

Music therapy's effects on levels of depression, anxiety, and social isolation in Mexican farmworkers living in the United States: A randomized controlled trial[☆]



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ABSTRACT

The purpose of this research was to determine if group music therapy significantly affected Mexican farmworkers' levels of depression, anxiety, and social isolation. Anxiety, depression, and social isolation have all been found in high levels in this population; however, intervention studies have not been conducted to determine which interventions could be effective in alleviating these symptoms. While significant results were not found for the music therapy group over the control group, effect sizes were promising. This research could lead the way to developing best practice interventions for Mexican farmworkers experiencing mental health issues. Limitations and suggestions for future research were also discussed.

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Introduction

Depression, anxiety, and social isolation have been found to be substantial mental health problems for the Mexican farmworkers living and working throughout the United States. (Grzywacz et al., 2006; Hovey & Magaña, 2002a,b, 2003). However, no intervention studies have been published documenting best practices for addressing these mental health concerns with this population. A pilot study (Schwantes & McKinney, 2011) demonstrated the possibility of music therapy as a viable method for alleviating the symptoms of depression; however, a control group was not used. Based on this initial research, the authors determined that a randomized controlled trial (RCT) was needed to measure the effects of a series of group music therapy sessions on farmworkers' levels of anxiety, depression, and social isolation. The following study outlines an RCT conducted with Mexican farmworkers in Western North Carolina (Fig. 1).

Literature review

Who is the average farmworker? According to the National Agricultural Workers Survey (1998) the average farmworker is a 29-year old married male with around 6 years of education. In North Carolina alone, there are 150,000 farmworkers who come to the

state each year to participate in the harvest and care of the state's \$59 billion agricultural industry. Farmworkers earn \$11,000 a year annually, making them the nation's second lowest wage earners. Additionally, farmworkers have a life expectancy of 49 years and have little to no access to health care, let alone mental health services (North Carolina Farmworker Institute, 2007). Anxiety and depression have been thoroughly documented in migrant farmworker (Hovey & Magaña, 2002a,b, 2003). Grzywacz et al. (2006) found that nearly 25% of the migrant farmworker population was dealing with some type of mental health issue. Stressors that cause these mental health issues include (a) separation from family, (b) work demands, (c) housing issues, (d) income, (e) language, and (f) isolation, among others (Hovey & Magaña, 2003). In addition, ineffective social support has also been shown to affect farmworkers' levels of anxiety particularly in those individuals who have higher levels of education (Hovey & Magaña, 2002a). Social support was found to affect cognitive anxiety, affective anxiety, and physiological anxiety. Mental health issues stemming from lack of social support may affect farmworkers' overall health negatively and can additionally lead to problem drinking further affecting their situation (Finch, Frank, & Vega, 2004). However, barriers to accessing mental health services have been found to be a compounding factor in ameliorating these concerns. Bechtel, Shepherd, and Rogers (1995) identified language, low income, minimal access to adequate health care providers, and a sense of powerlessness in the community as the most prevalent.

The aforementioned studies have documented the overall mental health of Mexican farmworkers in the United States and also suggested ideas for addressing these mental health concerns with community services. Bechtel et al. (1995) recommended

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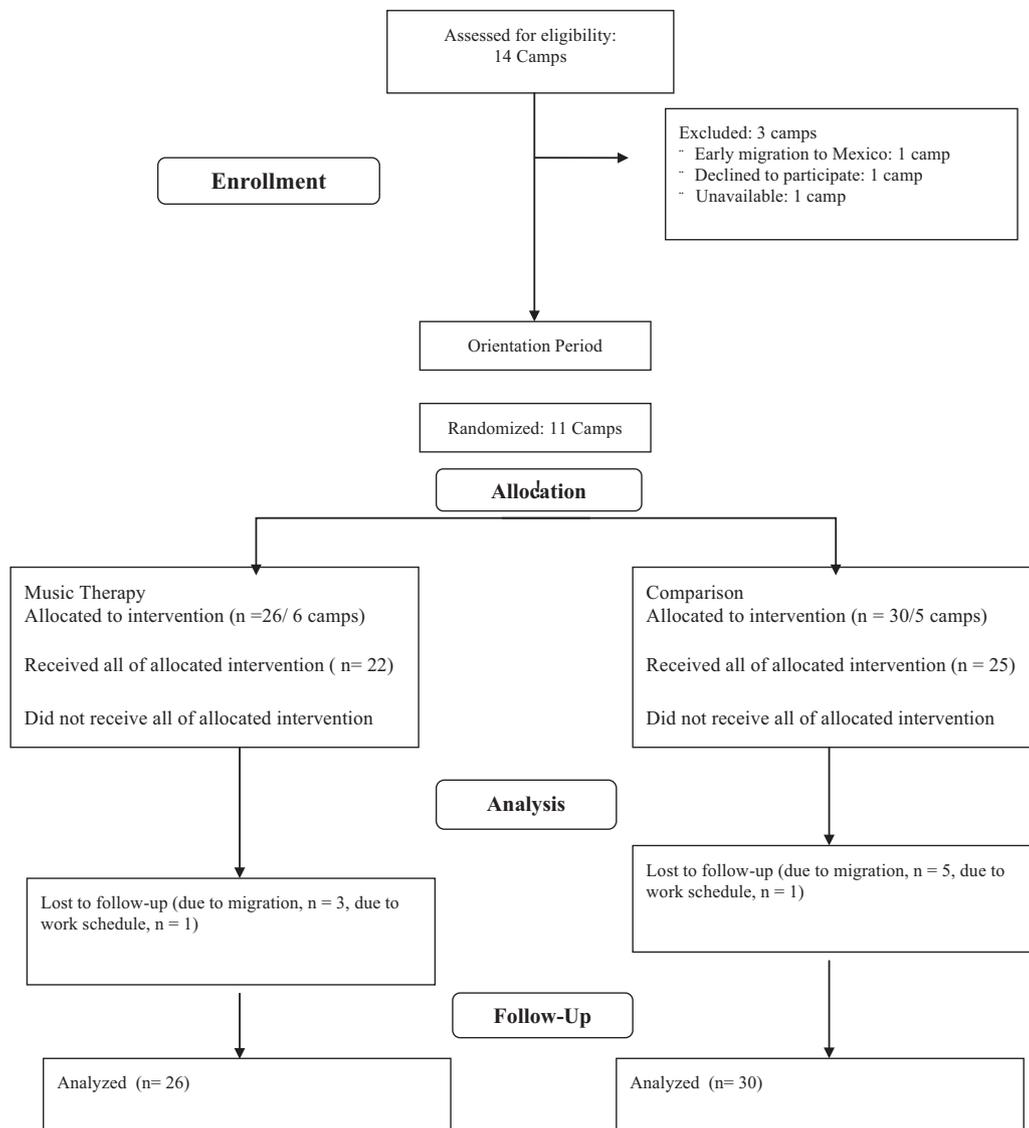


Fig. 1. Camp allocation.

establishing trust and rapport with the farmworker community prior to engaging in assessment and services. They also recommended providing services that have been developed with farmworker input in their communities rather than in mental health facilities. Social support groups were recommended as a preventative strategy (Hovey & Magaña, 2002a). The researchers recommended that these sessions focus on migration, sense of self, hopes and dreams for the future, and healthy coping skills.

Previous research has indicated that music therapy may alleviate some of the mental stress that farmworkers experience (Schwantes & McKinney, 2011). Music therapy's approach may be more accessible and less stigmatizing than traditional forms of talk therapy. It has also been shown to alleviate some of the symptoms of anxiety (Kerr, Walsh, & Marshall, 2001; Robb, 2000). In addition, music therapy used in group settings can alleviate symptoms of depression (Hsu & Lai, 2004; Teague, Hahna, & McKinney, 2006). Music therapy interventions used in these studies included improvisation, songwriting, lyric analysis, group music making, and listening to music. Learning an instrument, in addition to improvisation and music listening, was identified as an effective intervention when working with refugees who had experienced trauma (Orth, Doorschodt, Verburgt, & Drozdek, 2004).

However, even though music is portable and accessible (Forest, 2000), music therapists have documented the challenges of working cross-culturally with different populations (Bradt, 1997; Forest, 2000; Zharinova-Sanderson, 2004). A collective, rather than an individual approach is often warranted when working with non-Western populations (Bradt, 1997). Finally, while potentially cumbersome, using an interpreter may be necessary (Zharinova-Sanderson, 2004).

Given the challenges facing this population it was important to consider not only the music therapy interventions that would best meet their needs, but also the context in which these sessions would take place. Community Music Therapy (CoMT) as defined by Stige (2002) values the community in which music therapy is taking place. Ansdell (2002) also emphasized the ability of CoMT to acknowledge "the social and cultural factors of their health, illness, relationships and music. ...and is a response both to overly individualized treatment models and to the isolation people often experience within a society" (Ansdell, 2002, 48). Working with Mexican farmworkers in the United States requires that the music therapy sessions take into account not only the mental health needs, but the cultural and social factors that are contributing to these serious mental health issues.

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