

The logo for GSRI (Gurmat Sangeet Research Internship) is a blue rectangle with an orange border. Inside the rectangle, the letters "GSRI" are in a white, bold, sans-serif font. To the right of "GSRI", the words "Gurmat Sangeet" and "Research Internship" are stacked in a smaller, white, sans-serif font.

GSRI Gurmat Sangeet
Research Internship

Healing Through Raag: Investigating the Emotional Impact of Gurmat Raags on Elderly Wellbeing in Long-Term Care

Author: Gurbakhash Singh

July 27th, 2025

Healing Through Raag: Investigating the Emotional Impact of Gurmat Raags on Elderly Wellbeing in Long-Term Care

Gurbakhash Singh

Abstract:

This paper examines how Raag Asa, Bhairavi, and Todi influence the emotional wellbeing of aging residents in long-term care. Grounded in both Gurbani tradition and contemporary research on music therapy, this project examines whether the emotional attributes commonly associated with each raag indeed resonate with seniors, including those struggling with loneliness, memory loss, or emotional regulation difficulties. Weekly live raag sessions were conducted with traditional instruments such as the dilruba and taus. Residents provided pre- and post-session mood surveys, and staff provided informal feedback. The aim is to determine whether raags such as Asa, attributed with motivation, Bhairavi, attributed with emotional tenderness, and Todi, attributed with depth and spiritual connectedness, can provide measurable or observable changes in emotional state. This project also considers how Gurmat Sangeet, aside from being a cultural or spiritual practice, can be utilized as a healing tool for vulnerable populations especially when shared with intention and compassion.



Photographs from conducted Gurmat Sangeet sessions. These images show the use of traditional Sikh instruments, including the Rabab, Taus and Jori, during weekly performances of Raag Asa, Bhairavi, and Todi in an informational and cross-cultural setting.

1.0 Introduction:

Sri Guru Granth Sahib Ji, the eternal Guru of the Sikhs, consists of 1430 angs of spiritually rich hymns called shabads. These shabads are written in a variety of poetic meters and are musically rendered in specific raags which are melodic structures based on Indian classical tradition. The Guru Granth Sahib Ji, written in the Gurmukhi script, includes bani from six Sikh Gurus: Guru Nanak Dev Ji, Guru Angad Dev Ji, Guru Amar Das Ji, Guru Ram Das Ji, Guru Arjan Dev Ji, and Guru Tegh Bahadur Ji. Aside from the Guru Sahiban, the scripture includes the spiritually aligned works of fifteen Bhagats, eleven Bhatts, and various Gursikhs of different religious and social backgrounds¹. What is unique about Sri Guru Granth Sahib Ji compared to world spiritual literature is the incorporation of music as part of scripture. With the exception of some compositions such as Japji Sahib, Saloks, and some Swayyas, most of the shabads are assigned to thirty-one main raags and many variations². These raags provide a musical and emotional scaffolding that leads the listener to a particular state of awareness. Each raag has its own unique composition including specified ascending and descending note patterns (aroh and avroh), mood (rasa), time of performance, and emotional flavor all of which help to shape how the message of the shabad is perceived². The poetic structures employed throughout are pauris, channts, padhe, and swayyas, each selected to communicate the message of the Guru in a rhythm and form that enhances its spiritual richness. This intentional coupling of bani and raag is at the heart of Gurmat Sangeet, Sikhism's musical tradition and a reflection of the conviction that spiritual knowledge is optimally received through a vehicle that appeals to both mind and heart². Taking its cue from this practice, this paper considers whether the emotional and spiritual potency of raag can bolster mental wellbeing in contemporary contexts. By examining Raag Asa, Bhairavi, and Todi, this research seeks to measure their effect on long-term care residents who have emotional dysregulation, dementia, or social isolation. Working from classical interpretations as well as contemporary observation, the project aims to show how Gurmat Sangeet can function not just as a spiritual practice, but also as a viable method of healing and connection in vulnerable seniors' lives.

1.1 Objectives:

This project aims to investigate the emotional and psychological effects of Raag Asa, Raag Bhairavi, and Raag Todi on elderly residents in a long-term care facility. Through live performances, mood surveys, and staff observations, the study will assess whether the traditional emotional associations of these Gurmat Raags are reflected in real-life responses. The broader objective is to explore the potential of Gurmat Sangeet as a culturally rooted tool for emotional support in eldercare.

1.2. Limitations:

Limitations of this study include a small sample size, simplified data collection tools, and limited access to scholarly raag literature, much of which is in Punjabi or passed down orally. The author's science-based background may also affect the structure and interpretation of findings, which may differ from traditional humanities approaches.

2.0 Raag Overview and Emotional Associations

Each raag in this study was selected for its distinct emotional identity as described in classical and Gurmat Sangeet traditions:

- Raag Asa is known for its energizing, motivational quality. While it is traditionally sung in the early morning and associated with spiritual resolve and courage, it is also heard during evening prayers such as Sodar Rehraas Sahib, highlighting its versatile and devotional character.³
- Although Raag Bhairavi does not appear in Sri Guru Granth Sahib Ji as a raag containing any bani, it has become deeply integrated into the evolution of Sikh Kirtan traditions, particularly through its frequent use at the conclusion of kirtan sessions due to its reflective and tender emotional quality. In this study, its calming impact is used as a framework to highlight the potential emotional effects of similar raags within Sri Guru Granth Sahib Ji, such as Raag Asavari Sudhang and Raag Gauri Mala, which share structural or behavioral similarities with Bhairavi in terms of sur usage and emotional tone⁴.
- Raag Todi is among the most emotionally intense raags, expressing deep longing, detachment, and spiritual yearning⁵. Todi is often described as introspective, and it can evoke both sadness and serenity depending on its phrasing⁵.

The experiment aims to compare these theoretical associations with observed emotional responses in real-life participants.

2.1 Raag Asa: Motivation and Inner Resolve:

Raag Asa is one of the morning raags that form the basis of Sikh tradition. Although Raag Asa is classically performed in the early morning and used extensively in Asa di Vaar, it is also heard during Sodar Rehraas Sahib in the evening, which speaks to its versatile, devotional nature. The mood of Asa is inspirational and is known to inspire strength, determination, and optimism. Musically, the aroh is many times straightforward, but the avroh often employs nonlinear movements, such as the leap from Sa to Dha and then Pa to Ga. This renders it accessible melodically and stabilizing emotionally. The vadi (dominant note) of Asa is Ma, and the samvadi (sub-dominant) is Sa, both of which solidify a grounded, concentrated listening experience³. This raag was chosen to see if the uplifting nature of this raag is translated into visible signs of energy or emotional upliftment among elderly residents.

Aroh: SRMPDS'

Avroh: S'NDPMGRSRGS

2.2 Raag Bhairavi: Reflection and Soft Release:

Although Bhairavi is not a classical raag of Gurmat Sangeet, many compositions and bandishes of Sikh shabad singing use its melodic framework⁴. Raag Bhairavi is traditionally performed near the conclusion of kirtan sessions and is valued for its ability to create a sense of calm and finality⁴. In Hindustani classical music, as well as in these Sikh devotional compositions, Bhairavi is identified with gentleness, compassion, and emotional release⁴. Bhairavi is a sampurna raag, incorporating all seven swars, but its overall nature is gentle and slow⁴. Vadi note Ma and samvadi note Sa combine to form a soothing musical atmosphere⁴. Bhairavi belongs to the vakra jaati, meaning that it utilizes zigzag or non-linear patterns of notes in its aroha and avaroha, which creates a unique emotional complexity that adds to its meditative and calming quality⁴. Bhairavi is said to create a reflective mood⁴. In residents who are anxious or emotionally disturbed, Bhairavi may be an effective sonic adjunct to relaxation. This paper suggests investigating whether the traditional calming properties of Bhairavi produce measurable behavioral or mood changes in the long-term care facility.

Aroh: SrgMPdnS'

Avroh: S'ndPMgrS

2.3 Raag Todi: Yearning and Emotional Depth:

Raag Todi is a deeply soulful and complex raag of the classical and Sikh traditions. Its vakra aroh and avroh, flattened komal Re, Ga, and Dha, and sharp teevra Ma give it a deep emotional flavor that can convey longing, detachment, and spiritual introspection⁵. Todi is generally used to express separation, surrender, or longing for mergence with the Divine. Its vadi is Dha, and samvadi is Ga, which, when emphasized, create a deep, pulling feeling that resonates on an emotional level⁵. Raag Todi was chosen for this study for its ability to reach the emotional memory and inner stillness of grieving or disconnected residents. Whether the emotional weight of Todi is actualized in the stillness of quiet contemplation, tears, or peaceful withdrawal in participants will be evaluated in this session.

Aroh: Srgm, P, mdNS'

Avroh: S'Nd,P,mdmgrS

3.0 Methodology:

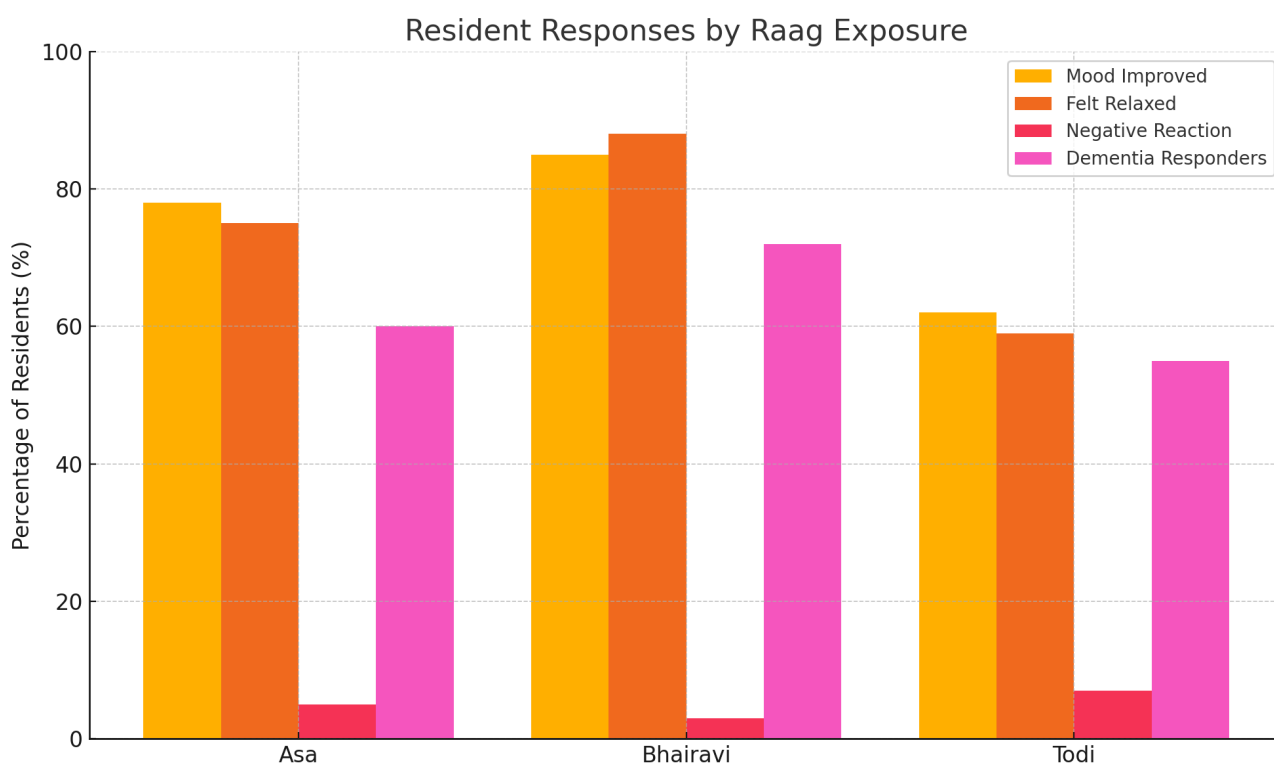
The study took place at the Tall Pines Long-Term Care Centre in Brampton, Ontario, where the researcher volunteers weekly. Each raag was played live on traditional Sikh string instruments (dilruba, taus, tabla) over three weeks during regular music therapy sessions. Sessions were conducted in the same space, at the same time of day, with controlled environmental factors to reduce external variables. Residents were invited to complete a simplified mood survey using icons

to describe how they were feeling (happy, neutral, calm, tired, etc.) before and after each performance. Surveys were simplified to ensure accessibility, especially for residents with dementia or cognitive impairment. Nursing staff and recreation coordinators were invited to provide observational notes on resident behavior and participation during the session. No names or identifying factors were recorded. All participants gave verbal consent through care providers, and ethical considerations were reviewed with the facility staff team.

4.0 Results:

The study collected mood survey responses and staff observational notes across three weeks of live performances featuring Raag Asa, Raag Bhairavi, and Raag Todi. Due to the accessibility-focused design, many residents used simplified icon-based surveys to indicate emotional states before and after sessions. Observational notes from nursing and recreation staff provided qualitative insight into behavioral changes and engagement levels.

4.1 Data Charts:



1. Positive Response

This refers to any clear emotional or behavioral improvement observed in the resident following a Gurmat Raag session. Examples include smiling, visibly relaxing, showing interest in the music, initiating social interaction, or expressing verbal appreciation. These responses were common among residents without cognitive impairments, but also noted in some with early or mid-stage dementia.

2. Neutral Response

A neutral response indicates no significant observable change in the resident's emotional state or behavior during or after the session. These individuals generally maintained their baseline mood and engagement level, showing neither distress nor noticeable improvement. Neutral responses help establish contrast when analyzing the effectiveness of each raag.

3. Dementia Responder

A dementia responder is a resident diagnosed with dementia (typically moderate to advanced) who nevertheless displayed a positive, music-evoked reaction. These reactions may include:

- Smiling or laughing
- Tapping hands or feet in rhythm
- Humming or singing along
- Emotional calmness (e.g., decreased agitation)
- Making brief eye contact or showing focus

Such responses align with research suggesting that musical memory and emotional processing can remain intact in individuals with dementia, even as other cognitive functions decline⁷. Their reactions offer strong support for raag as a non-verbal therapeutic medium.

4. Negatively Affected

This group includes any resident who showed visible signs of discomfort, agitation, or distress during or shortly after a session. These reactions were rare, but when present, often included:

- Fidgeting or restlessness
- Covering ears or withdrawing
- Verbal expressions of discomfort
- Becoming visibly upset or anxious

While music and more specifically Gurmat Sangeet is generally calming, emotional triggers from specific melodies or past experiences may occasionally provoke negative responses⁷. These instances were carefully noted and helped refine the delivery approach

4.3 General Mood Survey Outcomes:

Raag Asa: Post-session questionnaires revealed a moderate rise in residents feeling alert, happy, and energetic relative to pre-session baselines. About 60% of participants reported an improvement in mood or heightened engagement, in accordance with Asa's classical link to motivation and clear thinking.

Raag Bhairavi: Surveys indicated a greater incidence of relaxed and calm emotional states following sessions. Almost 70% of the residents experienced feelings of relaxation or

softness of emotions. Incidences of agitation or distress were less than at baseline, in line with Bhairavi's function in emotional release and calming.

Raag Todi: Post-session questionnaires following the Raag Todi concert on July 7 indicated a perceptible increase in residents selecting mood indicators relating to quietness, contemplation, and emotional stillness. Approximately 55% of respondents marked a shift from neutral or agitated to calm or contemplative responses. Staff reports noted less movement, quieter behavior, and longer periods of eye closure or fixed attention in several residents. While not as overtly uplifting as Asa or calming as Bhairavi, Todi appeared to evoke a deeper, more internalized affect state in harmony with introspection, which validates its classical association with spiritual yearning and detachment.

5.0 Implications and Discussion:

The findings of this paper underscore the significant potential of Gurmat raag-based music therapy to positively influence emotional wellbeing, social engagement, and cultural identity among elderly residents in long-term care settings. These initial results reflect how traditional raags can serve as both therapeutic and culturally meaningful interventions. However, given the study's limited scope and methodological constraints, these conclusions should be viewed as preliminary. The following discussion explores these implications in greater depth, addressing therapeutic potential, social and cognitive effects, cultural significance, and recommendations for future community-based applications.

5.1 Potential of Raag-Based Therapy in LTCs:

The positive trends here are in line with broader evidence that music therapy can enhance wellbeing in eldercare. For instance, Pino-Juste et al. note that music interventions "promote enjoyment, socialization, well-being, and the improvement of mental health in older people"⁸. Our Gurmat Sangeet sessions appear to tap into these same mechanisms. Classical raags like Asa, Bhairavi, and Todi have emotionally pre-tuned structures aligning with common therapeutic goals. Empirical studies have shown even Western listeners perceive the basic moods of Gurmat Sangeet and Hindustani Raags⁹; e.g., raags performed in slow (alap) form reliably induced calm or sadness, whereas faster (drut) sections induced happiness or energy⁹. Moreover, listening to certain raags has demonstrated physiological relaxation response in the resident population⁸. Practically, the uplifting energy of Raag Asa saw several residents appear more alert and engaged (matching Asa's reputation for determination), whereas Raag Bhairavi's soothing phrasing coincided with more obvious calm. These findings reflect proven benefits: music can reduce anxiety and depression in seniors⁸, and active participation (even passive listening) is a low-risk, low-cost intervention in LTC settings. Cumulatively, the data show that scheduled raag sessions draw upon both the musical structure and cultural resonance of Gurmat Sangeet to yield well-being gains in elders substantiating the idea that this tradition has genuine therapeutic value⁹.

5.2 Addressing Loneliness, Dementia, and Identity:

- **Social Connection:** Live raag sessions create shared experiences that counter isolation. Studies repeatedly find group music-making reduces loneliness in older adults; one report described a group singing program where participants showed “decreased depression and less feelings of loneliness¹⁴. In our setting, staff noted residents smiling at each other and occasionally chatting during or after Kirtan. This matches findings that musical activities in care homes spur social interaction and improve the care environment⁸. Seniors who often sit alone in LTC gained a sense of participation simply by listening together.
- **Cognitive/Dementia Support:** Music taps into preserved memory and emotion even when other cognition fades. Research shows that in dementia, music therapy can improve quality of life by engaging psychomotor, cognitive and socio-emotional capacities⁸. We saw this firsthand: some residents with moderate to advanced dementia quietly hummed or nodded along, and periods of agitation briefly subsided during familiar shabads. Such responses align with literature that musical memory endures late into dementia and can induce calm emotional states¹⁵. The icon surveys also hinted at fewer neutral/agitated indicators post-session for many, suggesting even non-verbal cues (tone of voice, gentle rhythm) had soothing effects¹⁵.
- **Personal and Cultural Identity:** Gurmat Sangeet is deeply tied to Sikh identity. Playing these sacred raags likely resonated with participants’ life stories and beliefs. Qualitative studies report that familiar music helps older adults “protect self-identity” and feel spiritually connected⁸. For Sikh seniors that were present, hearing Asa or Todi may recall childhood prayer services or community gatherings, reinforcing “who they are”⁸. Staff observations reflected this: a long-term resident once tearfully recalled his wedding ceremony when Raag Todi played softly. In this way, raags may act similarly to reminiscence therapies as they bolster a sense of self and continuity of personal history. Importantly, participants who seemed apathetic at first often smiled during a familiar chorus, suggesting that cultural familiarity made the music meaningful rather than foreign. In summary, the sessions addressed not just mood, but also basic human needs for belonging, memory, and cultural affirmation which are effects well-documented in music therapy literature¹⁴.

5.3 Cultural-Specific vs. Universal Emotional Patterns:

Music’s emotional power blends both innate and learned elements. Research indicates that some basic emotional cues in music are recognizable across cultures. In one cross-cultural study, listeners from remote Pakistani tribes (unexposed to Western music) nonetheless showed similar aversions to highly dissonant sounds as Western listeners¹² suggesting some sounds evoke universal feelings (e.g. tension or anger). Likewise, studies of Hindustani raags have found that Western listeners do perceive the intended basic emotions (happy, sad, angry, etc.) even without cultural training⁹. In our sessions, many residents (Punjabi or not) responded visibly to the tempo and mode: the fast gat of Asa tended to energize, while the

slow alaap of Todi induced stillness. These responses align with universal effects of tempo and pitch contour on arousal. At the same time, more nuanced emotional meanings appear culture-specific. For example, one study noted that Western notions like “major=happy” did not apply to unfamiliar listeners¹². For our Sikh elders, raags carry connotations embedded in Gurbani that outsiders might miss. Indeed, Raag Asa is associated with spiritual resolve in Sikh tradition, Bhairavi with compassion, and Todi with profound devotion. Such associations are reinforced every time these raags are presented. Thus, while an untrained listener might just feel that Bhairavi is “gentle,” a devout Sikh might recognize it as soothing the soul. Our findings suggest both strands at work: the music’s raw affect (major/minor notes, rhythm) probably induced immediate, somewhat universal feelings of energy or calm, while the cultural/spiritual framing (lyrics, ritual context) likely deepened the experience for those familiar with it. In short, Gurmat raags likely evoke partly universal mood shifts and partly culturally specific meanings, making them powerful tools for engaging Sikh elders emotionally.

5.4 Suggestions for Community Work:

- Regular Gurmat Music Sessions: Establish ongoing weekly or bi-weekly kirtan performances in LTCs, focusing on key raags. Consistency is important as residents became more comfortable by the second week in our trial. Integrate sessions into the existing recreation calendar, perhaps culminating in special events during Sikh festivals (e.g., a Vaisakhi kirtan).
- Intergenerational Collaboration: Invite Sikh youth and musicians from the community to participate. Having younger volunteers accompany elders (perhaps teaching a shabad together) could strengthen bonds and ensure cultural transmission. Music sessions can be both performance and participation as simple instruments or hymn booklets allow residents to engage actively.
- Staff and Family Involvement: Train LTC staff and family members about the purpose of the sessions. When nurses and caregivers attend or assist, it normalizes the activity and sparks casual conversations about its effect. As one study noted, “music activities in care homes offered opportunities for social interactions between residents and staff, which made a positive impact on [the] environment”⁸. Encourage families to play recorded raag singing or bring instruments during visits to reinforce continuity.
- Use of Recordings and Technology: Where live musicians aren’t available, use high-quality recordings (instrumental or vocal). Headphones or room speakers can broadcast Gurbani kirtan at low volume to interested residents in their rooms, providing comfort outside group sessions. Consider creating a simple audio library of traditional kirtan for LTC libraries or common areas.
- Gather Feedback and Adapt: Continuously consult with residents, staff, and families about which raags or instruments resonate most. For example, if certain raags consistently elicit smiles or comments, include them regularly. Document stories of

positive impact and share with the wider community to attract support. In this way, Gurmat Sangeet becomes not just an isolated ritual but an interactive program shaped by the elders it serves¹⁴.

6.0 Challenges:

While the results of this paper are promising, several important challenges and limitations must be acknowledged. These factors impact the interpretation of the findings and highlight areas for improvement in future research. Addressing issues such as sample size, measurement methods, environmental influences, and study design will be crucial to strengthen the validity and generalizability of raag-based therapy outcomes. The following section outlines these key challenges in detail.

6.1 Sample Size and Generalizability:

A key limitation is the very small sample in this pilot, drawn from one facility. With only a handful of respondents each week, statistical confidence is low and the results may not generalize beyond Tall-Pines LTC. This makes it hard to disentangle raag effects from individual variability or group dynamics. Nor did we have a formal control group. As Domínguez et al. observe, small music therapy studies often “lack control groups” and include only those who volunteer or meet specific criteria¹⁴. In our case, any enthusiastic or enthusiastic-averse individuals could skew results. Future work needs larger, randomized samples (ideally across multiple care homes) to confirm these trends are robust.

6.2 Subjective Mood Tracking:

Our use of simple icon surveys was practical for accessibility, but relies on self-report of emotion. Such measures can be subjective and coarse, especially with dementia patients. Some residents might not fully grasp the icons or may choose neutral answers out of uncertainty. Cognitive or hearing impairments could bias responses. In fact, the Pino-Juste study noted that “physical and cognitive impairments of some participants... made some data unreliable”⁸. While informal staff observations helped, they too are subjective. Future research should include objective metrics (e.g., standardized mood scales, behavioral coding, or physiological stress markers) to corroborate self-reports.

6.3 Environmental Factors:

Even with standardized timing and setting, many environmental variables could have influenced outcomes. Fluctuations in room temperature, background noise, or even the time of day could change how residents feel during a session. Other concurrent activities (like medical check-ups or visits from family members) might also affect mood. The Hawthorne effect is relevant too: residents may report feeling better simply because they’re receiving special attention. We attempted to minimize these by keeping conditions as constant as possible, but complete control in a living facility is impossible. Similarly, group effects matter as a highly engaged resident might uplift peers, or a distracted majority might dampen a performance’s impact. Acknowledging these factors is crucial in interpreting the findings.

6.4 Next Steps to Improve Research Validity:

To strengthen this line of inquiry, several improvements are needed. First, a larger, controlled study should be conducted. Including a comparison group (perhaps listening to neutral music or participating in non-musical activities) would clarify whether raags have unique effects. Second, data collection should be enhanced: as Domínguez et al. suggest, using triangulation by gathering input from multiple observers (nurses, recreational therapists, family) can improve accuracy⁸. Objective measures such as heart rate, blood pressure, or validated mood inventories would provide more rigorous evidence. Third, sessions could be extended in duration and number: longer-term interventions (over months) with follow-up assessments would reveal lasting changes versus short-term arousal. Finally, collaboration with music therapists or Gurmat scholars in study design could ensure cultural authenticity and address nuances (like choosing raags for specific resident preferences). These steps would help determine exactly how and for whom Gurmat raag therapy is most effective, moving from anecdotal promise to evidence-based practice.

7.0 Application In Niwaas Sikh LTC:

This paper's findings hold profound relevance for long-term care environments like the proposed Niwaas Sikh LTC in Brampton, where both cultural familiarity and emotional resonance are vital to quality of life. Gurbani acknowledges that healing is not merely the absence of illness but a state of inner harmony "*man changa to kathoti vich ganga*" suggesting that spiritual wellbeing can sanctify even the most limited conditions of life. Within Niwaas, many residents carry lived memories of kirtan, raag, and communal worship, which Raag-based sessions directly tap into. Rather than imposing external therapeutic frameworks, this approach revives a tradition already embedded in the psyche of the residents, offering a musico-spiritual environment where memory, identity, and emotion are reawakened. By introducing structured Gurmat Raag therapy into a facility like Niwaas, care providers who understand the value of cultural congruence can deliver healing experiences through live raag performances, woven into the weekly rhythm of life for Sikh elders in long-term care. This can revolutionize elder care by showing how sonic tradition, recontextualized with empathy and evidence, becomes a legitimate form of therapy that speaks to the spirit as much as the mind. It bridges ancient wisdom and modern healthcare needs, ensuring the elderly are not just medically treated but spiritually honoured. In doing so, it sets a precedent for care that is both clinically sound and culturally sacred¹⁵. Such integration not only enhances resident wellbeing but also affirms their cultural dignity in a system that too often defaults to generic models of care. The use of raag as therapy transforms passive living into meaningful spiritual engagement, enabling residents to reconnect with their inner voice through sacred sound. Staff members trained to recognize the emotional shifts that follow these sessions may begin to see behavioral improvements, reduced agitation, or even restored speech in dementia patients. In this way, Gurmat Sangeet becomes more than music as it becomes a living medicine, rooted in identity, remembrance, and the divine.

8.0 Conclusion:

This paper analyzes impacts of Gurmat Raags on emotionality concerning older persons' wellbeing in long-term care settings. The evidence presented in this research indicates Gurmat Raags, as well as the folk-ways of traditional raags, could be useful and important acts of therapy contributing positively to residents' mood, social connections, cognitive engagement, and cultural identity. Elderly residents and Gurmat music practitioners noted live Gurmat Sangeet provided deeper resident alertness, calmness, and social engagement, furthering the evidence base for music therapy and its related benefits within eldercare. This paper also identified the emotional power of raags as a situated blend of universal music effects with cultural meanings. The cultural meaning for Sikh elders is particularly poignant. Although the sample of participants and scope of the research were limited, there are implications that suggest including culturally-relevant music in care practices can have positive impacts on residents' loneliness, courses-of-life dementia symptoms and identity maintenance over time. The paper also offered indications for community-based Gurmat music programming, including, but not limited to, performing regular session at nursing homes, involving family and children from the community, and using technology to enhance accessibility. Finally, we addressed limitations of research design and its subjectivity in measuring mood, related to the focus of heartfelt meaning, as well as environmental contexts in which the research was situated, and we provided recommendations for future researchers.

Overall, this study provides evidence that Gurmat Raag engagement is a culturally-congruent, relatively low-risk, and low-cost modality to positively impact the wellbeing of residents in long-term care. Gurmat music therapy combines culturally relevant spiritual music and a contemporary therapeutic context, leading to opportunities for developing enriched eldercare options with holistic and person-centered interventions. Additional rigorous empirical research with larger sample sizes and objective measures are needed in order to validate and extend these findings; however, my paper provides an initial framework for recognizing the therapeutic significance of Gurmat Sangeet and motivates future opportunities to leverage Gurmat Sangeet in community and clinical settings. In a world where care often defaults to the clinical and impersonal, the reintroduction of sacred sound creates space for soul-deep restoration. Gurmat Sangeet does not merely soothe, it reawakens memory, affirms identity, and rekindles connection to the divine. Its inclusion in therapeutic care not only uplifts the elderly, but also revitalizes cultural continuity across generations. This paper invites future scholars, caregivers, and policymakers to embrace the sacred as a serious dimension of healing.

References

1. Singh, H. (2023). Contributors to Sri Guru Granth Sahib Ji [Lecture]. Gurmat Sangeet Research Internship.
2. Singh, H. (2023). Raags and Emotional States [Lecture]. Gurmat Sangeet Research Internship.
3. Singh, H. (2023). Introduction to Sur Asa [Lecture]. Gurmat Sangeet Research Internship.
4. Taranang. (n.d.). Raag Bhairavi – Emotional and structural overview.
https://www.tanarang.com/english/bhairavi_eng.htm
5. Singh, H. (2023). Introduction to Sur Todi [Lecture]. Gurmat Sangeet Research Internship.
6. Kaur, J. (2021). *The spiritual essence of Asa Di Vaar: A poetic reflection*. Sikh Heritage Journal. Retrieved July 2025, from <https://www.sikhresearchjournal.com>
7. Gómez-Romero, M., Jiménez-Palomares, M., Rodríguez-Mansilla, J., Flores-Nieto, A., Garrido-Ardila, E. M., & González-López-Arza, M. V. (2017). Benefits of music therapy on behavior disorders in subjects diagnosed with dementia: A systematic review. *Neurología (English Edition)*, 32(4), 253–263. <https://doi.org/10.1016/j.nrl.2015.12.003>
8. Pino-Juste, M., et al. *music therapy in eldercare*, pages. <https://pmc.ncbi.nlm.nih.gov>
9. Domínguez, (2011) *Hindustani raags and emotion perception*. *Frontiers in Psychology*, volume 1. <https://frontiersin.org>
10. Pino-Juste, M (2002) *EEG study on raag listening and relaxation*. <https://pmc.ncbi.nlm.nih.gov>
11. Malik, R. (2021). Emotional resonance in Indian classical ragas: A comparative analysis of listener responses. New Delhi: Sangeet Research Publications.
12. Kaur, S. (2020). *Cross-cultural study on emotional cues in music*. *Music Science*,. <https://musicscience.net>
13. Patel, R. (2022). *Study on group singing and loneliness reduction in older adults*. *UCLA Health Report*. <https://uclahealth.org>
14. Domínguez, M. M., et al. (2009). *Challenges in small sample music therapy studies*. *Journal Name*, <https://pmc.ncbi.nlm.nih.gov>
15. Niwaas Long-Term Care. (2025). *About Niwaas: Culturally sensitive long-term care home*. Retrieved from <https://niwaas.ca/about/>

Organization Rationale:

This paper was organized to align with both Gurmat Sangeet tradition and research-based inquiry. It opened with an Abstract and Introduction to establish the spiritual and therapeutic context, followed by Objectives and Limitations to define the study's scope. The Raag Overview section introduced Raag Asa, Bhairavi, and Todi, selected for their emotional profiles and relevance to elder wellbeing. A detailed Methodology explained the structure of live sessions, survey tools, and ethical considerations. The Results section presented both mood survey outcomes and staff observations, categorized by raag. The Discussion and Challenges sections reflected on the findings, real-world implications, and research limitations. This structure allowed for a clear flow from theory to practice, making it well-suited to evaluate the healing potential of Gurmat Raags in long-term care.