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Music therapy in the treatment and management of mental disorders

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Abstract

Objectives: An increasing number of research studies support the benefits of providing music therapy in addition to standard treatment for people who have mental disorders. The objective of this paper was to review and summarise recent research findings in relation to this work.

Method: A review of music therapy studies published since 1994 was undertaken. Criteria for including papers were that they a) were published in English in an indexed, peer-reviewed journal, and b) were conducted as a randomised controlled trial (RCT) or a controlled trial (CT), or c) provided a meta-analysis of existing studies. The large number of papers pertaining to music therapy for older adults who have mental disorders, including Alzheimer's disease and other types of dementia was not included.

Results: The findings support a role for music therapy as a structured interaction that patients are able to use to participate successfully, manage some of their symptoms, and express feelings relating to their experiences. Music therapy is demonstrated to be a beneficial intervention for people who have enduring mental illness. Music therapy invites and encourages participation from people of lower functioning levels and employs a non-verbal medium with which people have prior positive associations and in most cases have lifelong experience of using music for self-expression and pleasure. Additionally, the available peer reviewed literature supports the proposition that clinical outcomes are available through the use of music therapy intervention in conjunction with standard, well-established treatment methods.

Conclusions: Music therapy is beneficial for patients receiving care for mental disorders and establishing this therapy within mental health service provision should be considered.

Key words: Music therapy; Psychotherapy; Psychotic disorders; Therapeutics in mental disorders.

Introduction

This paper provides a review of evidence about music therapy for people who have mental disorders. Music therapy is the planned use of music to achieve therapeutic outcomes, by a qualified practitioner who has graduated from an accredited university programme of study, usually at postgraduate level. In mental health services, music therapy is regularly offered through group and individual programmes following a process of referral and assessment.¹ Music therapists do not work from a basis of systematised protocols, but rather work with a patient's presenting needs, interests and history and music therapy techniques are adapted accordingly to facilitate the attainment of clinical goals.² The past musical experience of the patient is of interest to the music therapist however the therapy does not require a client to have musical skills. Group programmes offer structured opportunities for patients to interact with others through the non-verbal medium of music, while individual programmes offer musical experiences to support direct clinical needs.²,³

In music therapy sessions music might be improvised freely on a range of instruments, the patients might compose a group piece, or songs may be written and sung.² Sometimes patients bring in music for the therapist or other group members to listen to. Music therapists have specific skills in using live, improvised music to elicit and manage responses from clients who have difficulties with communication and self-regulation.¹ The music therapist is ethically responsible for the ways patients musical and non-musical material emerging in sessions is treated, and has experience and training to deal with the complexities of the therapeutic relationship.² Music therapists are trained to respond to challenging behaviour with musical and non-musical strategies, and to keep groups running smoothly and effectively both within sessions and over time.²,³

In a prior review¹ of music therapy group programmes it was noted that published studies have reported positive behaviour changes for a range of patients with mental health conditions that require treatment in psychiatric services. An examination of these studies, concluded that:

A consistent finding among these reports has been music therapy’s effectiveness with clients considered poor candidates for traditional verbal group therapy. Specifically, music therapy resulted in positive outcomes for clients known to be ambivalent about or highly resistive to seeking treatment, or who had difficulty in expressing feelings. These conclusions suggest that music therapy may be helpful in the treatment of adults with chronic mental illness, who often demonstrate these same behaviours.³

Music therapy in the management of psychotic disorders

A recent Cochrane review of music therapy for patients who have schizophrenia or schizophrenia-like illnesses concluded that music therapy in addition to standard care was superior to standard care alone in attainment of significant improvements in patients’ global state. It was found that mental state and social functioning may also be improved if
A meta-analysis of 19 studies was performed to examine the influence of music on symptoms of psychosis. Published quantitative research that evaluated the influence of music on these symptoms was analysed. Results were that music has proven to be effective in addressing and diminishing the symptoms of psychosis (fd = +0.71). It was found that there were no differing effects between studies that used either live or recorded music, and between structured music therapy groups versus music listening programs. Nor did the studies indicate differences in effects whether the patient or the music therapist chose the musical materials.

In a study of music therapy conducted at the Royal Edinburgh Hospital with adults who have chronic schizophrenia, a treatment group received weekly individual music therapy sessions over a period of 10 weeks. The treatment group (n = 20) showed statistically significant improvement in their clinical state, as measured by the Brief Psychiatric Rating Scale, compared to a control group (n = 21) who attended one session at the commencement of the 10-week period and one at the end. It was concluded that music therapy could have an important role for adults with chronic schizophrenia. The authors proposed that since music participation is based in reality through physical contact with instruments, and in responding to others, and by its nature is a temporally structured experience it is a suitable interaction to offer people who have schizophrenia to address clinical needs.

In a study published in the British Journal of Psychiatry, 76 in-patients diagnosed with the residual subtype of schizophrenia were randomly assigned to a treatment group or a control group. Both groups received standard medication as prescribed by their treating physicians, but the treatment group also received a one-month course of music therapy. Outcomes were evaluated by four nurse practitioners using the Chinese versions of the Scale for Assessment of Negative Symptoms and the in-patient version of the World Health Organisation's Disability Assessment Scale. Music therapy significantly diminished patients' negative symptoms, increased their ability to converse with others, reduced their social isolation, and increased their level of interest in external events. The authors concluded that, "as music therapy has no side-effects and is relatively inexpensive, it merits further evaluation and wider application."

In a music therapy study with people who have chronic schizophrenia, 70 patients described as having a social disability were randomly assigned to an experimental group (n = 40) and a control group (n = 30). Individual and group music therapy was provided, along with anti-psychotic medications for the experimental group, while the control group received medication only. All patients were evaluated with the Present State Examination, Scale for the Assessment of Negative Symptoms, Brief Psychiatric Rating Scale and the Specialist Doctors Stress Inventory. Analysis of videotapes was used to assess some of the behavioural changes. Results suggested a more positive effect of music therapy combined with medication on negative symptoms and social disability than medication alone. The improvement of negative symptoms was significant as reflected by scores of sluggishness, blunted affect, and poverty of thought. There was also a significant difference in the reduction of severity in psychiatric disability three months after the music therapy for the treatment group.

A study was conducted to examine the effects of 15 music therapy sessions provided over a four month period to patients with chronic psychotic conditions, either DSM-IV schizophrenia, or schizoaffective psychosis. Patients in the treatment group (n = 34) were compared with a convenience wait list control group (n = 32). Music therapy participants achieved a significant improvement in quality of life scores and a significant reduction in negative symptoms as compared to control participants. Group music therapy sessions were noted to activate participants' skills in interpersonal relating and increased participation. These gains were not evidenced at follow up.

Music listening research

Most music therapy approaches, especially those in Ireland and other parts of Europe, primarily offer active music making such as group improvisation led by a qualified music therapist to address patients' needs. However, many reports of patients' self-initiated strategies to manage auditory hallucinations (AH), such as music listening, have been published and these are also of interest to music therapists. Arguably the most comprehensive of these appeared in Schizophrenia Research and showed that music listening was one of the most common strategies reported by patients to manage AH. The authors suggested this music listening is used by patients as a "distraction technique" however given the developing knowledge of the neural processing involved in music, the inherent structure and familiarity of the music choices, it is perhaps time to start considering whether the music listening strategy is effective and routinely chosen by patients, not because it serves to 'drown out' hallucinations but rather re-orders and structures patient perceptions and experience, helping them to feel better oriented and more engaged.

This suggestion is supported by a study of the music preferences of 56 patients in a German psychiatric clinic. The authors proposed that for the patients surveyed, music played an 'important role' not just as a passive activity but deliberately used in different situations for affect regulation.

Music therapy for children and adolescents with psychopathology

A meta-analysis of 11 studies (188 subjects in total) published in Journal of Child Psychology and Psychiatry revealed that music therapy has a medium to large positive effect on clinically relevant outcomes for children and adolescents with psychopathology. This analysis concluded that: Clients with behavioural or developmental disorders, or with multiple psychopathologies may benefit from music therapy. Music therapy for children and adolescents with psychopathology seems to be particularly helpful when techniques from different music therapy approaches are combined.

Music therapy and depression

Few research studies published during the period of this review have investigated music therapy interventions with people who have depression. The following studies outline patients' responses to music listening interventions.
Adolescent females, randomly assigned to either massage or therapy treatment, were noted to have a reduction in right frontal electroencephalography (EEG) scores after only twenty minutes of music listening while behaviour and self-report of mood states were unchanged.6

A study of depressed mothers found that music therapy was an 'extremely effective short term intervention', as reflected in attenuation of right frontal EEG activation, moving toward symmetry. It was suggested that the benefits observed from music therapy are due to the way that this therapy is 'mood altering' for the mothers and 'arousal reducing' for the infants, allowing improved interaction in the dyad.15

Music listening was used over a two-week period with patients with major depressive disorders. Depressive scores for the music listening group were significantly reduced as were their subscores of depression in comparison with controls.19

Discussion

A number of research studies and meta-analyses provide evidence of beneficial outcomes provided by music therapy; a structured interaction that patients are able to use to participate successfully, manage some of their symptoms, and express feelings relating to their experiences. Music listening is also noted to deliver benefits.

Music therapy is especially applicable for people who have enduring mental illness since it invites and encourages participation from people with a range of functioning levels. Music therapy employs a non-verbal medium with which people have prior positive associations and in most cases have lifelong experience of using music for self-expression and pleasure. Additionally, the available peer reviewed literature supports the proposition that clinical outcomes are available through the use of music therapy intervention in conjunction with standard, well-established treatment methods.

The mechanisms by which music therapy processes are deemed to be effective with people who have mental disorders require further investigation. One proposition is that its effectiveness lies in the way that music processing functions through accessing sub-cortical pathways, that bypass other areas of cognitive function, such as language; linked to fundamental physiological mechanisms.17 In general, music therapists have tended to describe the uses of music for this population in sociological and psychological terms within a psychotherapeutic framework, citing the positive associations most people have with music participation, and the capacity of music to allow for different levels of participation, from listening, to playing music and co-participation in music making. For patients accessing mental health services who may have very low functioning levels in social domains, this interaction is conceptualised as assisting the revitalisation of, and confidence in, the maintenance and stimulation of these skills.

While the published research provides evidence that music therapy contributes to the effective care and support of a range of patients who have psychiatric illnesses, currently in Ireland, very few music therapy services are available to mental health consumers. There has been no formal investigation of attitudes and knowledge of music therapy in mental health services here, however it is possible that music therapy, as it is still relatively new, is considered an 'alternative' therapy and this perception limits thoughtful consideration of its inclusion in service development. In addition, where practitioners have not had exposure to the work of a qualified music therapist, there may be a perception that clinicians using music with patients are undertaking 'music therapy'. Where observed outcomes of this ad hoc application of music have been benign, or even problematic, practitioners may not give credence to the clinical benefits of music therapy programmes run by qualified practitioners.

No adverse effects for music therapy were reported in the above studies. It is important to note that in each report, music therapy services or music listening experiences were devised carefully with reference to a range of considerations for employing music with people who have mental disorders.

Conclusion

The research literature indicates music therapy is warranted as part of the total care of patients within psychiatric services, with emphasis on the capacity of this therapeutic intervention to address psychosocial needs and assist the development of individual competence. The qualified music therapist works alongside other health professionals and is a highly skilled clinical staff member with a unique contribution to make to team-based care. The research literature supports this role, and validates the need for a qualified practitioner to be employed in directing development of such services.

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References