



Immediate quantitative effects of recreational music therapy on mood and perceived helpfulness in acute psychiatric inpatients: An exploratory investigation[☆]



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ABSTRACT

The purpose of this exploratory study was to determine the immediate quantitative effects of single recreational music therapy interventions on mood utilizing a pre- posttest research design. Participants ($N=41$) were acute psychiatric inpatients. Using the Quick Mood Scale (Woodruffe-Peacock, Turnbull, Johnson, Elahi, & Preston, 1998), the researchers compared pre- and posttest measures in participants' moods with 10 different recreational music therapy interventions. Results indicated positive and significant immediate changes in four mood factors after a single recreational music therapy session: (a) wide awake/drowsy, (b) relaxed/anxious, (c) cheerful/depressed, and (d) friendly/aggressive. There were no significant between-intervention differences concerning mood or posttest measures of perceived helpfulness and enjoyment. From the results of this study, it seems that recreational music therapy interventions can have an immediate positive impact on acute psychiatric inpatients' moods but the specific type of recreational music therapy intervention utilized does not affect outcome. Limitations, suggestions for future research, and implications for clinical practice are provided.

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Literature review

Mental illnesses are medical conditions that can involve disturbances in a person's emotions, cognitive processes, perceptions, moods, ability to relate to others, and can often result in a diminished capacity for coping with ordinary daily living needs and challenges (NAMI, 2010). Treatment for mental illnesses is typically complicated and expensive (Gadit, 2004). While psychotropic medications are often used to suppress and manage symptoms, psychosocial treatments can also be effective components of a treatment plan and may assist with recovery. Thus, a holistic approach to treatment, involving both pharmacological and psychological interventions, is considered paramount to help psychiatric consumers reach their most advantageous personal functioning levels. This comprehensive type of treatment is not only essential to addresses emotional, behavioral, and cognitive needs, but can also aid patients with the skills to function in society or their least restrictive environments.

Music therapy can be a psychosocial treatment in the regimen approach to contemporary mental healthcare. Music therapists can work with psychiatric patients in order to meet needs in a variety of clinical areas including, but not limited to: communication, symptom management, quality of life, coping skills, stress management, recreation and leisure skills, identification of social supports, illness management, medication management, decision making, values clarification, and problem solving. In a systematic review of Cochrane studies involving non-pharmacological interventions for schizophrenia, psychosis, and bipolar disorder, researchers noted that music therapy is one of four interventions that have "strong support" (Jung & Newton, 2009, p. 239). Additionally, psychiatric music therapy has no known side effects (Ulrich, Houtmans, & Gold, 2007) and patients tend to favor music therapy over other types of psychoeducational and psychotherapeutic programming (Heaney, 1992; Silverman, 2006). Music therapy can improve relational abilities in psychiatric patients with low motivation (Mossler, Assmus, Heldal, Fuchs, & Gold, 2012), attendance in psychiatric inpatients (Silverman & Leonard, 2012), and psychotic symptoms in patients with schizophrenia (Peng, Koo, & Kuo, 2010). Researchers who conducted a Cochrane Review found that music therapy can improve global state, mental state, and social functioning in patients with schizophrenia and schizophrenia-like illnesses (Mossler, Chen, Heldal, & Gold, 2012).

Due to symptoms of mental illness, persons can experience difficulty with social interactions that may negatively impact their

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ability to relate to others, vocational skills, and independent living skills. Thus, socialization can play an integral role in maintaining quality of life. Jablensky, McGrath, and Herman (1999) found that of 980 adult Australians living with a mental illness, 58% reported being socially withdrawn, 39% reported not having a close friend, and 45% indicated that they desired good friends. Music therapists can design interventions to improve the socialization needs of people diagnosed with mental illnesses. In fact, during a descriptive study of psychiatric music therapists, Silverman (2007) found that 89.9% of psychiatric music therapists had focused on clinical objectives concerning socialization during the past week. However, in the descriptive study of psychiatric music therapists, the author did not determine which specific interventions addressed socialization. It may be that recreational types of music therapy interventions may be effective at increasing positive social interactions between inpatient psychiatric consumers. Utilizing well-established theories from the music therapy literature base, recreational music therapy interventions for psychiatric patients might be considered music-centered psychotherapy according to Bruscia (1998), supportive, activity-oriented music therapy according to Wheeler (1983), or recreational music according to Houghton et al. (2005). During recreational music therapy interventions, goals areas might include socialization, developing leisure skills, and positive interactions with others. Although many psychiatric music therapy researchers have focused on symptom management (Mossler, Assmus, Heldal, Fuchs, Gold, 2012), there remains a need for systematic inquiry concerning recreational music therapy interventions.

The continually changing healthcare environment, advancements in pharmacology, and the “revolving door” policy have reduced inpatients’ length of hospitalization (Justice, 2007; Thomas, 2007) and forced many music therapists to adjust their practices accordingly (Thomas, 2007). Additionally, Cassity (2007) found that psychiatric music therapy clinical training directors predicted brief treatment to increase in his Delphi Poll. Highlighting this issue in terms of financial implications, Shultis (1999) wrote, “decreased financial resources contribute to the pressure to demonstrate the efficacy of music therapy in short-term treatment” (p. 1). Scholars outside the music therapy field have also noted inpatient psychiatric hospitalizations are becoming increasingly brief (Black & Winokur, 1988; National Association of Psychiatric Health Systems, 2002; Nieminen, Isohanni, & Winblad, 1994; Wells & Phelps, 1990; Winston & Winston, 2002). With an increased focus on evidence-based practice, research documenting positive results of recreational music therapy in brief formats is warranted.

Music therapists are utilizing increasingly diverse treatment options with mental health consumers. Eyre (2011) utilized therapeutic chorale for patients with chronic psychiatric disorders and found positive results in terms of self-esteem, emotional expression, mood, coping, routine, and comfort. Lipe et al. (2012) published a paper on a community clubhouse model of music therapy and arts in healthcare for psychiatric consumers. Results indicated positive effects on managing self-care and quality of life. Anecdotally, it seems that psychiatric music therapists are frequently working shifts during the evenings and weekends, wherein they typically provide a more recreational type of intervention to accommodate larger patient groups. Thus, it would seem that systematic quantitative investigation into recreational types of psychiatric music therapy interventions within an acute psychiatric care model is necessary to warrant treatment in today’s era of heightened accountability and evidence-based healthcare.

While the effects of music on mood (excluding depression) have been documented in non-clinical populations (McKinney, Antoni, Kumar, Tims, & McCabe, 1997; Radocy & Boyle, 2003), older adults with depression (Hanser & Thompson, 1994), grieving children (Hilliard, 2001), patients who have had a stroke (Kim et al.,

2011), and patients in medical music therapy settings (Burns, 2001; Goloff, 1981; Haneishi, 2001; Henderson, 1983; Magee & Davidson, 2002; Nayak, Wheeler, Shiflett, & Agostinelli, 2000; Waldon, 2001), researchers have not systematically investigated these effects in acute care psychiatric inpatients. (Though depression is not the focus of this study, readers interested specifically in music therapy in the treatment of depression are advised to consult Castillo-Perez, Gomez-Perez, Velasco, Perez-Campos, and Mayoral (2010), Erkkila et al. (2011), and Maratos, Gold, Wang, and Crawford (2009).) The lack of psychiatric music therapy studies concerning mood represents a gaping hole in the literature base as these data could potentially be helpful in securing funding for additional treatment for psychiatric consumers. Moreover, it would seem that improving patients’ moods could have consequential implications for their inpatient hospitalizations. For example, improved mood could lead to patients being more apt to attend psychoeducational and psychotherapeutic programming, interact with peers and staff, and actively engage in treatment. Recreational forms of psychiatric music therapy may be an appropriate way to improve mood and potentially influence other areas of treatment in acute care settings.

As there is a lack of research investigating recreational music therapy and psychiatric patients’ moods within acute care contexts, it would seem appropriate to pair these two issues in a clinical study. If initial results support recreational music therapy as a treatment intervention, then a randomized trial might be warranted. Therefore, the purpose of this study was to quantitatively evaluate the effects of 10 different recreational music therapy interventions on mood state and perceived helpfulness and enjoyment in acute psychiatric inpatients. Specific research questions included:

1. Can a single recreational music therapy intervention quantitatively improve acute psychiatric inpatients’ mood within a single treatment session?
2. Are there specific recreational music therapy interventions that are quantitatively more effective in immediately improving mood than others?
3. Are there quantitative between-intervention differences in psychiatric inpatients’ treatment perceptions concerning different types of recreational music therapy interventions?

Method

Research participants

Research participants were inpatients on an acute psychiatric unit that was part of a larger University Hospital in the midwestern part of the United States. To be eligible for inpatient care on this unit, patients were required to have insurance. Regardless of sex, age, number of previous psychiatric admissions, or diagnoses, all patients on the unit were eligible for study inclusion during their first music therapy session with the researchers. Due to the exploratory, realistic, and inclusive nature of this study, there were no controls for demographic factors: The researchers and unit staff encouraged all patients on the unit to attend sessions. The researchers utilized this purposely-inclusive design in an attempt to most accurately represent contemporary clinical practice on an acute care psychiatric unit. Patients had the option to take part in the recreational music therapy interventions but not participate in the research. Although patients only completed test instruments during the first session they attended, they were allowed to attend as many sessions as they wished. Patients typically remained on the unit for three to seven days. Participants volunteered to take part in the study and were not paid.

Due to the acute care nature of the inpatient unit, many patients were unable to attend sessions during the first few days of their

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