INCORPORATES MUSIC THERAPY FOR PEOPLE WITH RESIDUAL TYPE OF SCHIZOPHRENIA

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ABSTRACT
The purpose of this research is to find out if music therapy is effective for residual-type schizophrenics. If it is effective, what factors or what things that makes it effective. What stages does the therapy process go through to make the therapy effective. The subject of the research is a 25 years old woman, first child of two children, Islam, a Javanese, diagnosed with residual-type of schizophrenia by the psychiatrist. The research result shows that music therapy is effective for schizophrenics, marked with the subject being calm, relax and feel less pain, a more stabile emotion and this follows the ability to do a lot of activities and a more organized lifestyle. The factors are because the music played is classical and instrumental which has a soft strain, synchronized by the sound of sputtering water, birdsong, splashing waves, and the cool and comfortable place and this helps building a normal life back. The implementation process of music therapy has some steps: at first the therapist gives an instruction and the aim of the therapy to the client, then the subject listens to the music like classical and instrumental music, and finally the subject will play music instrument individually and in group. This condition increases the interpersonal relationship, which then increases the social interaction and this helps building a better life.

Keywords: Schizophrenia, Schizophrenic, Residual-type, Music therapy.

CHAPTER I
INTRODUCTION

1. Background

When walking or driving in the streets of major cities like Jakarta, Surabaya, Medan, Bandung, and others, one would often see a person with ragged clothes, curly, filthy and unkempt hair, dirty skin as if it hasn’t seen the shower, talking or laughing to themselves and, sometimes, even bare naked. The lay people would call that person crazy or “mentally ill” or, in a nicer word, “forgetful”. In the field of Psychology, this illness or behavioral deviation is called schizophrenia.
Schizophrenia comes from Greek words Schizein and Phrein. Schizein means separated or broken and Phrein means soul. Etymologically, Schizophrenia means having their soul split. In other words, there’s a separation or discrepancy between the thoughts and the behavior. The term schizophrenia was introduced by Eugene Bleuler (1857 – 1939), defined as an illness or behavioral deviation due to a separation between a person’s thoughts, emotion, and behavior. Prior to this, Emil Kraepelin (1856 – 1926), one of the modern fathers of Psychiatry, named schizophrenia as dementia praecox. The terminology derives from Latin word dementis which means “outside of one’s soul”, while precocious means “before one’s maturity”. Therefore, dementia praecox can be defined as a premature impairment of one’s mental ability. Kraepelin believes that dementia praecox is an illness process caused by a specific deviation though not necessarily realized by the person.

Although the origin of the word schizophrenia is from Greek words meaning “split soul”, it should not be confused with dissociative identity (known as dissociative personality disorder), which people often call “split personality”. People with dissociative personality shows two or more personalities independent of each other, but the personalities normally have more well-integrated cognitive, affective, and behavioral functions than those of people with schizophrenia. Therefore, in a person with schizophrenia, there may be a lack of proper connection between thoughts and emotion, or between perception about a reality and the facts (Bleuler, 1911 in Nevid, Rathus, and Greene, 2003).

Schizophrenia can affect all aspects of a person’s life. An acute phase of schizophrenia is marked with delusion, hallucination, illogical thoughts, incoherent conversations and odd behaviors. In the later stages, people with schizophrenia may not be able to think clearly and may lose emotional response toward people or events that they face.

In average, it is estimated that the number of people with schizophrenia in the United States of America reaches 1 – 1.5 % of the population. According to Kaplan, Saddock and Grebb (1997), there is no found difference based on gender on people with schizophrenia, which means that there is more or less the same number of male and female with schizophrenia. The difference between male and female happens in the onset and the form of deviation, where the onset appears earlier in male than female. The peak for onset on male is 15 – 25 years old, while on female is 25 – 35 years old. The onset for schizophrenia before the age of 10 and after the age of 50 is very rarely found.
In Indonesia, the average number of people with schizophrenia reaches 0.3 – 1 % and normally appears around the age of 18 – 45, although cases of an onset to 11-12 years old were also found. Assuming there are approximately 220 million Indonesian citizens, it is estimated that there are 2.2 million (in 2008) people living with schizophrenia. It is a quite widely common mental illness in Indonesia, where 99% of inpatients in mental institutions have schizophrenia (Sosromihardjo, 2000, in Setiadi Arif, 2006).

According to Hawari (2001), treatment for people with schizophrenia has not been satisfactory especially in developing countries, due to the families and societies’ lack of knowledge about this mental illness. In fact, there is a stigma that a person with schizophrenia is a disgrace to the family. This is why people with schizophrenia are often hidden by their families, excluded or even locked up. In addition, there are still parts of the families or societies who consider schizophrenia as a “disease” caused by irrational or supernatural causes, such as voodoo, evil spirit or satan possession and others.

With all the stigmas mentioned before, many people with schizophrenia are not taken to the doctor, therefore did not get a rational (medical/psychiatric) treatment. They are taken instead to a paranormal. It is understandable, then, that people with schizophrenia do not get the right therapy or treatment, and thus are getting worse instead of getting cured.

According to Hawari (2001), schizophrenia does not happen automatically. There are many factors that contribute to the appearance of schizophrenia symptoms. Until now, many theories are developed to explain the etiology of schizophrenia, among which are: 1. Genetic factor, 2. Virus, 3. Auto-anti body, 4. Malnutrition. While according to Setiadi Arif (2006), several scientists believe that schizophrenia is caused by genetic factors, chemical imbalance in the brain, brain structure anomaly, or an anomaly in the prenatal environment. It is then said that various stressful life events can contribute to the development of schizophrenia in those who have the predisposition for this illness. While according to Kaplan, Sadock and Grebb (1994), the causing factors of schizophrenia can be seen from several point of views, which are the stress diathesis (specific proneness to stress), biological point of view, genetics and psychosocial factors. It is next said that although the causes of schizophrenia are still difficult to understand, it is considered that the underlying causes involves biological abnormality, combined with psychosocial and environmental factors. Those underlying factors, according to Nevid, Rathus and Greene (2003) can be divided into: 1. Psychodynamic perspective, 2. Learning perspective, 3. Biological perspective. The biological perspective covers: genetic factors, biochemical factors, viral infection, and brain abnormality.

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Out of all the opinions about the etiology of schizophrenia mentioned earlier, several things in common that can be concluded is that there are main factors which cause schizophrenia, and they are hereditary factors, biological factors, psychosocial factors, and environmental factors. The hereditary and biological factors are not included in this research, since they are beyond the writer’s competence. Both hereditary and biological factors need knowledge on the medical science, which is not within the researcher’s competence.

It appears that the multidimensional crisis, which includes the not-yet solved economic crisis in Indonesia, has left a sad story in from of the increasing amount of people with mental illness, including schizophrenia. This illness has also become a WHO global issue. In Indonesia, its scattered social environment and low economic society, many people have schizophrenia. Based on the data from Malang Mental Institution (RumahSakitJiwa Malang), there has been an increase on the number of people with schizophrenia each year, which is approximately 6% per year. Based on a survey on people with schizophrenia, it is stated that 44.6/1000 (±4.5%) of Indonesians have schizophrenia. This ratio exceeds WHO’s estimation, which is 1-3 per population mile (www.solusisehat.net). While the regional government (PEMDA) of Jakarta (2006) released the latest data that the number of people with schizophrenia registered within the government and private owned hospital has increased significantly, 5700 millions out of all the Jakarta population.

Based on the data the numbers of people with schizophrenia are increasing each year as stated above. The underlying factors (etiology) for schizophrenia varies and very subjective, meaning, the cause of one case can be entirely different from the other. Besides the level or type of schizophrenia can be different from one subject to another, the researcher is interested to conduct a research about an effective therapy for people with a certain type of schizophrenia, which is the residual type.

Generally, music therapy aims to help patients express their feelings, increase creativity, and motivate patients to interact and increase socializing with others, so they can enhance their self-image and avoid alienation (Keltner & Norman, 1995).

Music therapy is defined as an effort to use music in a therapeutic way to fix, nurture, and enhance the physical and mental well being (American Music Therapy Association, 1999, in Djohan, 2005).
The French Association for Music Therapy explains that music therapy is a use of music in a psychotherapeutic relationship. So in this case, the client’s problematic resolution is achieved through musical activities and musical products (in Maramis, 1999).

Benezon (1997) reveals that a match between the music therapy and different types of schizophrenia will be highly determined by someone’s individual values, philosophy, education, clinical order, and cultural background. Nevertheless, all music therapies have the same goals, which are helping to express feelings, support physical rehabilitations, give a positive influence to the mood and emotions, increase memory, and provide the unique opportunity to interact and develop an emotional proximity.

In developed countries, especially the United States of America (where the activities are first developed), music therapy has been a part of the health profession. Music therapy is a job where a person uses music and musical activities to overcome physical, emotional, cognitive and social deficiency in children and adults with a certain illness or impairments. The National Association for Music Therapy, USA (1990), defines music therapy as an implementation of the art of music in a scientific way by a therapist, using music as a mean to reach certain goals through behavioral changes. With the changes, the client can understand themselves and their world deeply, and able to adjust in society. A professional music therapist plays a role in analyzing their client’s problems and set a general goal before planning and implementing a string of activities specifically for their client. This process is followed by a periodic evaluation to review the effectiveness of the procedure (Djohan, 2006).

Whereas the World Music Therapy Federation (WMFT), in 1996, made a more holistic definition of music therapy, which is the use of music and/or elements of music (sound, rhythm, melody, and harmony) by a qualified music therapist for a client or a group in the process of building communication, enhancing interpersonal relationships, learning, enhance mobility, reveal expressions, arrange oneself, or to reach various other goals in therapy. Music therapy aims to enhance the individual potential and/or enhancing functions, through self – arrangement and relations with others, to reach a successful, better quality life (Djohan, 2006).

While the residual-type schizophrenia is individuals who have had at least one episode of schizophrenia, but has no longer manifest the main symptoms. Although they may have strange delusions or hallucinations, they only show residual symptoms, such as negative beliefs or irrational ideas that are not fully delusional. These residual symptoms can cover the act of social withdrawal, odd thoughts, inactivity, and flat affect (Durand & Barlow, 2006). According to

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Wiramihardja (2006), the residual-type of schizophrenia is schizophrenia with the mild symptoms of schizophrenia where the type or manners are unidentifiable. People with this type of schizophrenia have one episode symptom of schizophrenia. They continuously have those signs of disturbance, including the negative symptoms and a moderate form of the positive symptoms for years. While according to Setiadi Arif (2006), the residual type of schizophrenia is marked by the person having at least one episode of schizophrenia but without a prominent positive symptom, although still showing a negative symptom or a milder positive symptom. Nothing prominent in terms of delusion, hallucinations, scattered conversations and catatonic behavior.

Out of all the definitions, it can be concluded that the residual-type of schizophrenia does not show a heavy positive symptom, only the light or mild positive symptom and negative symptoms. No longer do they show the major symptoms, which are delusions and hallucinations, only the residual symptoms such as social withdrawal, odd thoughts, inactivity, and flat affect. Therefore with music therapy, these residual symptoms can be reduced or even eliminated so that the person can be normal again, succeeding with a better quality life.

**B. Research Questions**

In order to get a better understanding (verstehen) on the effectiveness of music therapy for people with the residual-type schizophrenia, the following research question is proposed:

1. What are the characteristics of a successful music therapy according to people with the residual-type of schizophrenia?
2. Why is music therapy effective according to people with the residual-type of schizophrenia?
3. What’s the effective implementation process of music therapy according to people with the residual-type of schizophrenia?

**C. Research Urgency**

The daily Kompas, on Saturday 11 February 2012, stated that The 2007 Basic Health Research called the prevalence of mental-emotional disorder on the above 15 years old population reaches 11.6%. If the number of population in the age group on 20120 is 160 millions, the number of population with mental disorder would be 19.6 millions. “This shows that the society is living under problematic emotional and mental conditions. That number is quite moderate; if we take in the mental disorder in children and teenager, the number would be bigger”, according to the Director of the Mental Health Construction, the National Department of Health, Irmansyah, in Jakarta, Friday 10 February 2012.

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A similar note was stated by the head of The Center of Public Mental Health form the Faculty of Psychology, Gajah Mada University, Rahmat Hidayat. The prevalence of mental disorder in Indonesia is the same as the prevalence in other countries. Irmansyah added that the economic loss due to mental disorder reaches Rp. 20 trillion. The loss comes in one’s lost productivity and the economic burden and health expenses that the family and the country have to pay. Not to mention how the medication and treatment for patients with mental disorder can go on for life (Kompas, Saturday, 11 February 2012).

This sad condition is exacerbated by the limited facilities and labor for mental health. In Indonesia there are currently only 32 government-owned and 16 private-owned mental institutions. Not all of the provinces owned their own mental institutions. Out of 1,678 registered general hospitals, only 2% provide mental health services. Only 15 out of 441 government-owned state hospitals have psychiatric services. The same conditions happen in the Puskesmas (community health center), where only 1,235 out of 9,000 Puskesmas provide mental health services. The mental health labors’ numbers are very limited. There are only 616 psychiatrists, 200 of whom are in Jakarta and the surrounding areas. The number of clinical psychologists is also minimal, around 400 people (Kompas, Saturday, 11 February 2012).

Based on these realities, an alternative to the medical-psychiatric treatment is needed, music therapy is needed. Out of several types of therapy tried to people with schizophrenia in general, it is found that learning based therapy is effective in modifying schizophrenic behavior and help people with the disorder to develop a more adaptive behavior which can help them adjust effectively to live in the community (Nevid, Rathus, & Greene, 2003).

Another therapy that has shown effectiveness is the Social Skills Training (SST), encompassing programs which help individuals gain a number of social and vocational skills. Research shows that SST can enhance social skills and adaptive functions of people with schizophrenia in the community (Hunter, Bedell & Corigan, 1997, in Nevid, Rathus, & Greene, 2003).

Similarly, the Family Intervention Program has also shown effectiveness. There are evidences that show how a structured family intervention program can reduce friction in families, enhance social functioning in people with schizophrenia, and even reduce the average relapse number (Bustillo et all, 2001; Mucser et al, 2001; Penn & Mucser, 1996 in Nevid, rathus, & Greene, 2003).

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In short, it can be stated that there is no single approach that can fulfill all needs of people with schizophrenia. Schizophrenia’s conceptualization as a life-long disability has underlined the need to have a long-term intervention that mixes antipsychotic medications, family therapy, cognitive and behavioral therapy, vocational therapy, the existence of proper housing, and other social support services (Bustillo et al., 2001; Huxley, Rendall, & Scderer, 2000; Sensy et al., 2000; Terrier, 2000 in Nevid, Rathus, & Greene, 2000).

A special therapy for people with residual type of schizophrenia has to be specific, considering how people with this type have no longer shown positive symptoms such as major delusions and hallucinations, but only show negative symptoms such as lack of emotional expressions, reduced fluency and content of conversations, and the lost will to do things (avolition) (Setadi Arif, 2006). This specific therapy is music therapy, since it can provoke interest, reduce negative symptoms, stabilize emotion, develop potential or individual functions, to reach success and a better personal well-being.

CHAPTER II
RESEARCH STATE OF ART

Before discussing the effective music therapy for people with residual-type of schizophrenia, we need to understand the symptoms of these people in general and the types of schizophrenia. The symptoms according to DSN-IV-TR are differentiated to: positive symptoms, negative symptoms and disorganized symptoms. The positive symptoms cover the manifestation of the more active abnormal behavior, excess or distortion of normal behavior including delusions and hallucinations (American Psychiatric Association, 2000 in Durand & Barlow, 2007). The negative symptoms includes deficit in abnormal behavior, for example in conversations and motivation (Carpenter, 1994; Earnest and Kring, 1997 in Durand & Barlow, 2007). Disorganization symptoms include rambling conversations, erratic behavior, inappropriate affection (Ho, et al., 2003 in Durand & Barlow, 2007). Diagnose towards schizophrenia suggests that two or more positive, negative and/or disorganization symptoms appear for at least one month.

According to Nevid, Rathus & Greene (2005), main characteristics of schizophrenia is the disease that affects broad scope that includes psychological processes (cognition, affection and behavior). People with schizophrenia show evident regress in social functions and work. Have difficulties maintaining conversations, making friendships, maintaining jobs or looking after themselves. Shows delusions, problems in associative thinking and having hallucinations. But the
pattern of those behaviors does not always appear at the same time. Further said that schizophrenia covers mind, conversation, attention and perception process, emotion and behavior disturbance.

Wiramihardja (2005) states that in schizophrenia sometimes develops slowly and vaguely seen. In certain cases the clinical illustration was dominated by seclusiveness, the low interest towards his environments, excessive daydreaming and blunting of affect. In the end the responses appeared are the ones discordant or mild, such as ignorance towards social properties.

There are three types of negative symptoms admitted by DSM-IV as the core of schizophrenia, they are: affective flattening, alogia and avolition (Wiramihardja, 2005). Further said that affective flattening is various forms of reduction of affective responses, or even completely absent, towards the environment, disturbed in showing his emotional reactions. Often called blunted affect (Wiramihardja, 2005). Alogia or lack of speaking is the reduction of speaking. The patient does not have the initiative to speak to someone else and if asked a question directly, the answer would be very short and meaningless (Wiramihardja, 2005). Avolition is the inability to survive on regular times, or the inability in the activities that lead to goal achievement, including in working, school and at home. That person has a big problem in finishing his tasks and there is disorganization and true indifference fully unmotivated (Wiramihardja, 2005).

While SetiadiArif (2006) states that schizophrenia is one of the mental illness called psychosis. Psychotic patients do not recognize or make contact with reality. Several main psychotic symptoms include: delusional, hallucination, disorganized speech, disorganized behavior, negative symptoms.

Based on the above statements it can be concluded that schizophrenia patients has three main symptoms, which are positive symptoms, negative symptoms and disorganized symptoms. The positive symptoms are marked with having hallucinations and severe delusions, showing regress in social functions, social interactions and work, having cognition interference including attention and perception, affection and emotion interference. Negative symptoms are marked with deficit in speaking, in affect response towards the environment, in emotional reaction, and deficit in activities. While disorganization symptoms are marked with rambling conversations, erratic behavior and excessive daydreaming.

The three symptoms (positive, negative and disorganization symptoms) do not appear suddenly, but develops gradually and vaguely, and does not always appear together. On a
schizophrenic patient it may only appear distinctly one or two symptoms, while the others are vague. With the symptoms appearing not at the same time, or just one or two symptoms while the other symptoms are vague, schizophrenic patients are categorized into several types:

1. Paranoid Type

This type has one or more delusional symptoms or the frequent appearance of auditory hallucination (American Psychiatric Association, 2000 in Nevid, Rathus& Greene, 2003). The behavior and conversation of a schizophrenic patient does not show clear disorganized symptoms as the characteristics of disorganized type. Also does not show clearly flat affect or catatonic behavior. Their delusions generally contain greatness themes, persecutions, or jealousy. For example believing that their partner is disloyal without having any proof. They are also very anxious, confused and fearful (Nevid, Rathus& Greene, 2003).

In line with that view, Durand & Barlow (2007) point out that paranoid type of schizophrenic patients clearly looks different with having delusions and hallucinations. While the cognitive and affective function are relatively intact. Generally they do not have disorganization in conversations nor flat affect. They usually have better prognosis compared to other schizophrenic patients. Delusions and hallucinations generally have certain themes, such as grandeur or persecutions. DSM-IV-TR criteria in classifying patients in this type state that if there is preoccupied symptom with one or more delusions, or auditory hallucinations. Nevertheless this type does not have disorganized symptoms in conversations or behavior disorganization or catatonic behaviors, flat affect nor inappropriate affect that is visible.

2. Catatonic Type

This type is characterized with clear deviation in motoric behavior and deceleration of activities that develops to stupor, but might instantly change into agitation. Patients with this type shows unusual behavior, or retain an unusual posture, looking strong for hours when their legs may be swollen and stiff. Another surprising character but uncommon is waxy flexibility (staying still in a certain position). They will not respond to questions or comments at that moment, which can go for hours although afterwards they may say that they heard that was being said to them (Nevid, Rahus& Greene, 2003).

Inline with that point of view, Durand & Barlow (2007) explains that on this type, other than having unusual motoric responses in terms of waxy flexibility, there is also an
excessive activity, acts of defiance when someone tries to change his position. Sometimes showing unusual behavior with his body and face, including grimacing (American Psychiatric Association, 200a in Durand & Barlow, 2007). They often repeat or copy someone else’s words (echolalia) or their actions (echopraxia).

Whereas according to Wiramihardja (2005) the catatonic type characterized with extreme withdrawal from his environment, which causes the patient to no longer recognize his world. The most common is the act of silence for a very long time. Withdrawal could happen at anytime, where everything just disappeared. This could occur in just moments or in few days in the same position.

Few patients are very suggestible and automatically follow orders or behavior (echopraxia) or copy someone else’s words (echolalia) (HendroPrakosoBudisantoso, 1997 in Wiramihardja, 2005).

Patients with catatonic-type of schizophrenia show various motoric behavior and talking ways that is considered not responsive towards their environment (Wiramihardja, 2005).

3. Disorganized Type

Disorganized type is characterized with erratic behavior, incoherent conversations, often and obvious hallucinations and flat or inappropriate affect, disorganized delusions, which usually relates to sexual or religious themes. Social behavior deviance is common on this type of schizophrenia. They also show ignorance and giddy mood, giggling and talking nonsense. They ignore their appearance and hygiene and lose control towards their bladder and excretion (Nevid, Rathus& Greene, 2003).

While according to Durand & Barlow (2006), this type is contrast to paranoid schizophrenic, disorganized schizophrenic shows obvious disruption in conversations and behavior. They also show flat or inappropriate affect, such as laughing at irrelevant moments (American Psychiatric Association, 2000a in Durand & Barlow, 2006). If there are any hallucination and delusions, they tend to be disorganized around certain central themes similar to the paranoid type, but in a more fragmented way (Hardy-Bayle, Sartati&Passerieu, 2003 in Durand & Barlow, 2006).
Carson and Butcher (1992) (in Wiramihardja, 2005) state that this type of schizophrenia usually appear at young age and even earlier if compared to other schizophrenia disturbance, the personal disintegration display is even worse.

Unlike other types of schizophrenia, people with disorganized schizophrenia do not have clear delusion or hallucinations. Their mind and behavior is very disorganized. People with this type speak in words that do not make sense to others. They tend to appear odd with stereotype behavior. They have a hard time in taking baths and are not capable of dressing up or eating by themselves. If they speak, they display real emotion that does not relate to what they say or what is happening in their environment. For example, announcing that his mother is sick while laughing (Wiramihardja, 2005).

4. Residual Type

According to Durand & Barlow (2006), patients diagnosed with residual type of schizophrenia are the people who at least have one episode of schizophrenia, but no longer manifests the main symptoms. Although they do not suffer from delusions and hallucinations, they display symptoms of residual negative convictions, or still has unusual ideas and not completely delusional. Those residual symptoms cover social withdrawal, odd thoughts, absence from activities and flat affect.

While Setiadi Arif (2006) explains the diagnose of residual type of schizophrenia are given when there at least one episode of schizophrenia, but the clinical illustration does not show prominent positive symptoms. It is proven that disturbance is still there, characterized by vague positive and negative symptoms.

From above statements about the types of schizophrenia, it can be concluded that from several types of schizophrenia the lightest one is the residual type. The residual type is not characterized by the main symptoms, which are the positive symptoms, severe hallucinations and delusions. There has not been found the negative symptoms characterized by the lack of normal behavior, such as emotional or social withdrawal, apathetic, lack of conversations and thinking. There have not been any disorganized symptoms such as rambling conversations, erratic behavior and inappropriate affect. What are found are residual symptoms such as negative conviction, or still have unusual ideas and is not completely delusional. This means that the residual type is not severe, therefore the stress and pressure is not excessive and the medic-psychiatric therapy is not needed but an alternative is music therapy. According to Papilaya, 2002 MUSIC THERAPY FOR PEOPLE WITH RESIDUAL TYPE OF SCHIZOPHRENIA
(in Djohan, 2005), music therapy is one way to overcome the lack on physical, emotional, cognitive and social aspects on children and adults with certain disturbance or diseases. Music therapy uses the power of music to help the client maintain himself and find a way out; experience changes and finally cured from the disturbance. That is also why music therapy is humanistic. With the help of music instruments, client is also encouraged to interact, improvise, listen or actively playing musical instruments. Without saying any words, clients can express his anger by improvising on the musical instrument. Music therapy is designed with a deep understanding towards the state and problems of the client; therefore it will be customized for each client. There will be clients who fit one certain model of therapy while the other may need to use a different model of music therapy. Every music therapy will also have different meaning to different people.

In line with Papilaya, 2002 (in Djohan, 2005), Halim & Samuel (2005) states that music therapy and music element by an accredited therapist is to increase, maintain and restore mental, physical, emotional and spiritual health. While Djohan (2005) states that music therapy is the use of music as therapy tool to restore, maintain, develop mental, psychic and emotional health. Non-verbal abilities, creativity and senses of natural state of music become the facilitator for relationships, self-expression, communication and growth. Music therapy is used to improve physical health, positive social interactions, interpersonal relationship development, natural emotional expression and to raise self-awareness.

From the above statements it is clear that music therapy is very suitable for residual-type of schizophrenia. This type of schizophrenia does not have the main positive, negative and disorganized symptoms of schizophrenia. With music therapy, the mental, psychic, emotion and spiritual state becomes normal. Social interaction also becomes positive, developed interpersonal relationships, raised self-awareness and in the end life quality increases.

Bold (1996) presents eight reasons in using music therapy on medical activities:

a. As audioanalgesic or tranquilizer or to create positive or psychosocial biomedical influence.
   Example: patients with chronic diseases use music therapy to: 1) decrease physiological symptoms and stress, 2) distract attention from pain, 3) change the perception of pain. Or patients’ participation in a group therapy could stimulate body immune effectively.

b. Being the focus of attention and or manage practices
   Example: a lady uses music in labor process with her choice of music and is set to laboring techniques. Or patients use music as a structure in motivating music rehearsal therapy.

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c. Initiate and build relationship with therapist/patient and family.

Example: a therapist develops an open relationship with a teenager using his favorite music.

d. Enhance learning process.

Example: a child is taught to control himself being discipline in studying by the therapist with sequencing the steps through a song. Or a group of patients compose a song together to strengthen the health principles they have been learning together.

e. As a stimulator/effect reverse flow or to eliminate noise.

Example: a client learns to control his muscle tension (or other physiological stress indicator) through biofeedback using music as auditory signs. Or music played in the emergency room to eliminate noises from machines or other electronic devices.

f. To control happiness and positive personal interaction

Example: a client’s family member as a support group discuss about lyrics of a song, song writing, sing and improvise to raise trust and cooperation towards each other with the help of a facilitator.

g. As reinforce or to manage health in physiological and emotional skills and lifestyle.

Example: a client learns to play the piano to express himself and as an alternative to other passive activities. Or someone who participates in a health club will easily copy the movements if the background music is synchronized with the movements.

h. Reduce stress to body and mind health

Example: Emergency response staffs tend use music to reduce their stress by having their therapists asking them to listen to music for 15 minutes prior to their shift.

Despite those eight functions of music therapy, which are implemented for medical case, furthermore music therapy can be effective as sedative (audio analgesic). It also sets the client to be more focused, strengthens his/her relationship with family, sets the client to be familiar with the habit of learning, disciplines oneself with the health principles, creates an atmosphere of excitement in interpersonal relationship, manage his/her physiological skill, emotions, and lifestyle, as well as reduces stress. As explained above, music therapy is proven can reduce the symptoms of people with residual type of schizophrenia because the symptoms of residual-type patients are not so different with the symptoms that are reduced by the medical music therapy.

CHAPTER III

MUSIC THERAPY FOR PEOPLE WITH RESIDUAL TYPE OF SCHIZOPHRENIA
RESULT AND DISCUSSION

1. This study applies a qualitative approach in a form of case study since the situation is specific (distinctive). The mode of data collection is a structured interview, combined with observation (Basuki (2006) & Poerwandari (1998)). The participant is a woman, age: 25 years old; ethnicity: Java; religion: Islam; position in the family: the first of two children. Disorder criteria: residual-type schizophrenia (referring to the diagnosis of the psychiatrist), duration of the illness: two years; condition for the moment: recovering; frequency of music therapy: two times a week; type of music: instrumental and classical.

2. Environmental condition of therapy
   The therapy is conducted in a therapy room of the therapist. The condition of the house is cool and beautiful, marked by ornamental plants on the gate, big fountain in the center; decorated with colorful lights on the pool edge. There are small garden and shady trees in the yard. The atmosphere is quiet and calm; there is only splash sound of waves from the rear of the house. There is a big wood table with chairs and a quite large aquarium with various fish in the living room. The observation and interview take place in a therapy room. The observation is performed during the music therapy, whilst the interview is conducted afterward.

3. Interview result
   a. Family background
      The relationship between the subject and her parents as well as her sibling is doing fine. The subject is the oldest child. She is closer to the parents because they always help her facing the illness, encourage and support her during the therapy.

   b. Education
      She graduated from high school. At that time, she never had a top achievement but never failed a class.

   c. Social Relationship
      In terms of social relationship, the subject only talk or communicate with her close friends and rarely gathers with others. Her closest friend is her elementary schoolmate.

   The interview result can be categorized as follows:

a. The effectiveness of music therapy for residual-type schizophrenics.

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1. The subject did not feel calm before the therapy and when the therapy music played was on her, she became calm, relax, and the pain diminished gradually.

2. At first, the subject was not open. After had several therapies, she became open with other people who experience the same therapy and she is also capable of getting an insight or interpretation of new things. The subject became discipline in terms of the use of time.

3. Initially, the subject had less focus on what she was hearing. After had several therapies, she became more focused on what she was hearing. Even though it all depends on the subject’s changing mood. After having music therapy, the subject felt that she can express her feelings and less burdened, as well as motivated. The music she listened to at that time was the one she liked. After listening to the music, the subject can motivate herself to be a better person.

4. The relationship between the subject and her therapist is very close; moreover, the subject’s father is an old friend of the therapist. After few therapies, the subject was getting familiar with the therapist.

5. After getting through sessions of the therapy, the subject became more relaxed with no tension in her muscles, her emotions became stable, and she has more activities with regular lifestyle.

6. During the therapy, all noise inside the subject had been gone and out of focus. They switch to the music she listened to.

7. After listening to the music, the subject felt that her soul became calmer and happy. Other than that, the subject feels more comfortable interacting with others.

b. Factors that make musical therapy strategies effective for residual type schizophrenic.

1. The subject felt the serenity while listening to the therapy music because she felt that the music has a soft strain and it makes the subject relax and calm. The type of music that enables the subject to feel relax and can reduce her stress is instrumental, combined with natural sound like sputtering water and birdsong.

2. At first, the subject was reluctant with in-group therapy because she felt awkward and uncomfortable. But after being persuaded and going through some sessions of the in-group therapy, the subject felt that she could mingle with other participants. The subject felt that the in-group therapy is not so different with the therapy she usually had alone. Only when she took the in-group therapy, she felt that she needed to learn about participating in the group, especially playing music.

3. The subject did not know why she could focus in the group session. But she said that once in her therapy session, she was told to make her own song and that task increased her focus. The
subject became more focus because she was told by her therapist to suggest any sound she heard in one song. Therefore the subject became more focus while listening to the music.

4. The subject felt in the beginning of her relationship and the therapist was quite difficult. But after going through some sessions the subject felt open to her therapist and she felt motivated by the therapist. Moreover, the subject felt that the therapist could understand her complaints and desire.

5. The subject felt that when she plays guitar and listens to the music, she does not think of anything but music. That makes her feel comfortable, easy, relax in living her life.

6. The subject felt that when she listens to the music while having a therapy session, she did not hear any noise beside the music she listens to. Other than the music, she heard the sound of sputtering water and splashing waves from the rear of the house.

7. During the music therapy, the subject feels happy. It is because the subject capable to do things that makes herself happy, like listening to the music and composing the music. It enables the subject to express her feelings. The subject felt that she could interact with other people in a positive way because in certain times her therapist took her to attend the in-group session.

c. The process of the musical therapy strategies for people with residual type of schizophrenia.

1. During the early sessions, the therapist played some music to the subject with prior notification. The kind of music for the therapy is instrumental and classical, combined with natural sounds, such as sputtering water, birdsong, or splashing waves. In addition to the music, the subject also played some music instrument, like guitar, as a way to express her unrevealed feelings.

2. According to the subject, there is no big difference between the in-group therapy and the usual music therapy. But in the in-group session, the subject teamed up with other participants to play some instruments. This enables the subject to interact as well as cooperate with other people.

3. According to the subject, at first she felt difficult to focus but after listening to the music she felt relax. After having some therapy sessions the subject become focus in listening to the music. While listening to the music, the subject felt that her pain decreases gradually. It is, she thought, because she was focus to the music.

4. Initially the subject was reluctant to the therapist, but after going through some sessions the subject becomes calm. Finally, the subject was willing to interact with the therapist.

MUSIC THERAPY FOR PEOPLE WITH RESIDUAL TYPE OF SCHIZOPHRENIA
5. During therapy sessions, the subject listen to the music and try not to think other things so that she could relax and feel calm. The subject felt the change in living her daily life. She felt that after the therapy, her life becomes more organized.

6. The music therapy sessions are conducted in a closed room and the atmosphere is calm, so the noise from the outside was not interfering the subject.

7. The activities the subject performed in therapy sessions were not so different with the therapy she usually had, except the subject was participating in the in-group therapy session. According to the subject, she felt happy at that time because she could meet with other people.

SUMMARY OF INTERVIEW WITH THE SUBJECT

Based on an interview after the subject had some music therapy sessions, she is gradually changing her feelings. After some sessions, she feels more calm, relax, less pain, stable. Therefore she could have more activities and her life is more organized. The subject also becomes more open, on that account she is able to interact, whether with her therapist or other schizophrenics, especially after had some in-group music therapy sessions. After having music therapy, the pressure on her decreases because she becomes happy and accordingly feel motivated to living her life more organized.

There are some aspects that make music therapy effective for schizophrenics. For instance, the music has a soft strain, synchronized by the sound of sputtering water, birdsong, splashing waves, and the cool and comfortable place (the shady trees in the surrounding create a calm and comfortable atmosphere). That condition initiates the subject to relax and feel less burdened. Above all, during the therapy, the subject played some music by herself and in a group.

Meanwhile, the application of music therapy for the subject begins with an instruction from the therapist. It includes the procedure of music therapy and the reason of implementing music therapy, the schedule, and other requirements. After that, the subject listens to classical and instrumental music. The therapy continues on a task for the subject to play an instrument individually.
and by group. The therapist would conduct it over and over in several days until the subject shows some behavioral changes.

2. Interview result of Significant Others 1 & 2

a. Family background of the subject.

According to SO 1, the subject is the oldest child of the family. Her father works at a service station. By the time the subject suffered from the illness, her father worked as a merchant. SO 1 said that the subject’s parents have to be extra on watching over the subject, on the other hand the subject was uncomfortable being watched. When the illness emerges, the subject always thinks of her parents and sister as enemies and distrusts them. The subject also tends to lock herself in the room so that her family could not watch over her.

According to SO 1, the subject began to suffered schizophrenia in the 2000s after got a motorcycle accident. The doctor said that the subject had a hard bump on the head, and in 2004 the symptoms of schizophrenia appeared on her.

According to SO 1, the subject’s grandfather also suffered a distinctive disorder, not because he was sick but he showed some odd behavior.

b. Social relationship of the subject.

According to SO 1, the subject has many friends at school. But since she suffered the illness, her social life has changed. She had never talked to her neighbors or friends ever since. Her friends had never visited her at home since she was ill.

c. Symptoms of the subject before having music therapy.

According to SO 1, the symptoms appeared on the subject before the music therapy: she speaks spontaneously, there is noise in her head and it is echoing, her attitude is very apathetic, rarely talk to her parents or other people, and her emotion is unnatural, sometimes she feels sad and another time she is very grumpy, mooning around and withdraw herself from social involvement, slow and unfriendly, forgetful.

d. Physical condition of the subject before having music therapy.

According to SO 1, since suffered from the illness the subject does not take care of herself, rarely takes a bath, rarely changes clothes, tousle hair. Previously, she was always neat and clean.

e. The type of music used in the therapy.

MUSIC THERAPY FOR PEOPLE WITH RESIDUAL TYPE OF SCHIZOPHRENIA
According to SO 2, there are two types of music used in the music therapy, classical and new age. Classical music is one of the best music types for relaxation and meditation, as well as reducing stress. Whereas new age music is effective for managing stress, including one of its genres: new instrumental. New instrumental music has soft strains; therefore whoever listen to it become more relax and calmer because it decreases the listener’s tension.

f. Effectiveness of music therapy for people with residual type of schizophrenics.
1. According to SO 1, the subject seemed to be quiet, no longer furious, and calmer after the therapy.
2. According to SO 1, the subject become more organized and discipline in terms of time and health.
3. According to SO 1, the subject is more focus on things she does and determined to heal.
4. According to SO 1, the subject always responds on everything that had been told by her therapist.
5. According to SO 1, after having music therapy the subject seemed to be more relaxed in daily life, calmer, not easily upset, and pay more attention to her appearance.
6. According to SO 1, the therapy is conducted in a closed room and it blocks the noise from the outside so that the subject felt calmer.

g. Aspects that make music therapy effective for people with schizophrenia.
1. According to SO 1, since having the music therapy, for some reason, the subject behaves nicely and rarely get angry and do a lot of activities that could distract her from pain.
2. According to SO 1, during the therapy, for some reason, the subject seemed happy and enjoyed the sessions as if she does not have problems. According to SO 2, music therapy could increase and cure her physical condition and improve her mental, emotion and spiritual health. It also has an impact to her mood, proved that while listening to the music the subject has positivity in her mind. Furthermore, it reduces the intention of withdrawing herself from social involvement, enables her to express her feelings, gives her an emotional encouragement, strengthen her memory, increase her motivation, and increase her self-esteem.

h. The application of music therapy strategies for people with schizophrenia.
1. According to SO 1, the application of music therapy to the subject is through listening to the music and plays a music instrument as she like. The aim of this music therapy is to enable the subject control herself so that she could get calmer, not easily upset, and distract her from pain.
2. According to SO 1, the subject had a session of sing together with other friends and she is gradually mingled with the group.

3. According to SO 2, the therapy is conducted in a closed room in order to prevent the subject from any interruption during the music therapy.

4. According to SO 2, firstly the subject takes the therapy alone. After she feels comfortable with the therapist, could control her emotion and tension, she is finally capable of having the in-group session. In the group, she plays music with others and composes music along with them. But the most important thing of this therapy is that it increases the sense of socializing and therefore the client does not feel alone.

**SUMMARY OF INTERVIEW RESULT OF SIGNIFICANT OTHERS 1 AND 2**

The aim of interview of Significant Others 1 and 2 is to match the statement between the subject and Significant Others 1 and 2.

The summary of interview result of Significant Others is as follows: The subject is the first of two children in the family. Recently her father works at a service station, while previously a merchant. Before taking music therapy the subject needs an extra supervision. The subject treated her parents and sister as enemies and distrusted her family. The subject also tends to lock herself in bedroom. As a consequence, her family was having trouble in monitoring the subject. Before suffering from schizophrenia, in the 2000s the subject had a motorcycle accident. According to the doctor, she had a hard bump on the head. In 2004 the symptoms of schizophrenia occurred on her. Before taking music therapy the subject showed some peculiar behaviors, such as withdrawal from social life, talk to herself, unnatural emotion: one time she looked sad and another time she was furious, and mooning. It can be concluded that the subject is a residual-type schizophrenic. This is also match to the psychiatrist’s diagnosis.

Meanwhile, after had music therapy, the subject’s behaviors are essentially similar to the summary of interview result of the subject. The music therapy with classical music and new age music, especially new instrumental, with soft strains allows the subject to feel relax and decreases her tension. The subject becomes calmer and not easily upset. Her life is more organized and her discipline increases in terms of time and health. The subject focuses on the therapy because she has a determination to heal. The isolation such as withdraw herself from social involvement begin to diminish, her interpersonal relationship is increasing, as well as her motivation and therefore the subject does not feel alone to face her problems.

**MUSIC THERAPY FOR PEOPLE WITH RESIDUAL TYPE OF SCHIZOPHRENIA**
The aspects that make music therapy effective for schizophrenics is, according to Significant Others 1 and 2, even though they are unsure for its reason, because classical music and instrumental music have soft strains, synchronized by the sound of sputtering water. It all creates the sense of relaxation and calmness.

This atmosphere affects the mood and consequently makes positive thinking on her mind, decreasing an intention to withdraw herself from the surroundings, enables her to express her feelings, strengthen her memory, increases her motivation, and increases her self-esteem.

In the meantime, the procedure of music therapy application for the subject, according to Significant Others 1 and 2, is essentially similar to the subject’s perception, begins with a instruction from the therapist, then listens to classical and instrumental music, and continued by playing music instrument individually and in group.

**OBSERVATION RESULT**

1. Subject 1
   a. The second observation
      Day and date : Saturday, 24 October 2009
      Time : 08.00 – 10.30 pm
      Place : Residence of the therapist
      Observer : Researcher
### The characteristics of the effective music therapy for residual-type schizophrenics

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SUMMARY OF THE OBSERVATION RESULT OF THE SUBJECT BEHAVIOR

The observation result of the residual-type schizophrenic during and after having music therapy is as follows: After having music therapy, the subject looked calm particularly after playing music instrument, either individually or in group. The subject could follow the instruction from the therapist, could communicate with therapist either orally or by eye contact. The subject could get through the therapy process in accordance to the procedure explained by the therapist. The subject did not showing any behavior of annoyance. Instead, she laughed and smiled a lot during playing music. The subject had been seen enjoying the music strains during the music therapy.

The observation of the aspects that make music therapy effective for the subject could not be conducted. It could only be reviewed based on the interview result. On the other hand, although the application process of music therapy could not be explained explicitly by significant others 1 and 2, basically the process was in parallel with the interview result of the subject, which is starts with the instruction from the therapist, listening to classical and instrumental music, followed by playing music instrument individually and in group. The whole process is conducted with the therapist’s supervision.

DISCUSSION

Analysis of interview result of the subject and significant others 1 and 2, as well as the observation result of the subject’s behavior during the therapy can be explained as follows:

1. The music therapy implemented for people with residual type of schizophrenia is proven runs effectively. This had been seen after the subject got through the therapy, the subject’s behavior looked more calm, relax, comfortable, not easily upset, could have an interpersonal relationship either with the therapist or with other patients. The subject could get through the therapy with discipline, proven by her obedience in following the therapy schedule and rules from the therapist. The subject could focus on something, especially in playing music. The subject could dress neatly with clean clothes. The subject felt motivated to living a better and organized life. This means that the view of Bold (1996), stating that music therapy can function as sedative (audio analgesic), helping a patient to be more focus on something, initiates and strengthens the interpersonal relationship with the therapist/other patients/family, strengthen learning process, auditory...
stimulator, control his/her excitement and the positive personal interaction, as well as a
strengtheners or organiser for his/her health in terms of physiological skill, emotion, and lifestyle.

Bold’s point of view is similar to a statement of Papilaya (2002), saying that music therapy
could handle the limitation of physical, emotional, cognitive, and social aspects in an individual
who suffered a certain disorder or illness.

The statement of Papilaya (in Djohan, 2005) is also in parallel with the perspective of Djohan
(2005), stating that the application of music as a therapist’s tool is functional for improving,
taking care, developing mental and physical condition, as well as emotional health. Music therapy
is used to fix the physical well-being, encourage a positive social interaction, develop
interpersonal relationship, a natural expression of emotion, and increases consciousness.

Those views are also in line with Raymond Bahr (in Djohan, 2005), a researcher and the
director of Coronary Care in St. Agnes Hospital, Baltimore, Maryland, stating that music therapy
is one of priority in the list of the management of handling critical patients. In terms of learning,
music provides a learning process through modality of aural, kinesthetic, and visual sensory, as
well as increases musical intelligence through music instruction. Music provides the contextual
aspects in accordance with the material. It is also equip self-discipline through reward system,
increase concentration and sharpen skill, increase confidence in the proper environment. Music
provides stimuli in learning process, prepares student to solve problems in an interesting way, as
well as gives opportunity to compose an original music (Djohan, 2005).

Even though the description above is implemented in the context of learning, it is also
suitable for the therapy on people with residual type of schizophrenia because they had
impediment in physical, cognitive, affective, and conative aspects. To improve the impediment,
the patient needs a learning process, which will be much helped by music therapy.

2. The aspects that make music therapy effective for people with residualtpe of schizophrenia can
be explained as follows: With the soft strains from classical and instrumental music, combined
with the sound of sputtering water, splashing waves and breeze in the midst of shady trees in the
therapy place, the subject feels calm, comfortable, relax, and therefore she could decrease her life
pressure, stress, intention to get angry, self-withdrawal, and avoidance of interpersonal
relationship. This is in line with the statement of Bold (1996) and Djohan (2006), stating that
music is therapeutic and healing. Music produces rhythmic stimulation captured by the hearing

MUSIC THERAPY FOR PEOPLE WITH RESIDUAL TYPE OF SCHIZOPHREНИA
organ and processed in the nerves and gland in the brain, which reorganize the sound interpretation of the internal rhythm of listener. This internal rhythm affects human metabolism in a better process, and with a better immune system, the body had prepared for the possibility of getting an illness.

That point of view is also similar to the point of view of Papilaya, 2002 (in Djohan, 2005). He declared that with help from musical instrument, the patient is also encouraged to improvise, listen to the music or play music actively. Without a word, the patient could express her anger by improvise on music instrument. Music therapy is designed with a deep understanding of the patient’s condition and problems so it would result differently for each person.

3. The implementation process of music therapy for people with residual type of schizophrenia can be explained as follows: the implementation process of music therapy has some steps: at first the therapist gives an instruction and the aim of the therapy to the client, then the subject listens to the music like classical and instrumental music, and finally the subject will play music instrument individually and in group.

It is parallel with the statement of Djohan (2005), mentioning the technics used in the music therapy: 1) Singing to help a client who have articulation development disorder on language skill, rhythm, and breath control, 2) Playing music, to help developing and coordinating motoric skill. Playing music in ensemble helps the subject to learn about controlling the chaotic nerve impulses, with a structured exercise in-group. Learning music by playing it could develop musical skill and build confidence and self-discipline. 3) Rhythmic movement could develop psychological scope, combine mobility/dexterity/power of coordination, consistency, breathing patterns, and muscle relaxation. Rhythmic component is very essential to increase motivation, interest, attention, and excitement as a non-verbal media in encouraging individual spirit. 4) Listening to the music could develop cognitive skill, such as memory and concentration. Listening to the music is a process to cope with self-expression problem through a creative environment. Music could draw relaxation, motivation, or thoughts, imagination and memory to be tested and discussed individually or with a supporting group.

CHAPTER IV

SUMMARY AND SUGGESTION

1. Summary

From the interview of subject and significant others 1 and 2 as well as the observation result, it can be concluded as follows:

MUSIC THERAPY FOR PEOPLE WITH RESIDUAL TYPE OF SCHIZOPHRENIA
a. Music therapy is effective for people with residual type of schizophrenia because it can reduce the patient’s stress and tensions. The interpersonal relationship of the schizophrenic with the therapist and other schizophrenics is getting better when the subject plays music together. Her motivation to live a life normally rises on the subject, proven by her neat and clean clothes. Her discipline is getting well ordered, it can be seen by her commitment of time and her obedience to the music therapy procedure set by the therapist. She looks excited and smiles during and after the therapy. From the symptoms, it can be imagined that there is a hope of gaining back her normal life and a glimpse of enhancement of her meaning of life.

b. The reason of music therapy can be effective for people with residual type of schizophrenia are because the music therapy implemented on the subject is classical and instrumental music. With its soft strains, combined with the sound of sputtering water and some breeze from the shady trees in the surrounding, as well as the sound of splashing waves in the rear of the house, it all affect her mood to be calm, comfortable, peaceful, and relax. This condition enables her to reduce stress, diminish life burden, or we can see that both problems are decreasing gradually. The tendency of getting angry is released by playing music and finally switched into full of excitement as explained above. That condition makes her life normal, the life quality may get better.

c. On the other hand the implementation process of music therapy for schizophrenics can be explained as follows: Firstly, the therapist gives an instruction of the aim of music therapy, the schedule, and the procedure of music therapy. Secondly, the subject is asked to listen to classical and instrumental music. Lastly, the subject is asked to play music instrument together with other patients. With those steps, besides creating a feeling of excited, comfortable, peaceful and relax, they also enable the subject to interact with the therapist and other patients. The good interpersonal relationship could raise her motivation to live life normally.

2. Suggestion

a. This study is useful to expand psychology, particularly Abnormal Psychology, because it adds or extent the alternative therapies aside from the medical-psychiatric of conventional therapy. The use of music with soft strains has to be combined with the soft sound as well, like the sputtering water, soft breeze, and an environment of shady or sheltered so that the air is cool.

b. For the medical-psychiatric therapist, this research emphasizes the need of alternative therapies beyond medical-psychiatric therapy. This music therapy is also need to be tested to other type of schizophrenics, such as catatonic, paranoid, or disorganized types. Or it can be integrated
with medical-psychiatric therapy. Because the description explained above is stating that an environment of comfortable, peaceful, relax and excited come from the soft strains, the sound of sputtering water and soft breeze, it can be concluded that a cool air is useful for residual-type schizophrenics and for the other type of schizophrenics, such as: catatonic, paranoid, and disorganized schizophrenic.

References


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