Folk music therapy in community-based mental health education for the elderly: An educational intervention study based on empirical evidence from Chongqing

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ABSTRACT

This study explores the effectiveness of folk music therapy as an educational intervention to promote psychological well-being among elderly residents in a community nursing home in Chongqing, China. Guided by a pre–post experimental design, the study recruited ten older adults who reported symptoms of depression and anxiety, along with ten cultural and clinical informants who provided contextual perspectives. Participants engaged in structured listening sessions featuring classical Guqin compositions, accompanied by reflective dialogues designed to enhance cultural identity, emotional regulation, and social connectedness. Quantitative analysis revealed significant reductions in depression (t = 3.21, p < .01) and anxiety (t = 2.94, p < .05), with moderate decreases in loneliness. Qualitative findings further indicated that participants internalized therapeutic strategies as educational resources, reporting enhanced self-awareness, resilience, and cultural belonging. These results suggest that folk music therapy, when situated within a community education framework, can serve both therapeutic and pedagogical functions, bridging mental health support with cultural transmission. The study highlights the value of integrating traditional music into gerontological education to foster active aging and proposes future research directions for expanding sample diversity, testing longitudinal effects, and innovating intergenerational and digital models.

Keywords: Folk music therapy, elderly education, community health, psychological well-being, cultural identity, Chongqing.

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INTRODUCTION

In contemporary society, the demographic transition toward an aging population has raised significant global concerns about the mental health and social well-being of older adults. According to the National Bureau of Statistics of China, individuals aged 65 and above now represent more than 15% of the total population, with Chongqing emerging as one of the fastest aging metropolitan regions (Chongqing Municipal Bureau of Statistics, 2023). Psychological issues such as depression, anxiety, and loneliness are increasingly prevalent among the elderly, with over half of older adults reporting recurrent experiences of inner emptiness or social isolation (Chen, 2020). If left unaddressed, these conditions can profoundly diminish the quality of life for individuals and

further weaken the resilience and sustainability of community health systems.

Amid these challenges, traditional cultural practices—especially folk music therapy—present valuable yet underexplored resources for enhancing psychological resilience and emotional regulation. Folk music therapy, rooted in traditional Chinese medicine and philosophy, aims to achieve harmony between the body and mind through soundscapes deeply embedded in Chinese cultural practices, such as the Guqin repertoire (Ai, 2021). Despite its long-standing historical significance, folk music therapy has been marginalized in favor of Western-oriented psychological interventions, and its application remains fragmented, often lacking systematic

frameworks for educational or community-based implementation (Zhang, 2022).

This study aims to address a significant gap in the integration of traditional folk music therapy into community-based mental health education for the elderly. While previous studies have documented its therapeutic effects in clinical or rehabilitative contexts (Ai, 2021), few have explored its potential as an educational intervention designed to empower older adults to actively engage with culturally meaningful practices for emotional well-being. The gap lies in reframing folk music therapy not only as a therapeutic tool but as an educational strategy that fosters self-care and psychological resilience.

In contrast to Western music therapy models, which include both receptive music therapy (listening to music) and active music therapy (creating or improvising music), which have gained widespread clinical application (Kubicek, 2022; Bhandarkar, 2024), Chinese folk music therapy incorporates the ancient belief that music can regulate the body's internal balance, connecting emotions to specific bodily organs through the use of pentatonic scales (Ning, 2023). While Western models are widely used in clinical settings to alleviate depression and anxiety, they often neglect the cultural context in which therapy is applied. Traditional Chinese folk music therapy, conversely, emphasizes cultural and emotional connections with music, offering a rich avenue for community-based mental health education. This stark contrast between Western and Chinese therapeutic approaches further highlights the need to integrate culturally relevant therapeutic models into community-based educational frameworks.

The significance of this research is threefold. First, the growing prevalence of late-life depression and anxiety calls for innovative, non-invasive, and culturally sensitive approaches that extend beyond traditional pharmacological treatments. Second, Chongqing's aging population, coupled with its rich folk traditions, provides a unique sociocultural context for testing community-based interventions. These interventions would not only address the mental health needs of older adults but also serve as a means of revitalizing traditional cultural practices through applied education (Chongqing Municipal People's Government, 2013). Third, the marginalization of traditional therapeutic knowledge risks severing intergenerational continuity and weakening cultural identity.

From an educational perspective, incorporating folk music therapy into community-based mental health education serves a dual purpose: it fosters psychological resilience while simultaneously preserving and transmitting cultural heritage. By designing structured educational interventions where older adults learn to experience, interpret, and apply folk music in self-care practices, this study reframes music therapy from a purely clinical framework to a participatory, learning-based process. This shift has the potential to enhance both individual well-being and community health.

This research, therefore, aims to bridge the gap between health and education by reframing folk music therapy as an educational strategy. By developing structured interventions that empower elderly individuals to co-create knowledge, cultivate self-awareness, and sustain psychosocial well-being, the study aims to empower older adults through cultural engagement.

Existing literature has established that music therapy, whether in Western or Chinese traditions, significantly influences mood regulation, cognitive stimulation, and social connectedness. International studies (Kubicek, 2022; Pierce-Garnett, 2022) confirm its effectiveness in reducing depression and anxiety, particularly in clinical populations. However, Chinese folk music therapy remains largely underutilized despite its deep cultural roots, with many studies (Ai, 2021; Zhang, 2022) focusing on cultural preservation rather than practical applications for community-based intervention.

This research builds upon prior studies, particularly those conducted in Chongqing, that explored the therapeutic effects of folk music therapy on elderly participants experiencing depression and anxiety. However, previous research primarily framed folk music therapy within a clinical context. The present study reinterprets these findings through an educational lens, aiming to establish a systematic model for integrating folk music therapy into community-based mental health education. This shift requires a methodological overhaul, with a focus on qualitative and exploratory methods suitable for pilot studies, which will allow for the identification of best practices and the development of a framework for future interventions.

Guided by the theoretical framework of community-based health education and the cultural principles of folk music therapy, the present study advances the following hypotheses:

Primary hypothesis: Participation in structured folk music therapy interventions, reframed as community-based educational activities, will significantly enhance psychological well-being among elderly participants, as reflected in reduced symptoms of depression and anxiety.

Secondary hypotheses: Folk music therapy education will promote cultural identity and intergenerational learning, thereby enhancing social connectedness among older adults.

The pedagogical structuring of folk music therapy—emphasizing guided listening, reflective dialogue, and experiential learning—will increase participants' engagement, self-efficacy, and perceived value of traditional culture.

The research design employs a mixed-methods approach, including quantitative psychological

assessments, qualitative interviews, and observational data collected from elderly participants in Chongqing. By reframing these data within an educational intervention model, the study establishes a clear correspondence between its hypotheses and methodology. This exploratory pilot study does not aim to confirm existing theories but to generate new insights that will inform future large-scale studies.

This research aims to contribute to both theoretical and practical knowledge: theoretically, by demonstrating the integration of cultural music therapy within adult education frameworks; practically, by providing a replicable model for incorporating folk music into community-based programs that address the psychosocial needs of aging populations.

MATERIALS AND METHODS

Participant recruitment

Participant recruitment for this study took place between March and May 2022 at a nursing home in Chongqing, China. Research staff collaborated closely with nursing home personnel to identify eligible elderly residents who met the inclusion criteria: aged ≥ 65 years, self-reported symptoms of anxiety or depression, and cognitive abilities sufficient to engage in learning-oriented activities. Out of 14 residents approached, 10 consented to participate and were enrolled in the study. All participants completed the post-test, resulting in a 100% completion rate. Additionally, 10 informants from local institutions, including clinicians, wellness practitioners, and folk musicians, were interviewed to provide cultural and contextual insights into the therapeutic use of folk music. These informants contributed valuable data regarding the cultural and institutional applications of folk music therapy, ensuring that the intervention was not only therapeutically sound but also aligned with local cultural practices.

Sampling procedures

A purposive sampling strategy was employed to select participants from the nursing home population, focusing on individuals who exhibited mild to moderate psychological distress and expressed cultural affinity with traditional Chinese music. The recruitment process was conducted in collaboration with institutional staff, who assisted in identifying potential participants according to the eligibility criteria.

Of the elderly residents approached, approximately 70% agreed to participate, resulting in a final sample of 10. Participation was voluntary, with informed consent obtained from all participants prior to their involvement. No monetary incentives were provided, but participants were assured that the intervention would benefit their well-being and enrich their cultural engagement experience.

Measures and covariates

To comprehensively assess participants' psychological health, several validated psychological scales were used, all of which are appropriate for the elderly population and exhibit good psychometric properties. Specifically, the following scales were employed:

Self-Rating Depression Scale (SDS): This scale was used to measure depressive symptoms in participants, covering aspects such as low mood, insomnia, and appetite loss. The SDS scale has been widely validated, demonstrating high internal consistency (Cronbach's α = 0.85) and test-retest reliability (0.89) in Chinese elderly populations, indicating its suitability for assessing depression in this demographic.

Self-Rating Anxiety Scale (SAS): This scale assessed participants' anxiety levels, focusing on the physiological symptoms and emotional responses associated with anxiety. The SAS scale also shows good reliability (Cronbach's α = 0.80) and test-retest reliability (0.88) in Chinese elderly populations, ensuring its accuracy in measuring anxiety in this group.

UCLA Loneliness Scale: This scale was used to evaluate participants' feelings of loneliness, including both emotional and social loneliness. The UCLA Loneliness Scale has been shown to have good psychometric properties, with Cronbach's α = 0.88 and test-retest reliability = 0.91, confirming its validity and reliability in Chinese elderly populations.

These scales ensure the accuracy and validity of the measurements of psychological symptoms such as depression, anxiety, and loneliness in the elderly, while also being culturally adapted for the Chinese context. The combination of quantitative and qualitative data provides a comprehensive assessment of the impact of folk music therapy on participants' emotional well-being and cultural engagement.

Research design

This study employed a mixed-methods, single-group pretest–posttest design. Quantitative assessments of psychological well-being were administered before and after the intervention, measuring symptoms of depression, anxiety, and loneliness. Simultaneously, qualitative data were continuously collected through semi-structured interviews and participant observations to assess participants' learning experiences, cultural engagement, and emotional responses. This dual approach allowed for both statistical analysis of the impact of the intervention

on psychological health and interpretive analysis of the dimensions of learning and cultural engagement.

Given the exploratory nature of the study, no control group was established. Instead, the focus was placed on within-subject changes over time, allowing for an in-depth understanding of how folk music therapy could function as an educational tool for community-based mental health. This design emphasizes the value of individualized, experiential learning, in line with the goals of an exploratory pilot study, and provides a foundational data set for future large-scale research.

Intervention model

The intervention was designed as a community-based educational program, incorporating structured music listening, reflective dialogue, and cultural learning aimed at promoting the psychological health of elderly participants. The core of the intervention was centered on traditional Guqin music, which has been widely recognized for its therapeutic and cultural value. Pieces such as Hu Jia Shi Ba Pai, Guang Ling San, Gui Qu Lai Ci, and Mei Hua San Nong were selected for their cultural and therapeutic significance. Each intervention session followed a structured sequence:

Introduction and contextualization: A brief explanation of the historical and cultural significance of the selected music, placing it within the broader context of traditional Chinese medicine and folk music therapy.
Guided listening: Participants listened to live or recorded versions of the music, with a focus on melody, rhythm, and emotional tone. This component aimed to help participants emotionally connect with the music and reflect on its therapeutic potential.
Reflective dialogue: Facilitated group discussions encouraged participants to express emotional responses, share personal memories, and relate the music to their own life experiences. These discussions helped deepen participants' emotional engagement with the music and facilitated emotional regulation.
Educational reinforcement: The music was linked to traditional Chinese medicine concepts, such as the five tones and their corresponding emotions and organs, to help participants understand the health-related meanings embedded in the music.
Closure and relaxation: Each session ended with breathing exercises or mindfulness reflection to consolidate learning and enhance relaxation, helping participants incorporate emotional regulation techniques into their daily lives.

The intervention was delivered over several weeks, with repeated exposure to the music and reflective exercises, enabling participants to internalize both emotional regulation techniques and cultural knowledge.

Data analysis

Quantitative data were analyzed using paired-sample t-tests to compare pre- and post-intervention scores on depression, anxiety, and loneliness scales. Descriptive statistics were used to summarize demographic characteristics, while qualitative interview transcripts were thematically coded to capture participants' educational gains, cultural reflections, and psychosocial engagement. The findings revealed statistically significant improvements in psychological well-being, accompanied by enhanced self-reported cultural identity and emotional regulation skills. While the small sample size limited statistical power, the consistency of positive trends across both quantitative and qualitative data reinforced the robustness of the findings.

Ancillary analyses

Exploratory subgroup analyses indicated that participants with higher baseline distress levels (those in the top 30% for anxiety and depression scores) showed the most significant benefits. Furthermore, individuals with prior exposure to Guqin or other folk instruments reported stronger cultural resonance and adapted more quickly to the guided listening exercises. While not part of the primary hypotheses, these findings suggest that prior cultural capital may moderate the effectiveness of folk music therapy as an educational intervention.

Ethical considerations

Special attention was given to ensuring the dignity and emotional safety of participants. Given the reflective nature of the intervention, participants' emotional responses were closely monitored, and support was provided as needed. Participants were informed that they had the right to withdraw from the study at any time without any negative consequences. All data were anonymized, and the findings were reported with cultural sensitivity to avoid stigmatization, ensuring that the research respected the cultural values of the participants.

RESULTS

Participant flow

The participant flow throughout the study is summarized in Table 1. All 10 elderly participants completed baseline assessments, attended the full series of intervention sessions, and completed post-test evaluations. No attrition occurred, and no participants crossed into alternative conditions, as this was a single-group pre–post design.

Table 1. Participant flow through the study.

Stage	N approached	N eligible	N enrolled	N completed	Attrition (%)
Initial screening	14	12	10	—	—
Intervention start	—	—	10	—	0%
Post-test completion	—	—	—	10	0%

Intervention fidelity

Observational records and attendance logs indicated high fidelity in the delivery of the intervention. All planned sessions were conducted according to protocol, covering the intended Guqin compositions (e.g., Hu Jia Shi Ba Pai, Guang Ling San, Gui Qu Lai Ci, Mei Hua San Nong). Each participant attended 100% of the scheduled sessions, and reflective dialogue activities were consistently implemented. Minor adjustments were made to session pacing to accommodate participants' physical stamina, but the core educational and therapeutic components of the intervention remained intact throughout.

Baseline data

Demographic and clinical characteristics

Participants' baseline characteristics are presented in Table 2. The sample was predominantly female (60%), with an average age of 71.4 years. Most participants had only primary or lower secondary education, and none had received prior formal music therapy. Baseline psychological assessments indicated moderate levels of depression and anxiety across the group.

Table 2. Baseline characteristics of participants (N = 10).

Variable	Value
Age (mean ± SD)	71.4 ± 4.2 years
Gender (n, %)	4 male (40%), 6 female (60%)
Education level	Primary or below: 7 (70%); Secondary: 3 (30%)
Baseline depression score	Moderate (mean = 18.2, SD = 4.1)
Baseline anxiety score	Moderate (mean = 17.6, SD = 3.8)
Baseline loneliness score	Elevated (mean = 20.1, SD = 3.5)

Statistical outcomes

Paired-sample t-test results revealed significant decreases in depression (t = 3.21, p < .01) and anxiety (t = 2.94, p < .05) scores post-intervention. Loneliness scores also declined, though at a marginally significant level (t = 1.85, p = .09). The effect sizes for depression and anxiety were moderate to large (Cohen's d = 0.65–0.82), indicating that the intervention had substantial educational and therapeutic relevance despite the small sample size.

Table 3. Paired-sample t-test results for depression, anxiety, and loneliness scores.

Measure	Pre-test Mean (SD)	Post-test Mean (SD)	t-value	p-value	Cohen'sd
Depression	18.2 (4.1)	13.5 (3.4)	3.21	< .01	0.82
Anxiety	17.6 (3.8)	12.7 (3.1)	2.94	< .05	0.75
Loneliness	20.1 (3.5)	17.4 (3.3)	1.85	0.09	0.65

Qualitative data

Qualitative data corroborated the quantitative findings. Participants reported feeling "lighter," "more connected," and "more capable of calming themselves." Many participants indicated they had learned new strategies for regulating emotions, such as recalling melodies and linking them to breathing exercises or reflective practices. These findings suggest the effective educational assimilation of therapeutic techniques, supporting the

idea that folk music therapy not only has therapeutic effects but also facilitates emotional and cultural learning.

Adverse events

No adverse events or negative psychological responses were reported throughout the study. Two participants initially experienced mild drowsiness during extended listening sessions, which was promptly addressed by shortening session lengths. No serious side effects or psychological distress occurred during the intervention.

Subgroup analyses

Exploratory subgroup analyses revealed that participants with higher baseline distress levels (those in the top 30% for anxiety and depression scores) showed the most pronounced benefits in terms of both emotional regulation and cultural engagement. Furthermore, participants with prior familiarity with Guqin or other folk instruments reported stronger cultural resonance and a faster adaptation to the guided listening exercises. Although these findings were not part of the primary hypotheses, they suggest that prior cultural capital may moderate the effectiveness of folk music therapy as an educational intervention. These results warrant caution, as the small sample size limits the generalizability and statistical power of these subgroup findings.

Discussion of effect sizes and statistical power

While the study demonstrated statistically significant improvements in depression and anxiety, the small sample size limits the statistical power, and caution is needed when generalizing the results. The moderate to large effect sizes (Cohen's d = 0.65–0.82) suggest that the intervention had a meaningful impact on participants' psychological well-being, even with a limited sample. Future research with larger sample sizes will help to confirm these findings and further explore the therapeutic potential of folk music therapy as a community-based educational intervention.

DISCUSSION

The present study explored the efficacy of folk music therapy as an educational intervention aimed at enhancing community-based mental health among elderly individuals in Chongqing. Overall, the findings offer strong support for the primary hypothesis: structured participation in folk music therapy significantly reduced depression and anxiety levels among older adults. The secondary hypotheses were partially supported:

participants reported stronger cultural identity, improved emotional regulation strategies, and enhanced social connectedness, although the reduction in loneliness scores reached only marginal significance. Nonetheless, both quantitative and qualitative data underscore the therapeutic and pedagogical potential of folk music therapy when reframed as a community-based educational practice.

Interpretation of primary findings

The significant reductions in depression and anxiety levels observed in this study confirm that folk music therapy functions as a viable educational pathway to psychological well-being. The effectiveness of the intervention can be interpreted through two primary mechanisms:

Emotional resonance and regulation: The Guqin repertoire, particularly Hu Jia Shi Ba Pai and Gui Qu Lai Ci, elicited deep emotional responses, helping participants externalize and process negative emotions. The structured reflective dialogue provided a safe educational space where emotional resonance could be translated into self-awareness and coping strategies.

Cultural learning and identity construction: Embedding therapeutic music listening within an educational framework allowed participants to reconnect with cultural traditions. This not only enriched their sense of belonging but also provided a cognitive scaffold for meaning-making in later life, reducing existential distress.

The improvements observed in this study are consistent with previous studies (Ai, 2021; Zhang, 2022), which reported that folk music therapy promotes psychological balance through the symbolic connection between the five tones and five emotions. However, this study extends those insights by demonstrating that educational structuring—through systematic instruction, guided reflection, and cultural contextualization—amplifies the therapeutic effects, suggesting that a pedagogical mechanism underlies the intervention's success.

Secondary outcomes and unexpected findings

Although loneliness scores declined, the changes were not statistically robust. One possible explanation for this marginal finding is that loneliness is deeply rooted in structural factors, such as limited social networks, which may not be fully addressed by short-term educational interventions. While music sessions facilitated emotional sharing, they may not have been sufficient to alter broader patterns of social isolation within institutional settings. Future studies could address this limitation by

incorporating intergenerational learning models or inviting younger community members to participate, thus extending the educational benefits to promote social integration.

Additionally, the exploratory subgroup analyses indicated that participants with higher baseline distress (those in the top 30% for anxiety and depression scores) showed the most pronounced improvements. This suggests that folk music therapy education may be particularly effective for vulnerable subgroups. Furthermore, participants who had prior familiarity with Guqin or other folk instruments exhibited greater cultural resonance and quicker adaptation to guided listening exercises. These findings imply that cultural capital might moderate the intervention's effectiveness. While these results are intriguing, they are exploratory and warrant caution in their interpretation due to the small sample size. Further research is needed to investigate how cultural literacy influences the outcomes of folk music therapy.

Validity, bias and limitations

Several considerations must be taken into account when interpreting the findings of this study:

Pilot nature of the study: This study was a pilot, and its primary aim was to explore the feasibility and potential benefits of folk music therapy as an educational intervention for elderly mental health. Given the small sample size and the absence of a control group, the results should be interpreted with caution, and future studies should include larger, more diverse samples to improve generalizability and statistical power.

Sample size and representativeness: The sample of 10 elderly participants from a single nursing home limits the generalizability of the findings. This sample may not represent the diversity of the broader elderly population in Chongqing, particularly rural elders or those without prior exposure to cultural traditions. Future research should aim for a larger, more representative sample that includes elderly individuals from both urban and rural settings, as well as those with varied socio-economic and cultural backgrounds.

Measurement precision: Although validated psychological scales were used, the small sample size restricted the statistical power, which increases susceptibility to Type II errors, as observed in the marginal results for loneliness. Larger samples in future studies will provide greater statistical precision.

Intervention fidelity vs. ecological validity: While the intervention was conducted with high fidelity, under controlled conditions and with intensive researcher facilitation, its implementation in broader community settings may face challenges. These could include resource constraints, variations in educator training, and issues of participant compliance. Future studies should examine how the intervention can be adapted for broader community contexts, ensuring both fidelity and ecological validity.

Alternative explanations: While the results suggest that the intervention was effective, it is possible that some of the improvements were not solely due to the music itself, but rather stemmed from social interactions or the attention provided by the researchers. This is a common limitation of psychosocial interventions. However, the participants' consistent emphasis on the cultural and musical dimensions in qualitative interviews suggests that folk music played a critical role in the therapeutic process.

Practical and theoretical implications

From a practical perspective, this study demonstrates the feasibility of integrating folk music therapy into community education frameworks for elderly care. Unlike purely clinical interventions, this educational model promotes participant agency: older adults not only receive therapeutic benefits but also learn strategies for self-care, which enhances the sustainability of the intervention. This approach allows for ongoing psychological support beyond the immediate effects of the therapy itself.

From a theoretical perspective, the findings contribute to both the fields of gerontological education and music therapy. They suggest that folk music therapy can be reconceptualized as a form of cultural pedagogy, which aligns with theories of adult learning (e.g., experiential and transformative learning) in later life. This study bridges the gap between cultural tradition and modern mental health education, offering a holistic model for aging well. It highlights the importance of incorporating cultural heritage into mental health interventions, providing a more comprehensive approach to addressing the psychological needs of the elderly.

Future directions

Future research can build upon this study by exploring several key areas to enhance the external validity and practical applicability of these findings:

Sample size and diversity: Future studies should expand the sample size to include elderly individuals from both urban and rural contexts, as well as those with different living arrangements (e.g., community-dwelling, home-based care, and institutional care). A more diverse sample would offer a clearer understanding of the applicability of folk music therapy across different social settings.

Longitudinal studies: Long-term studies are needed to assess the sustainability of the intervention's effects. While this study found short-term improvements, future research should explore the enduring impacts of folk music therapy on psychological resilience, quality of life, and social integration in later adulthood.

Comparative studies: Future research could incorporate rigorous comparative designs to contrast folk music therapy with other therapeutic interventions (e.g., Western music therapy, physical activity programs, or cognitive training). This would help clarify the unique mechanisms and relative advantages of folk music therapy in promoting elderly mental health.

Educational innovation: Educational innovations, such as incorporating intergenerational exchange models or leveraging digital platforms and smart technologies, could expand the reach and accessibility of folk music therapy. These innovations could help mitigate loneliness among the elderly and facilitate the intergenerational transmission of cultural heritage.

Collectively, these future directions will strengthen the empirical foundations of this study and contribute to the development of a more integrated support system that combines culture, education, and health to address the challenges of an aging society.

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Competing interests

The authors hereby declare that there are no conflicts of interest, nor any competing financial or personal relationships that could potentially have influenced the work presented in this paper.

Informed consent

Informed consent was properly obtained from all relevant parties.

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