THERAPY

Is there a role for music therapy in the care of the severely mentally ill?

Denise Grocke, Sidney Bloch and David Castle

Objective: *The role of music therapy in psychiatric care in Australia is briefly traced from the early 1990s to the present. With the shift to community-based care, contemporary music therapy practice for the severely mentally ill is reappraised alongside the principles of the recovery model.*

Conclusions: *Music therapy is a viable option within the creative arts therapies for enhancing quality of life in people with severe and enduring mental illness.*

Key words: *community, music, music therapy, recovery, songwriting.*

Music has been recognized as being of therapeutic value since ancient times. In the Old Testament, we read of David comforting Saul with his harp. Plato and Aristotle both wrote of the virtues of music to calm and soothe, to stimulate and motivate, and for cathartic release. For centuries, musicians have used their art to boost the spirit of the sick. However, it was not until the 1940s that music therapy emerged as a professional discipline in the US, first in Veteran hospitals and later spreading to other spheres, such as special education, rehabilitation, aged care and palliative care.[1]

In the 21st century, music therapy has expanded even further, and is currently applied to diverse areas of medicine such as in neonatal units, cancer care (for children and adults), palliative care, and pain control in surgical patients.[2] Music therapy is practised in more than 50 countries, including Australia and New Zealand. (The Australian Music Therapy Association was established in 1975.)

Music therapy can be defined as "the planned and creative use of music to attain and maintain health and well-being. It may address physical, psychological, emotional, cognitive and social needs of individuals (and groups) within a therapeutic relationship".[3] Its central premise is that all people have access to musical experience, irrespective of skill and knowledge, since they are inherently creative and have the capacity to express themselves musically. Moreover, music provides aesthetic pleasure that enhances the meaning and quality of life, offers a creative outlet that transcends words, promotes the spirit, and is a source of hope.[4,5]

MUSIC THERAPY AND PSYCHIATRY IN AUSTRALIA

Music therapy and psychiatry in Australia have enjoyed a longstanding collaboration, beginning in the 1920s with the creation of the International Society for Musical Therapeutics (ISMT) in Sydney. Its prime function was to organize concerts and recitals for patients in psychiatric hospitals. The overall aim of ISMT was to " ... advance the cause and practice of musical therapeutics, being a system of treating the sick by means of music".[6] Music considered unduly stimulating such as military,

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religious and 'modern' music was avoided. ISMT ceased operating during World War II.

In the 1950s, the Red Cross in Victoria and Queensland introduced music therapy into psychiatry by despatching records with annotated programs to hospitals throughout the two States.[6] These contained sufficient information for any staff member to lead music 'appreciation' sessions. A decade later, Ruth Bright, a music graduate, initiated music therapy at the Parkside (now Glenside) Psychiatric Hospital in Adelaide, where the psychiatrist superintendent stated: "I want (music) to be linked to the treatment approach of people referred to you ... not as entertainment".[6] Music therapy at Glenside continues to this day. Bright's move to Sydney enabled her to establish music therapy programs at Callan Park (later Rozelle) and Lidcombe Hospitals.

In the 1970s, music therapists who had qualified overseas (no training was then available in Australia) took up newly established positions in Victorian psychiatric hospitals, the first at Larundel Hospital in 1971 (created for, and occupied by, Denise Grocke for 10 years).[7] They devised active music-making programs comprising singing songs, both familiar and preferred, improvisation on melodic and percussion instruments, and receptive methods such as musically induced relaxation. Therapists were employed in 14 psychiatric hospitals and centres for intellectually disabled children within a decade. In retrospect, this was a golden period for music therapy in psychiatry. Sadly, many of these positions and much of the accumulated practised wisdom were lost when deinstitutionalization was implemented in the 1990s, and funding for music therapy was not generally extended to community psychiatric settings. In recent years, however, music therapists have been employed in psychiatric units in general hospitals, for example in Victoria at the Alfred Hospital, Austin Health, and in the adult rehabilitation unit at Sunshine Hospital.

RESEARCH ON MUSIC THERAPY FOR THE SEVERELY MENTALLY ILL

Developments in music therapy in psychiatric practice have been accompanied, albeit to a much lesser extent, by research studies. Pioneering investigations were mostly case studies, carried out to support consistent clinical observations of music therapy's effectiveness. Following this qualitative research, only a handful of controlled studies have been undertaken. In fact, a Cochrane review in 2005[8] identified only four trials that met criteria to warrant inclusion in a meta-analysis.[9–12] A fifth study has since been published[13] (Table 1). Participants were inpatients with severe psychotic illnesses for which they had been hospitalized from 2 to 26 years. They were all stabilized on medication. Treatment included active music making

Table 1: Controlled trials of music therapy with severely ill psychiatric inpatients

Authors	*Research design*	*Participants*	*Nature of intervention*	*Frequency and number of sessions*
Pavlicevic *et al.* (1994)[9]	Matched groups	41 patients with schizophrenia	Individual improvisation	10 sessions each of 30 minutes
Yang *et al.* (1998)[11]	Parallel groups	72 patients with schizophrenia or related disorders	Individual and group-based music listening, improvisation and discussion	72 sessions each of 120 minutes
Tang *et al.* (1994)[10]	Randomized control trial	76 patients with residual schizophrenia	Group music therapy – listening to music and group singing	19 sessions each of 60 minutes
Hayashi *et al.* (2002)[12]	Parallel groups	66 patients with schizophrenia or schizo-affective psychosis	Group-based music therapy–listening to music and performing music	15 sessions each of 60 minutes
Talwar *et al.* (2006)[13]	Randomized control trial	81 patients with schizophrenia or schizophrenia-like psychoses	Individual improvisation	12 sessions each of 45 minutes

(mostly improvisation) and listening to music, followed by discussion. The number of sessions ranged from seven to 78, given over a 1–3 month period; the attrition rate was negligible. Music therapy overall improved global and mental states and social functioning.

In addition, a recent study of music therapy in the management of patients in acute care has been completed at the University of Western Sydney.[14]

MODERN CONCEPTS

Alongside the above empirical research, two conceptual frameworks of music therapy have evolved, both stemming from European initiatives: Community Music Therapy (CMT)[15] and Resource-Oriented Music Therapy (ROMT).[16] CMT and ROMT have two objectives in common: to create social communities and to empower individuals to participate in making music. CMT seeks to integrate groups of people by having them pursue a common musical goal, such as forming a community choir. ROMT is closely aligned to the recovery model of psychiatric care in that its emphasis is on ''strengths and resources''.[16] It promotes musical interplay, a direct form of communication that is inherently egalitarian, playful and mutually engaging for therapist and patient. Respect for the patients' preferences of style of music is the best means to achieve their meaningful engagement and to promote a sense of empowerment.

In carrying out a pilot study of the feasibility of group music therapy in community psychiatry,[17] we incorporated aspects of both CMT and ROMT. Improved quality of life as measured by the WHOQoLBREF[18] scale was found in 27 participants with severe and enduring mental illness living in the community, after 10 weekly sessions, each of 1-hour duration. Patients from the inner west and east of the City of Melbourne were placed in small groups of four to six participants. The group music therapy intervention comprised singing preferred and familiar songs and composing one or two original songs. Group members brainstormed the lyrics of the song and then contributed to decisions regarding the melodic contour, rhythmic elements, and musical shape of verse and chorus. In the penultimate session, each group recorded its song in a professional studio. CD copies were given to each person to share with family and friends. Items on the WHOQoLBREF[18] scale indicated significant results on the questions relating to better quality of life, health, and perceived greater support after the intervention. A separate qualitative thematic analysis of the focus group interview protocol showed that music therapy engendered much pleasure, and that working as a team was seen as beneficial. Furthermore, participants were pleasantly surprised to discover that they had a sense of creativity, and took immense pride in the song they had written.

In discussing the strengths of the recovery approach in psychiatry, Roberts and Wolfson[19] propose that patients write an account of their illness in their own words. Using the principles of ROMT, our five groups were offered the opportunity in a non-threatening forum to choose lyrics that best reflected their joint experience of living with a mental illness. A further thematic analysis of the lyrics of the resultant seven songs revealed the following themes:

(1) a concern about the world and the environment (e.g. ''Let's build a world where all are one, a united human race'' and ''Our message is, build a better world, sort the problems out, before it gets too late'');

(2) the difficulty of living with a mental illness (e.g. ''Now he wanders alone, got no place to call home, they say he'll be alright, but he's so scared inside. He feels really confused, about what's going on, and there's just no one he can lean on'');

(3) the strength needed to cope (e.g.''He's gotta find the strength to keep moving on'' and ''I've got to keep control, no-one's goin' steal my soul'');

(4) religion and spirituality as sources of support (e.g.''Feel the day and the sun shall rise – shine for evermore'');

(5) the healing quality of living in the present (e.g. ''Follow the beat of the healing heart'' and ''Present – giving now, present – living now, present – being now, in the present'';

(6) the joy gained from working as a team (e.g. ''Like a rock steady crew, you can boo-ga-loo'', which emerged as part of a rap song written by younger participants).

We were struck by how the experience proved so affirming to the participants. This echoes a leading American academic music therapist, Kenneth Bruscia, when he notes:

> Songs express who we are and how we feel, they bring us closer to others, they keep us company when we are alone. They articulate our beliefs and values, and they bear witness to our lives. Songs weave tales of our joys and sorrows, they reveal our innermost secrets, and they express our hopes and disappointments, our fears and triumphs. They are our musical diaries, our life stories. They are the sounds of our personal development.[20]

Encouraged by our results, and buoyed by the creativity shown by the participants, we have embarked on a randomized controlled trial using quantitative and qualitative measures to test the role of group-based music therapy in supporting people with an enduring and serious mental illness, who are brought together for the express purpose of creating music. The quantitative measures will examine efficacy, especially quality of life, while the qualitative methods will enable patients to tell their stories through lyrics.

We hope that our endeavour will lead to findings that encourage contemporary mental health services and non-governmental organizations to reintegrate music therapy into their therapeutic programs for people with enduring mental illnesses, and that this in turn will help an all-too-often marginalized group to become more fulfilled members of society.

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