regulation of emotions and subjective wellbeing among them in both institutionalized and non-institutionalized home settings. Spirituality is important for the older people's physical wellness (Baldacchino, 2008; Lepherd et al., 2020) and it has impact on quality of life (Puchalski & O'Donnell, 2005). It is an evidence-based therapy and quite brief as compared to other popular therapies. Peace of the mind is the essence of this therapy. Though not much systematic research is done with the flute music and yoga intervention, yet the present research has given fruitful contribution to this new emerging therapeutic approach in the field of psychology.

Finally, the present research is systematically designed research with a clearly defined population sample and control of the other significant variables. All the subjects were given an intervention by the investigator. The screening instruments Daily Spiritual Experience Scale, Emotional Regulation Scale, Kessler Psychological Distress Scale and Subjective Well-being inventory were administered as per the procedure. The details of the subjects were noted down carefully. At the termination of the intervention, the feedback from the participants was also taken. The participants felt better towards the end of the intervention. They were reported as being greatly benefitted by the therapy.

### **Applications of the Study**

The Yoga with flute music intervention module was designed keeping in mind the elderly people's health status. The Elderly people suffered from both physiological and psychological problems in day-to-day life, i.e., free of mental worries is a great challenge while living in an old age home. If this yoga and flute music intervention program is adopted in old age homes, the elderly can improve their mental health. The qualitative analysis also suggests benefits in physical health. It has clinical

implications as well. Because yoga with flute music intervention is more effective for benefits in mental health and wellbeing, it might be used for variety of population like diabetic patients, cancer patients, psychological disorders, etc.

Furthermore, yoga plus music intervention is workable intervention in old age and it does not require any specific physical strength. Majority of the elderly people can do it comfortably. Moreover, in Indian scenario, old age people are found to be associated with spirituality. In addition to this spirituality, if elderly perform the simple yoga exercises along with specified music then the quality of life in terms of mental health can be restored as observed in the present research. Majority of the participants in old age homes and non-institutional homes reported benefits of yoga plus music intervention in terms of improved subjective wellbeing. Given the simplicity of exercises, yoga with music intervention of this research can be suggested to the patients with chronic diseases like cancer, diabetic, coronary heart disease etc. Also, there are no specific monetary and infrastructural requirements for yoga and music-based intervention and it can be suggested to majority of the individuals in search of mental health restoration.

### **Strengths of the Study**

The following are some of the strengths of this study:

- The inclusion and exclusion criteria were strictly followed; informed consent and permission were ensured prior to the start of study.
- The subjects were assigned to the experimental and control groups both from in institutional and non-institutional homes.
- Equal representation was given to both genders.
- The intervention was given by the investigator, certified in yoga and music.
- The subjects in this study were elderly men and women, who were given positive regard.
- The rights of the subjects were respected during the study.
- The confidentiality of the participants was maintained.
- The statistical analyses were done with care.
- No discrimination based on color, caste and creed was done.



### **Delimitations of the Study**

The present research aimed to study the effectiveness of flute music and yoga intervention on spirituality, emotional regulation, psychological distress and subjective wellbeing of elderly people. The major limitation in the study is its small sample size. Only 60 elderly people were given the flute music and yoga intervention in this study and rest of the 60 served as control group. Therefore, more research on a wider range of subjects is suggested to determine the impact of flute music and yoga intervention with high level of confidence.

Only flute music with yoga intervention was employed in the present study. Separate groups for flute music, yoga exercises and flute music with yoga may be compared for in-depth research. This type of research design would prove that which of the three groups gets maximum benefit of specific intervention.

Furthermore, there are different types of music like Indian classical music, Raga, folk music, instrumental music, chanting of mantras, meditations music etc. The intervention may be designed combining the different types of music with various yoga exercises so that indigenous therapeutic approaches will be ready for treatment and wellbeing.

For allocating to the experimental group, a randomized sample should be employed so that each participant has an equal chance to participate in the intervention.

Another limitation of the present research is that it studies only the spirituality, emotional regulation, psychological distress and subjective well-being of the elderly people of Jammu district in the J&K state. Hence the findings are difficult to generalize.

Further in this study only limited asanas of yoga were included in the intervention module.

### **Future Research**

The therapeutic intervention with flute music and yoga is quite effective in this research. As elaborated above, there are some limitations of this study. The major limitation is the limited sample. Therefore, more research with a wider sample should be done before generalizing to the large population and it should be done on a diverse population. The current study is limited to elderly people in Jammu's institutional and

non-institutional homes, region of study in future research should be enlarged to include the variety of sample. Because only sitting postures, pranayama and sukshma asanas were employed in the current study along with flute music, other ragas and variety of standing and sitting exercises of yoga should be explored for their effects in such population. The future research on the effectiveness of music and yoga intervention is suggested among the patients with chronic diseases like cancer, diabetic, coronary heart disease, etc. Also, there are no specific monetary and infrastructure requirements for music with yoga intervention and it can be suggested to majority of the men and women in search of psychological well-being restoration in their lives.

### **Implications**

The results of the study have suggested that flute music and yoga improved the spirituality, emotional regulation and subjective wellbeing of elderly people. In the future, advanced yoga asanas with high quality music and large sample numbers may be explored. Flute music and yoga intervention used in this research can be readily and successfully applied as a non-pharmacological and low-cost treatment strategy. Also, the present findings are expected to stimulate new cross-disciplinary research because it is a highly multidisciplinary endeavor including music, yoga, elderly people, and different psychological constructs, as well as institutional and non-institutional homes. In addition to the field of psychology, the findings also help to develop a paradigm for future research in various old age caring systems. Finally, obtained information may help to develop guidelines targeted at improving the lives of the rapidly increasing elderly population living with psychological distress in old age homes and in the society. This research also open the ways for development of individualized psychological therapy by customized yoga exercise and types of music in the area of public health importance. Other types of strategies such as laughter yoga, befriending, school children visit in old age Homes, and many other types of music may be explored for their potential impact on the subjective wellbeing of old age people and will need to be scientifically validated.

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## Appendix 1

### INFORMED CONSENT FORM

**Researcher:** Priya Choudhary

**Department of Psychology, Lovely Professional University, Punjab**

**Contact information:** priyachoudharyheer@gmail.com

Ageing is a natural process where lot of physical, emotional, psychological changes takes place because of deterioration of cells and various hormonal changes takes place in the body. Old age is the last stage of life where the exercise of the body is very much necessary.

This is to inform you I, Priya Choudhary, Ph.D. scholar of psychology from Lovely Professional University, Punjab under the guidance of Dr. Komal Rai, Dr. Hariom Sharma and Dr. Manish Kumar Verma like to conduct research on

**“Effect of Flute Music and Yoga Intervention on Spirituality, Emotional Regulation, Psychological Distress and Subjective Wellbeing of institutionalized elderly people”**

- **Benefits and Risks**

The benefit of this study is to improve the spirituality, emotional regulation, psychological distress and subjective wellbeing of institutionalized elderly persons with the help of flute music and yoga intervention. Flute music will be used as background music along with specific yoga exercises which helps them to calm their mind and body which in turn helps in strengthening mental and physical health, decrease psychological distress, increase emotional regulation, spirituality and subjective wellbeing which is very much necessary for the elderly people living in institutional settings. There is no risk for you on this study.

**Confidentiality/ Anonymity**

The data I collect will be kept confidential and used only for the research. By signing below, I am agreeing that I have read and understand the participant information sheet, questions about your participation in this study I have been answered satisfactorily and I am taking part in this research study voluntarily.

**Name of the participant**

**Signature of the participant**

## **Appendix 2**

### **INSTITUTIONAL HOME PERMISSION LETTER**

**Researcher:** Priya Choudhary

Department of Psychology, Lovely Professional University, Punjab

**Contact information:** priyachoudharyheer@gmail.com

**Contact number:**969752XXXX

I, Priya Choudhary, PhD research scholar of Lovely Professional University, Punjab going to start intervention (flute music and yoga) in your organization i.e., Old Age Home Amphalla. I'd like to get your permission to begin intervention in your institutional home. Please grant me permission to begin this intervention, which would have a significant impact on the elderly. All of the elderly people in the study gave their consent and were not coerced into participating.

**Name: Vijay Kumar Bhagotra**

Organizing secretary

Home for aged and infirm Amphalla, Jammu


Contact Number: 941X XXX XXX

### Appendix 3

#### Non-institutional Home Permission letter

**Researcher:** Priya Choudhary  
Department of psychology, Lovely Professional University, Punjab  
**Contact information:** [privachoudharyheer@gmail.com](mailto:privachoudharyheer@gmail.com)  
**Contact number:** 9691 [REDACTED]

I Priya Choudhary PhD research scholar of lovely professional university, Punjab are going to start intervention (flute music and yoga) in your village Kotly Rayian . I'd like your permission to begin intervention in your village. Please grant me permission to begin this intervention, which would have a significant impact on the elderly. All of the elderly people in the study gave their consent and were not coerced into participating.

  
Capt. Darshan Lal  
Panch W.No. 9  
Kotli Rayian  
Panchayat Magowali

**Signature:** Naib sarpanch  
Village Kotly Rayian  
Block Suchetgarh, R.S.Pura

**Contact Number:** 7299 [REDACTED]

## Appendix 4

### Demographic Information

- Name: .....
- Gender: Male /Female
- Residence: Urban/Rural
- Religion: Hindu / Muslim / Christian / Sikh, if any other please specify.....
- Institution: institutionalized/ non institutionalized
- Age.....
- Family type: Joint Family/Nuclear Family
- Marital status: Yes/No
- No. of Children.....

## Appendix 5

### दैनिक आध्यात्मिक अनुभव पैमाना (DAILY SPIRITUAL EXPERIENCE SCALE)

नीचे दी गई सूची (list) में ऐसी बातें शामिल हैं जिनका आप अनुभव करते हों या न करते हों। कृपया विचार कीजिए कि आप प्रायः कितनी बार ऐसा सीधा अनुभव करते हैं तथा इस पर ध्यान न दें कि आपको यह अनुभव होने चाहिए या नहीं। कई बातों में "ईश्वर" शब्द का उपयोग किया गया है। यदि यह शब्द आपके लिए सुविधाजनक नहीं है तो इसका विकल्प रखें जो आपके मन में दिव्यता या पवित्रता लाता हो।

निम्नलिखित वाक्यों में से जो विकल्प आपको उचित लगे उसके आगे ( / ) टिक का प्रयोग करें।

क्र. सं.	वाक्य	दिन में कई बार	हर रोज	ज्यादातर दिन	कुछ दिन	कभी कभार	कभी नहीं
1.	मैं ईश्वर की उपस्थिति महसूस करता/करती हूँ।						
2.	मैं अनुभव करता/करती हूँ कि मैं सभी जीवन से जुड़ा/जुड़ी हूँ।						
3.	प्रार्थना के दौरान या अन्य समय में ईश्वर से जुड़ते हुए मैं आनन्द अनुभव करता/करती हूँ जो मुझे मेरी दैनिक चिंताओं से बाहर निकालता है।						
4.	मैं अपने धर्म या आध्यात्म में शक्ति पाता/पाती हूँ।						
5.	मैं अपने धर्म या आध्यात्म में आराम महसूस करता/करती हूँ।						
6.	मुझे आंतरिक शांति या सुकून महसूस होता है।						
7.	मैं दैनिक कार्यों के बीच ईश्वर से सहायता मांगता/मांगती हूँ।						
8.	मुझे दैनिक कार्यों के बीच ईश्वर का मार्गदर्शन मिलता हुआ महसूस होता है।						
9.	मुझे ईश्वर के प्रेम की सीधी अनुभूति होती है।						
10.	मैं अन्य लोगों के माध्यम से अपने प्रति ईश्वर का प्रेम महसूस करता /करती हूँ।						
11.	सृष्टि की सुंदरता ने मुझे आध्यात्मिक रूप से स्पर्श किया है।						

12.	मुझे मिले आशीर्वादों के लिए मैं आभार महसूस करता /करती हूँ।						
13.	मैं अन्य लोगों के प्रति निःस्वार्थ देखभाल की भावना महसूस करता /करती हूँ।						
14.	मैं औरों को तब भी स्वीकार करता /करती हूँ, जब वे मेरे विचार से गलत कार्य करते हैं।						
15.	मेरी इच्छा है कि मैं ईश्वर के और निकट आ जाऊँ या दिव्यता में एकाकार हो जाऊँ।						



## Appendix 6

### EMOTION REGULATION QUESTIONNAIRE

Description of Measure: A 10-item scale designed to measure respondents' tendency to regulate their emotions in two ways: (1) Cognitive Reappraisal and (2) Expressive Suppression. Respondents answer each item on a 7-point Likert-type scale ranging from 1 (strongly disagree) to 7 (strongly agree).

1. When I want to feel more positive emotion (such as joy or amusement), I change what I'm thinking about.
2. I keep my emotions to myself.
3. When I want to feel less negative emotion (such as sadness or anger), I change what I'm thinking about.
4. When I am feeling positive emotions, I am careful not to express them.
5. When I'm faced with a stressful situation, I make myself think about it in a way that helps me stay calm.
6. I control my emotions by not expressing them.
7. When I want to feel more positive emotion, I change the way I'm thinking about the situation.
8. I control my emotions by changing the way I think about the situation I'm in.
9. When I am feeling negative emotions, I make sure not to express them.
10. When I want to feel less negative emotion, I change the way I'm thinking about the situation.

#### Scoring:

Items 1, 3, 5, 7, 8, 10 make up the Cognitive Reappraisal facet.

Items 2, 4, 6, 9 make up the Expressive Suppression facet. Scoring is kept continuous.

## Appendix 7

### Kessler Psychological Distress Scale (K10)

Items need to respond selecting one of the choice from (score 5) all of the time, (score 4) most of the time, (score 3) some of the time, (score 2) a little of the time, (score 1) none of the time.

1. In the past 4 weeks, about how often did you feel tired out for no good reason?
2. In the past 4 weeks, about how often did you feel nervous?
3. In the past 4 weeks, about how often did you feel so nervous that nothing could calm you down?
4. In the past 4 weeks, about how often did you feel hopeless?
5. In the past 4 weeks, about how often did you feel restless or fidgety?
6. In the past 4 weeks, about how often did you feel so restless you could not sit still?
7. In the past 4 weeks, about how often did you feel depressed?
8. In the past 4 weeks, about how often did you feel that everything was an effort?
9. In the past 4 weeks, about how often did you feel so sad that nothing could cheer you up?
10. In the past 4 weeks, about how often did you feel worthless?

**Scoring instructions:** Each item is scored from one = none of the time to five = all of the time choices. Scores of the 10 items are then summed, yielding a minimum score of 10 and a maximum score of 50. Low scores indicate low levels of psychological distress and high scores indicate high levels of psychological distress. Interpretation of scores:

K10 Score: Level of Psychological distress

- |       |             |
|-------|-------------|
| 10-15 | : Low       |
| 16-21 | : Moderate  |
| 22-29 | : High      |
| 30-50 | : Very High |

## Appendix 8

### SUBJECTIVE WELL-BEING INVENTORY

1. Do you feel your life is interesting? 1. Very much 2. To some extent 3. Not so much
2. Do you feel you have achieved the standard of living and the social status that you had expected? 1. Very much 2. To some extent 3. Not so much
3. How do you feel about the extent to which you have achieved success and are getting ahead? 1. Very good 2. Sometimes 3. Hardly ever
4. Do you normally accomplish what you want to? 1. Most of the time 2. Sometimes 3. Hardly ever
5. Compared with the past, do you feel your present life is 1. Very happy 2. Quite happy 3. Not so happy
6. On the whole, how happy are you with the things you have been doing in recent years? 1. Very happy 2. Quite happy 3. Not so happy
7. Do you feel you can manage situations even when they do not turn out as expected? 1. Most of the time 2. Sometimes 3. Hardly ever
8. Do you feel confident that in case of a crisis (anything which substantially upsets your life situations) you will be able to cope with it for a while? 1. Very much 2. To some extent 3. Not so much
9. The way things are going now, do you feel confident in coping with the future? 1. Very much 2. To some extent 3. Not so much
10. Do you sometimes feel that you and the things around you belong very much together and are integral parts of a common force? 1. Very much 2. To some extent 3. Not so much
11. Do you sometimes experience moments of intense happiness, almost like a kind of ecstasy or bliss? 1. Quite often 2. Sometimes 3. Hardly ever
12. Do you sometimes experience a joyful feeling of being part of mankind as one large family? 1. Quite often 2. Sometimes 3. Hardly ever
13. Do you feel confident that relatives and/or friends will help you out if there is an emergency? 1. Very much 2. To some extent 3. Not so much

14. How do you feel about the relationship you and your children have? 1. Very good 2. Quite good 3. Not so good 4. Not applicable
15. Do you feel confident that relatives and/or friends will look after you, if you severely ill or meet with an accident? 1. Very much 2. To some extent 3. Not so much
16. Do you get easily upset if things do not turn out as expected? 1. Very much 2. To some extent 3. Not so much
17. Do you sometimes feel sad without any reason. 1. Very much 2. To some extent 3. Not so much
18. Do you feel too easily irritated, so sensitive 1. Very much 2. To some extent 3. Not so much
19. Do you feel disturbed by feelings of anxiety and tension? 1. Most of the time 2. To some extent 3. Not so much
20. Do you consider it a problem for you that you sometimes lose your temper over minor things? 1. Very much 2. To some extent 3. Not so much
21. Do you consider your family a source of help to you in finding solutions to most of the problem you have? 1. Very much 2. To some extent 3. Not so much
22. Do you think that most of the members of your family feel closely attached to each other? 1. Very much 2. To some extent 3. Not so much
23. Do you think you would be looked after well by your family / institution in case you were seriously ill? 1. Very much 2. To some extent 3. Not so much
24. Do you feel your life is boring and uninteresting? 1. Very much 2. To some extent 3. Not so much
25. Do you worry about your future? 1. Very much 2. To some extent 3. Not so much
26. Do you feel your life is useless? 1. Very much 2. To some extent 3. Not so much
27. Do you sometimes worry about the relationship you and your family members have? 1. Very much 2. To some extent 3. Not so much, 4. Not applicable
28. Do you feel your friends relatives would help out if you were in need? 1. Very much 2. To some extent 3. Not so much
29. Do you sometimes worry, about the relationship you and your parents have? 1. Very

much 2. To some extent 3. Not so much, 4. Not applicable

30. Do you get easily upset if you are criticized'? 1. Very much 2. To some extent  
3) Not so much
31. Do you feel that minor things upset you more than necessary? 1. Very much 2. To  
some extent 3. Not so much
32. Would you wish to have more friends than you actually have'? 1. Very much 2. To  
some extent 3. Not so much
33. Do you sometimes worry about your health? 1. Very much 2. To some extent  
3. Not so much
34. Do you sometimes feel that you miss real close friends? I. Very much 2. To some  
extent 3. Not so much
35. Do you suffer from pains in various parts of your body? 1. Very much 2. To some  
extent 3. Not so much
36. Are you disturbed by a feeling of giddiness? 1. Very much 2. To some extent 3. Not so  
much
37. Are you disturbed by palpitations/thump in-heart? 1. Very much 2. To some extent 3.  
Not so much
38. Are you troubled by disturbed sleep? 1. Very much 2. To some extent 3. Not so much
39. Do you get tired too easily? 1. Very much 2. To some extent 3. Not so much
40. Do you sometimes worry that you do not have close personal relationship with other  
people? 1. Very much 2. To some extent 3. Not so much

### **Question-wise Scoring**

(item 1-15, 21-23 and 28) - Value 3 is given if the respondent selects the category 1 (very much), Value 2 is given if the respondent selects the category 2 (to some extent); Value 1 is given to category 3 (not so much).

(item 16-20, 24- 27 and 29-40) - Value 1 is given if the respondent selects the category 1 (very much); Value 2 is given if the respondent selects the category 2 (to some extent); Value 3 is given to category 3 (not so much).


(item 14, 27 and 29) if the respondent selects category 4, value 0 (zero) is given. All the values are added to get the total score.

The maximum score is 120. Higher the score, higher is the Subjective Well-being of a person. The total score can be interpreted summarily in the light of three broad score ranges: 40-60, 61-80 and 81-120 to have an overall picture of the well-being status.

The mean score for normal adult Indian samples is 90.8 with standard deviation of 9.2.

## Appendix 9

### Feedback form of Flute music and Yoga Intervention

<p><b>Name:</b> Priya Choudhary Ph.D. Research Scholar in Psychology <b>Supervisor:</b> Dr. Komal Rai <b>Co supervisor:</b> Dr. Hariom Sharma <b>Co supervisor:</b> Dr. Manish Kumar Verma</p>	 <p><b>L</b>OVELY <b>P</b>ROFESSIONAL <b>U</b>NIVERSITY <i>Transforming Education Transforming India</i></p>
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#### Details of the Participants

**Name:**

**Age:**

**Gender:**

**Residence:**

**Q1. How was your experience regarding flute music and yoga intervention?**

**Q2. Explain its benefits in your body?**

**Q3. Would you like to recommend this type of intervention to others in future?**

**Q4. Do you want to continue this intervention in future?**

**Signature of the participant**

# Priya1

*by Priya .*

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