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The Effects of Musical Activity on the Self-Esteem and Self-Efficacy of Patients With Schizophrenia: A Cultural Study in West Bengal, India

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Stephanie A. Hovey, BSc¹

Abstract

Studies into the effects of therapeutic music making in the treatment of mental illness have increased dramatically in the last decade, but there still remains a dearth of research into its effects in developing countries such as India. Of particular importance in India, where the stigma associated with mental illness is still prominent, is low self-esteem and self-efficacy in people with disorders such as schizophrenia. Using a qualitative approach, this study explored the views of the participants on the effects of musical activity, at a psychiatric treatment and rehabilitation center in India. Five main themes were interpreted from interview transcripts: therapy, motivation, mood, self-efficacy, and self-esteem, suggesting that the patients find the sessions to be therapeutic overall, including in the areas of self-esteem and self-efficacy.

Keywords

India, musical activity, schizophrenia, self-efficacy, self-esteem

In general, the current research on mental health and therapeutic music making¹ tends to have been conducted in the West,¹⁻³ focusing on its short- to medium-term effects and how these impact specific symptoms. There is a strong body of research suggesting that therapeutic music making does have the ability to induce positive changes in an individual,^{1,4-8} including the relief of primary symptoms of disorders such as schizophrenia^{6,9-11}; however, very few researchers have explored the effects for patients in developing countries such as India, a country where low-cost therapies would be hugely beneficial as mental health care resources are scarce.

Increasing self-esteem and self-efficacy have been shown as important factors in therapy for individuals with schizophrenia.¹²⁻¹⁹ As music has been shown to increase both these assets,^{5,13,20-22} it would seem that therapeutic music making would be of great benefit to patients with schizophrenia²³; however, it is an area in which there is very little research. Most studies focus on the reduction of primary symptoms of the disorder^{10,24-27} as opposed to secondary symptoms such as self-esteem and self-efficacy. Increasing these traits is all the more important in countries such as India where, due to the presence of self-stigmatization,^{28,29} the issue of low self-esteem and self-efficacy is even more prominent than that in the West.^{19,28,30-33}

This study aims to explore these areas in which there is very little research and was conducted at Antara Psychiatric Treatment and Rehabilitation Centre in West Bengal, India. Antara is a nongovernmental organization that provides mental

health care to the surrounding areas on a means-tested basis. For the inpatients, many activities are provided, including an aesthetic therapy (AT) program (note 1; for further information on the AT program and Antara, please refer to Hovey³⁴).

In order to assess the effects of AT, semistructured interviews were conducted with participants ($n = 11$) who regularly attend the sessions. The interviews were conducted by both the researcher and an unbiased translator in order to cater for the English-, Bengali-, and Hindi-speaking population at the hospital. The client participants were inpatients staying at the male and female group homes, with a primary diagnosis of schizophrenia or a schizophrenia-like disorder (such as delusional disorder).

Interviews were also taken from 3 members of staff who managed the group homes at Antara and the session leader (A.S.) who led the AT program each week.

Through a thematic analysis,³⁵ 5 core themes relating to the effects of the AT were identified, each with several subthemes as presented and discussed in the following (Figure 1).

The central theme within the responses was the way in which the participants find the AT sessions to be psychologically

¹School of Music, University of Leeds, Corsham, UK

Corresponding Author:

Stephanie A. Hovey, 80 High Street, Corsham, Wiltshire, SN13 0HF, UK.
Email: hovey.steph@gmail.com

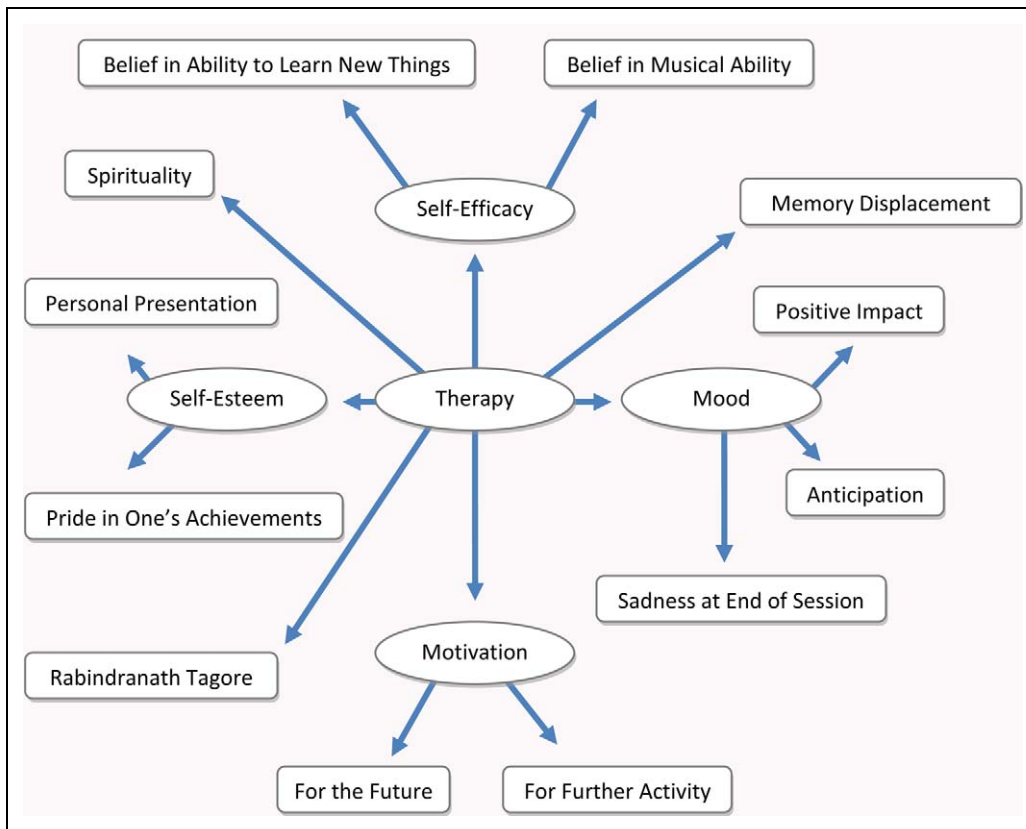


Figure 1. Thematic map illustrating the themes and subthemes relating to the effects of AT. The core theme of “therapy” is presented at the center, with the four main themes presented in ovals and the subthemes presented in rectangles.

therapeutic. Furthermore, the clients stated how the nature and lyrics of Rabindranath Tagore’s³⁶ songs (the songs learned in AT) provide therapy; second, how the sessions allow displacement of unpleasant memories; and, finally, how the participants find the sessions provide them with a kind of spiritual therapy.

Two aspects of motivation appeared to be affected by the sessions. First, motivation to take part in other activities in the hospital, including practising during free time in the ward. Second, the participants seem to have developed motivation toward their futures, particularly via pursuing musical activity. As PC9 (note 2) puts it, “*I get inspiration to work more . . . I get inspiration to life, like I want to live*” (PC9, Q2).

The mood of the participants also appears to be strongly affected by the AT sessions. Clients and staff alike commented on the change in mood in relation to the sessions. This is further reinforced by the staff who state that “their mood is always low, but when they are coming from the aesthetic therapy session and after, they have a good mood. That day, that whole day . . .” (PS2, Q2). Moreover, almost every participant described a sense of anticipation toward the sessions, whether that was solely on Saturdays or throughout the week.

Improved self-efficacy was another core theme in the interview responses. A.S. states how the participants of AT have “grown in confidence. It’s beyond our imagination also the way they have responded” (SL1, Q5).

The two main areas of improvement discussed by the participants were belief in their own musical ability and belief in their ability to learn new things. Both are significant aspects of self-efficacy and show the huge impact that AT has had on this trait.

Regarding self-esteem, both the staff and A.S. commented on its increase over the course of the AT. PS1 explained how “when they are admitted here . . . their self-esteem is very poor. They are not able to lift their head. But as the AT goes on, they gain a lot of self-confidence . . . there is a lot of improvement in their faces as well as their presentation’ (PS1, Q2). This highlights one of the subthemes: how the personal presentation of the participants has improved dramatically. Second, the participants have begun to show a sense of pride in their achievements, another important aspect in overall self-esteem.

The interview responses were as expected in relation to self-efficacy and self-esteem (both being positively affected by the sessions); however, several other interlinking themes (motivation and mood) also came to light, the prominence of which was not anticipated by the researcher.

These final two themes are strongly linked with self-efficacy in particular, indicating that the increase in self-efficacy of the participants would positively affect mood and motivation, respectively, hence why these themes presented so strongly within interviews with participants.

If higher self-efficacy is the cause of the positive mood states of the participants, it would be expected that those

participants who regularly attend AT would have a fairly positive mood throughout the rest of the week (as self-efficacy is not a fluctuating trait). Many participants commented (without prompt) on how their good mood continues throughout the week after an AT session. This relates to Bandura's¹³ research, suggesting that self-efficacy influences the emotions that occur in behavior.

Links have also been shown between self-efficacy and motivation. For example, those with higher levels of self-efficacy are likely to take on more challenging tasks,¹⁹ and optimistic individuals have higher levels of life satisfaction, health, and social functioning.³⁷ However, it is necessary to question whether self-efficacy is affected by the sessions or whether these particular clients attend AT because they already have higher levels of self-efficacy and therefore have more motivation to attend.¹³

Self-esteem was also a key factor in the interview responses, particularly in the comments made by the staff and session leader. According to Bedner et al,³⁸ the AT would only be successful if it increases the self-esteem of the clients and so the prominent themes of "therapy" and "self-esteem" within the interview responses imply the success of AT in these areas.

If the causality of the perceived increase in self-esteem and self-efficacy does stem from AT, then it is still difficult to determine which specific aspect of the sessions has the greatest effect. With regard to self-efficacy, Carpinello et al¹⁴ suggest that in self-help groups self-efficacy is increased due to the emphasis on group support and helping others. AT also has a strong sense of compassion and "working as a group" (as discussed by A.S. in his interview [SL1, Q4]), and so self-efficacy could be increased due to these aspects as opposed to the musical activity.

Similarly for self-esteem, it has been stated that communication is the way in which we improve our self-esteem,⁴ as it helps us integrate with others and forge our self-image. Many participants also commented on how AT gives them a chance to communicate, either through working as a group (mentioned earlier) or through the music used in the sessions (as discussed by PC1, Q7). Moreover, Yalom's²² "collective self-esteem" that develops through any form of group therapy would suggest that musical activity may not be a necessary factor to increasing self-esteem in the AT sessions.

Supporting the role of music within the sessions, the interview themes in this study relate to Thaut and Wheeler's²¹ "integrative model of music in therapy," with experience in activation (immediate reward through participation), structure (through the rhythmic nature of the songs and tabla drumming), and association (as shown by the memory displacement, spirituality, and positive mood themes).

It is acknowledged that this is a very specific setting, and longitudinal research should be done to establish the causality of the results. Yet this is the first study to explore how secondary symptoms of schizophrenia are affected by musical activity in a population where these symptoms have a hugely detrimental impact on well-being due to the stigma associated with such disorders.

This study has illustrated that therapeutic music making can drastically improve the quality of life for patients with schizophrenia. In a country where resources allocated to mental health care are scarce, musical activity can provide a low-cost and effective therapy for individuals who may not otherwise be able to access treatment.

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Notes

1. The sessions are named aesthetic therapy as this is how the sessions are referred to at Antara. They are not delivered by a trained music therapy professional so cannot be named music therapy (according to the American Music Therapy Association definition³⁹) but have the same therapeutic goals; hence the terms therapeutic music making and or aesthetic therapy are used throughout this article to refer to the style of music making that occurs in the sessions.
2. All references provided for interview transcripts will be coded with a participant number followed by the question number of that transcript (eg PC1, Q5). PC stands for participant client, PS for participant staff, and SL for session leader. The full transcripts are available on request.

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Author Biography

Stephanie Hovey, BSc, is a previous student at the School of Music and School of Psychology, University of Leeds. She is currently studying for an MSc at the Institute of Education, University of London.