

# An approach to music therapy and its impact on the management of schizophrenia

Volume 12 Issue 3 - 2022

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**Received:** July 18, 2022 | **Published:** September 22, 2022

## Introduction

Psychoses encompass the manifestation most clearly associated with mental disorders. Its classic symptoms include hallucinations, delusions, and severe affective and relational disturbance. The Diagnostic and Statistical Manual of Mental Disorders in its 5th edition defines them as “a severe mental disorder, with or without organic damage, characterized by a personality disorder, loss of contact with reality, causing worsening socially normal.” Globally, schizophrenias they are one of the most studied within this group, as they are the ones that generate the greatest negative impact on personal, social and family functioning given their chronic and degenerative nature.<sup>1,2</sup> Patients with schizophrenia have essential characteristics such as: the absence of criticism of the disease, which is evidenced by the fact that they generally say they are not sick, they even state that the sick are the ones who want to admit them; the existence of a predominance of qualitative disorders in psychic functions: hallucinations, delusions, body schema disorders, disorganized speech with disintegration or frequent incoherence, which favor the appearance of new phenomena, as well as experiences radically different from those experienced previously.<sup>2</sup> Another characteristic of these patients includes: the affection of the sense of reality since, at times, it is difficult for them to establish the limit between the real experiences and those that they experience in their delusional activity, which leads to a serious deterioration of the evaluation of reality; therefore, their creative adaptation to the environment is highly limited.<sup>3</sup>

As a consequence of the symptoms that are emerging, these patients become very vulnerable to stress, even in the face of daily situations of their daily activities. In a habitual way, they lose initiative and motivation, they appear listless, with diminished emotional expression, they are less effective in the performance of their tasks and they lose self-criticism. They become increasingly distrustful, withdrawn, sullen and hypervigilant and develop an irritable and dysphoric mood. Thus, the meaning they attribute to events, whether personal and controllable or those that, due to unavoidable and independent issues of human will, are presented to them and their solution does not depend on them, makes them experience ideoaffective incongruence more frequently, because they have with fewer coping resources in stressful situations, bringing with it isolation and feelings of worthlessness.

In general, their behavior becomes severely disorganized, catatonic, and maladaptive, to the point of becoming chaotic in the presence of acute decompensation or when the crisis gradually, or the illness as a whole, reaches sufficient severity to a progressively worsening course. They tend to make mistakes or carry out inappropriate behaviors, without awareness of responsibility and denial of its implications. The treatment of schizophrenia and its subtypes depends on their origin, but in general, in most cases, medications are used. Antipsychotics, in addition to various supports and psychosocial treatments necessary for their rehabilitation and the treatment of the underlying disease. One of the treatments used for this purpose and which is progressively

gaining greater acceptance due to its benefits is Traditional and Natural Medicine.

According to World Health Organization (WHO) the term used refers both to systems of medicine traditional as well as the various forms of indigenous medicine, is generally the application of what comes from nature, referring not only to medicinal plants, but to nature in the broadest sense, involving color, taste or sounds.<sup>3</sup> From this point of view, music, sounds and movement are included in traditional medicine, highlighting that these techniques have been used with encouraging results on behavior since the beginning of history humanity.<sup>4</sup> Music therapy is the management of music and sound in the broadest aspect of its conception with a patient or group, in a process created to facilitate, promote communication, relationships, learning, movement, expression, organization and other relevant therapeutic objectives, in order to satisfy physical, emotional, mental, social and cognitive needs.<sup>4</sup>

For this reason, music therapy is considered an auxiliary medicine that helps with other therapeutic techniques to recover the patient for society or to act in the prevention of physical and mental illnesses. The music therapy used with these patients was folkloric, used with the aim of opening their communication channels, during a period of 5 months, for which 7 sessions of 45 minutes each were carried out. In view of the above, it would be appropriate to indicate some of the benefits that this alternative therapy offers to patients with schizophrenia. The attitudes of these patients show signs of the restructuring that takes place in their psyche, since in the sessions they are mobilized in order to eliminate the barriers that the disease imposes on them. They express a new vision of themselves and of the potentialities that they need to exploit in order to become more integrated into the environment that surrounds them and achieve better and broader interpersonal relationships. Their ideas and opinions reveal the internal and positive change that they manage to achieve after the therapeutic sessions, evidencing in each one of them, a gradual and favorable evolution.<sup>5</sup>

Some patients show attitudes of disgust and dissatisfaction at the end of the sessions, as well as with the projection of summary videos of the interventions in which they are participants, these attitudes are concrete evidence of the resistance, which they usually carry out, to return to the state of passivity in which they were previously in the

hospital wards where they are admitted, as the health team does not immediately perceive the subtle changes that are generated. Another of the benefits that music therapy brings is the evaluative judgment that patients make about themselves, an important aspect because previously, with regular medical treatment, they could not carry out almost any task on their own, some even neither walking nor taking care of the observations and comments of other people on a voluntary basis. It has also been observed that they gain the ability to decide whether or not to recover while therapy progresses, an ability that should be strengthened with the implementation of other therapeutic techniques.

Some of these patients decide to fight to recover their lives to the best of their ability, so that they achieve a little more self-knowledge, independence and the discovery of abilities that were somehow underlying until now. They manage to incorporate themselves, as far as possible, into their environment, being able to behave more independently, taking into account their limitations.<sup>6,7</sup>

Before the therapies, many did not participate in rehabilitation activities, after them, they begin to lean a little more towards them, even requesting their inclusion in them, especially entertainment activities, even if they do not participate actively.<sup>6</sup> In general, mobilization in behavior is perceived as they begin to take better care of their personal appearance, are more concerned about their diet and undertake some tasks that do not involve much physical or intellectual effort, aspects that previously did not pay attention to them. They also tend to achieve greater mastery of the environment and orientation capacity, according to testimonies of the health teams, since they report that within the institution these patients visit their friends, as opposed to before. Thus, they have the opportunity to establish relationships with other people who do not belong to their room and expand their social circle. However, they also improve their relationships with the other roommates. They respect established schedules and carry out activities with others.

From this experience they begin to give answers that demonstrate the degree of criticism and analysis they make of their past life, in addition, they refer to feeling good with the aspects of their life that they manage to develop from their interaction in music therapy groups, which evidences the positive degree of significance that they confer to this therapy. According to the answers given by the patients, the critical assessment they make of their mental state can be signified, since they admit to being sick and report not being able to administer the drug treatment themselves, but if they do, they agree to take the pills. It is necessary to point out that many of these patients state that before the music therapy sessions they felt a little insecure, but afterwards they feel better and like music. This feeling of satisfaction and recognition of their current and past situations, show signs of the psychic restructuring that they manage to achieve once the sessions are over.<sup>8-10</sup>

Other achievements are evidenced when they comment on their motivation to start carrying out the activities by themselves, for their improvement outside the hospital and the positive relationships with others.<sup>10,11</sup>

In general, there is a great tendency to achieve resocialization and psychic restructuring in their ways of expressing themselves and acting as a result of this lived experience. With the therapeutic help received, they can gradually restore and develop healthier ways

of externalizing their thoughts, emotions and feelings and acting in accordance with their desires and needs, taking into account their possibilities and limitations. Music therapy manages to improve the interpersonal relationships that they establish with their peers, relatives and health teams, in addition, it gives them the achievement of greater independence and orientation in time, space and person, which allows to accentuate its proven effectiveness in patients with this pathology.

## Acknowledgements

None

## Conflicts of interest

The authors declare that there is no conflict of interest regarding the order of authorship in the research.

## Authors contribution

Lianne Dilú León: Conceptualized the idea of the study, carried out the research, visualized the work, wrote the original draft; wrote, revised and edited the final version of the article (70%).

Fidel Vázquez Garay: Analysis of the draft, review of the final information of the article and the bibliographical references (30%).

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