

Music Therapy in Short-Term Inpatient Psychiatric Care:

A Literature Review

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About 19% of music therapists work in the mental health field, among which 12% work in mental health facilities (AMTA, 2015). Clients in inpatient settings arrive in crisis, and may be experiencing delusions, hallucinations, mania, depression, paranoia, and suicidal or self-injurious thoughts. Due to financial considerations, inpatient psychiatric stays have become shorter. In 2015 the average stay was only seven days, meaning that many clients may be present for only one or two group music therapy sessions (Markovich & Tatsumi, 2015). This paper will review literature on music therapy interventions with this population and the benefits of using recovery models.

Music Therapy Interventions in Mental Health Care

A variety of music therapy interventions have proven effective in treating mental health symptoms in adult populations. According to Chan, Wong, & Thayala (2011), eleven of the seventeen studies they reviewed showed that music listening reduces depressive symptoms. They recommended at least three weeks of treatment, as reductions were significant after two to three weeks. They also recommended that clients choose the music, as this opportunity for agency makes the intervention more effective. This reduction in depressive symptoms is also seen in clients with schizophrenia (Lu, Lo, Sung, Hsieh, & Chang, 2013; Talwar, Crawford, & Maratos, 2007).

Music therapy has also been shown to reduce psychotic symptoms (Lu, Lo, Sung, Hsieh, & Chang, 2013; Silverman, 2003; Talwar, Crawford, & Maratos, 2007). No differences were found between live and recorded music, although Silverman (2003) hypothesized that further studies may show that live therapist-provided music may be more effective in distracting patients

from their internal preoccupations because it activates both visual and auditory senses. Patients stated that active music therapy helped to moderate or eliminate annoying thoughts and voices by giving them something else to focus on, and that it gave them strength to combat the voices in their head and visual hallucinations (Solli & Rolvsjord, 2015). Popular music was found to be more effective than classical music, although both therapist- and client-selected music were effective (Silverman, 2003).

Inpatient Psychiatric Populations

Clinical goals frequently listed by music therapists include building interpersonal relationships, increasing self-expression, and gaining access to personal resources, as well as helping clients with reality orientation, anxiety reduction, and development of coping skills (Carr, Odell-Miller, & Priebe, 2013). Because music therapy gives clients a sense of personal and social agency, as well as a greater sense of personal identity, it has been shown to increase client's motivation for being engaged with others as well as with their own destiny (Solli & Rolvsjord, 2015).

Psychiatric patients who participated in music therapy rated it as much more helpful than other programming. Although patients with multiple admissions found interventions less helpful overall than first-time patients, they still rated music therapy higher than other interventions (Silverman, 2011). It was rated as the preferred therapy by the majority of clients, and found to be more fun, relaxing, and motivating, as well as being found to increase communication, self-esteem, anger management, mood, and self-expression (Silverman, 2006, 2011). It is important that patients enjoy and/or perceive the benefit of the therapy sessions, as groups are optional attendance at many sites, and this provides motivation to participate in the group.

Most music therapy methods are predicated on a longer period of therapy than that possible in an inpatient setting (Carr, Odell-Miller, & Priebe, 2013). Recent literature focusing on the effects of short-term interventions have found that even a single music therapy session can be effective in helping clients alter negative mood. Negative client mood interferes with a patient's engagement in treatment as well as their relationships with other patients and staff members (Markovich & Tatsumi, 2015). A single psychoeducational music therapy session was shown to result in greater satisfaction, and to increase the number of self and cognitive insight statements more than a verbal psychoeducational session (Silverman, 2009a). A single songwriting session was found to be as effective as psychoeducation for learning coping skills, and also resulted in greater enjoyment and higher attendance rates (Silverman, 2011). A single recreational music therapy session was found to produce positive and significant changes in four mood factors, including awake/drowsy, relaxed/anxious, cheerful/depressed, and friendly/aggressive (Silverman & Rosenow, 2013).

There are differing opinions about what specific kind of music therapy intervention is most effective in acute psychiatric care. Markovich & Tatsumi (2015) found that receptive music therapy was more effective than active music therapy as a single-session intervention, perhaps because listening to music and talking about it are part of client's everyday life experience and therefore do not cause feelings of vulnerability that may arise when clients are asked to create song lyrics on the spot or to play an unfamiliar instrument. Silverman (2003), on the other hand, found no measurable difference between active and receptive methods. Several authors stressed the importance of choosing songs that are therapeutically appropriate and that take into account clinical objectives when using song discussion interventions (Silverman, 2009b; Gardstrom & Hiller, 2010).

Many inpatient units use an open group arrangement, so that group membership is constantly shifting and the group cannot develop through the various stages described by Yalom (Carr, Odell-Miller, & Priebe, 2013). In addition, music therapy in mixed gender groups may be less effective (Silverman, 2003). On the other hand, group therapy is particularly helpful for this population because mental illness causes disruptions in interpersonal relationships, Group therapy is offered more often than individual therapy because of time and budgetary constraints (Markovich & Tatsumi, 2015).

Client choice of songs seems to give clients a feeling of control and autonomy, which may be particularly helpful for clients on an inpatient unit, who lack control over most aspects of their lives (Markovich & Tatsumi, 2015). Silverman, on the other hand, found that it did not matter whether the therapist or client chose songs. Arts therapies, in general, are helpful for clients who have difficulty with meaningful verbal communication (Odell-Miller, Hughes, & Westacott, 2006).

Recovery Models

Several authors focused on recovery models or models drawn from positive psychology as important theoretical bases for music therapy interventions. Jackson (2015) stated that “addressing the issues of self-concept, self-efficacy, and quality of life is integral to successful recovery from mental illness” (p. 90); however, our medical system is focused on reducing symptoms so that patients can be discharged. Music therapy, on the other hand, is essentially focused on the humanity of clients, on drawing out the strengths and resources that clients have so that they can “experience their daily lives as being happier and more fulfilling” (p. 91). This is a wellness perspective that focuses on the relational quality of music. Music is not seen as a tool to be used to help people—like another prescription—but rather as an interactional experience

(Jackson, 2015). Music therapy is focused on strengths, not diagnoses and deficits (Solli & Rolvsjord, 2015).

In her study on recovery themes in songs written by adults living with serious mental illnesses, Kooij (2009) drew similar conclusions. She found that clients experience their lives as a journey between illness and health, which exist on a continuum around the four key themes of hope, identity, control, and social engagement. She stressed the importance of being aware of “the potential for health that resides within each of the participants” (p. 54). As MacDonald (2015) stated, “health is what we do in the face of a disease or disorder” (p. 116).

The experience of clients receiving music therapy in inpatient settings showed that therapeutic relationships, including relationships with the music therapist, other group members, the patient’s own self, and with spiritual values or sense of purpose, are of primary importance (MacDonald, 2015). The clients saw themselves as capable of change despite their mental illness.

According to Solli & Rolvsjord (2015), patients experienced music therapy as being “the opposite of treatment,” which means resistance to therapy was significantly lessened. Four themes that arose included: freedom (from illness, from stigma, from treatment), contact (with oneself, with aliveness, with emotions, with other people), well-being (enjoyment and satisfaction, motivation, mastery, hope) and symptom relief (psychotic state, disturbing thoughts and voices, visual hallucinations). These client experiences suggest that mental health recovery, positive mental health, and agency should be the primary focus for music therapy in mental health care, rather than symptom remission. “Mental health recovery is less about the cure and treatment of illness, and more about the challenges and possibilities of living with various degrees of illness and problems” (p. 69). The perspective of mental health recovery “was found

to align to a substantial degree with the participants' view of what helps and hinders processes of personal and social recovery" (p. 86).

Summary

Although music therapy practice in mental health was developed within a long-term model, it has been shown to be clinically effective in short-term interventions. Although much research has focused on symptom relief, recovery models are gaining increasing attention. Working from a recovery model, regardless of the specific type of interventions used, supports the humanistic approach in music therapy and also resonates with clients' experience of themselves as agents on a journey toward health.

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