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Kwan, C. and Clift, S. M. (2017) Exploring the processes of change facilitated by musical activities on mental wellness. *Nordic Journal of Music Therapy*, 27 (2). pp. 142-157.

Link to official URL (if available):

<https://doi.org/10.1080/08098131.2017.1363808>

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Exploring the processes of change facilitated by musical activities on mental wellness

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While the benefits of music to people's mental health have long been recognized, the process of how it works requires further investigation. This paper is based on the results of a community-based music project offered to a group of mental health service users by a Hong Kong social service centre. A six-dimensional framework, which contains emotional, psychological, social, cognitive, behavioural and spiritual dimensions, is constructed for understanding how musical activities may produce benefits for mental health service users. Through conducting 23 interview sessions for the participants (N = 47), who suffered from mental health problems, including schizophrenia and other psychotic disorders, mood disorders and anxiety disorders, of the music project, this study examines the processes of change within musical activities. Feedback was solicited from them by listening to their first-hand experiences as service users of the musical activities. Recorded interviews were transcribed and analysed to generate themes that correspond to the six dimensions the researchers proposed. This study shows that the clinical effects elicited by the musical activities described fit closely with the needs of mental health service users. Its findings suggest that community-based musical activities have clear potential for supporting mental health service users in recovery, which deserve further promotion.

Keywords: benefits of music, mental health, recovery, musical activities, processes of change

Introduction

Music is used therapeutically in helping individuals with various mental health problems (Clift & Morrison, 2011; Lu et al., 2013; Maratos, Gold, Wang, & Crawford, 2008; Pasha, Akhavan, & Gorjian, 2012; Mohammadi, Minhas, Haidari & Panah, 2013; Rolvsjord, 2015). While researchers in the field generally agree that musical activities are beneficial to mental health service users, researchers are becoming increasingly interested in investigating how changes occur in the process of musical activities (Ansdell, 2014; Clift & Hancox, 2010; Maratos, Crawford, & Procter, 2011; Silverman, 2015; Stephensen & Baker, 2016). Along this line of inquiry, this paper attempts to explore the processes of change connecting musical activities and positive mental health outcomes.

This paper is based on the results of a community-based music project (“Transforming HeArts through Music”) offered to a group of mental health service users by a Hong Kong social service centre. The underlying processes of musical activities are examined from the perspective of the service users.

Mental health problems are often called “mental illnesses” and “psychiatric disorders”. “Mental health problems” usually refers to people who have been diagnosed with a mental illness by medical practitioners according to the diagnostic criteria given in ICD-10 (World Health Organization [WHO], 1993) or DSM-5 (American Psychiatric Association [APA], 2013). This paper uses the term “mental health service users”, to refer to individuals who have been diagnosed with mental illness and now receive mental health services in the community.

Common mental health problems include schizophrenia, depression and anxiety. Living with a mental health problem can be challenging (Grocke, Bloch, & Castle, 2009) and mental health service users face continuing difficulties. The notion that there is “no

health without mental health” (WHO, 2004) truthfully highlights the importance of tackling mental health problems.

In this paper, we first look at the nature of the challenges facing mental health service users. We then examine how musical activities can address the problems they face. A model is proposed as a theoretical framework for exploring the processes of change occurring within musical activities.

Unfavourable situations associated with mental illness

Mental illness creates disruptions in daily functioning. These disruptions may also be factors that then prolong mental health problems. Six major areas of challenge that people with mental health issues may encounter are listed below.

Emotional

Depressed mood is considered to be a sign of mental illness, such as depression and bipolar disorder (APA, 2013). Being diagnosed with a mental illness is a stressful experience. Stress can cause emotional problems (Lederbogen, Haddad, & Meyer-Lindenberg, 2013) and increase risk for psychosis (Van Winkel, Stefanis, & Myin-Germeys, 2008).

Psychological

Low self-esteem has a negative impact on mental health (Trzesniewski et al., 2006) and on overall well-being (Mulligan, 2011), and is associated with the development and maintenance of psychotic symptoms (Romm et al., 2011). Because of stigma, people with mental health problems tend to have a low regard for themselves (Corrigan, Larson, & Rüscher, 2009; Link et al., 2001; Yanos, Roe, & Lysaker, 2010).

Social

Developing social relationships is beneficial for mental health recovery, but many people with mental health problems find it very hard to maintain close relationships with others (Barry, 2002; SANE Australia, 2005). In addition, ongoing social isolation harms mental health (House, 2001; London Borough of Havering, 2015).

Cognitive

Negative thoughts are related to mental illnesses such as depression (Beevers, Wells, & Miller, 2007) and anxiety (Muris, Mayer, den Adel, Roos, & van Wamelen, 2009). It is not uncommon to find that mental health service users have a pessimistic attitude. This in turn affects their emotional well-being and social participation.

Behavioural

Leisure activities and mental health are related (Westland, 1991) and engagement in meaningful activities is beneficial for people recovering from mental health illnesses (Davidson, 2003). Yet many mental health service users experience a lack of energy and motivation (Fervaha et al., 2014), which in turn affects their quality of life (Brazier et al., 2014).

Spiritual

Recent research shows that spirituality and mental health are interrelated (Huguelet et al., 2016; Koenig, 2010; Verghese, 2008). Finding meaning in life is essential to the recovery process (Andresen, Oades, & Caputi, 2003). Failure to find a meaning for one's life will have a negative effect on one's well-being (Wong, 2016). Internalized stigma among

people with mental health problems can lead to their perception of life as less meaningful (Or et al., 2013).

The above discussion shows six types of problems that people with mental health problems may face. It also highlights that there are some unfavourable situations facing people with mental health problems. Supporting them to overcome these unfavourable situations is clearly a challenge for mental health practitioners.

Functions of music

There are different sources showing the value of music for different populations and conditions. Adults with mental health problems are one of the main patient groups of music therapists in recent years (Bunt & Hoskyns, 2013). Music therapy, for example, has been used to help people with schizophrenia and depression (Mössler, Chen, Heldal, & Gold, 2011; Silverman, 2013; Tseng et al., 2016). Research shows that 20 or more music therapy sessions can serve as a useful adjunctive intervention to help people with schizophrenia and schizophrenia-like illnesses to improve their mental state and functioning (Gold, Heldal, Dahle, & Wigram, 2005). Similarly, music therapy has become more common in helping people with depression (Chan, Chan, Mok, Tse, & Yuk, 2009; Erkkilä, 2014; Maratos et al., 2011). Maratos et al. (2008) found that music therapy can be used to improve the mood of people with depression.

Besides interventions delivered by qualified music therapists, music can be used therapeutically by other professionals (Keen, 2005; Stige, 2012). For example, musical activities have been used by non-music therapists as a means to promote people's mental health and wellbeing through group singing (Clift & Morrison, 2011; Clift, Manship, & Stephens, 2017).

Although there has been rich discussion of the benefits of music for mental health service users, discussion of *how* music therapy, or musical activities in general, produce positive outcomes is still insufficient (DeNora, 2013), and the change process is not yet well understood.

Understanding the change process in musical activities for mental health service users would be useful. This knowledge could inform practitioners on how to make better use of musical material and activities to address the needs of mental health service users. It would also be easier for practitioners to modify specific intervention methods strategically in order to better fit the needs of their service users. From a mental health professional's perspective, musical activities are only one option among many intervention approaches that may benefit mental health service users. As resources are limited, it is usually necessary to choose between various methods. A sense of belonging, for example, can be built through other activities. But with a better knowledge of the change processes, we may ascertain the unique contribution that musical activities can make.

Making the change processes of musical activities explicit would help managers of mental health services make more informed choices on the best use of available resources, which has a practical usefulness to the real world (Stige, Malterud, & Midtgarden, 2009). This knowledge is also related to accountability in service delivery. By making clear what is involved in musical activities, mental health service users (and their carers) can learn how such activities may help them through explicitly identified change processes. Last but not least, more information on change processes could encourage funding bodies to provide resources to finance musical activities.

It should now be clear that it is important to understand the processes of change within musical activities. In examining how music therapy can help people with

depression, Maratos et al. (2011) identify three key dimensions of intervention: aesthetic, physical and relational. They suggest that the opportunities to participate in meaningful activities, engage physically in musical participation and relate to others through active music-making are likely to be helpful to people with depression. However, some important concepts are missing from their model (e.g. cognitive stimulation) and their ideas need further empirical support.

Six dimensions of musical activities

We consider that it would be helpful to make a distinction between the change processes (e.g. better social engagement) and outcomes (e.g. reduction of psychotic symptoms) of musical activities. This study, which addresses the authors' concern about the processes of change within musical activities, focuses on the change processes that contribute to positive mental health outcomes. Based on the literature as well as the authors' experiences, a tentative six-dimensional framework of musical activities, was proposed to guide this study. The six dimensions of musical activities' contributions to positive mental health outcomes may helpfully and precisely address the six problem areas mentioned above. The following is a brief description of each dimension while Figure 1 provides a summary of the framework proposed here.

Emotional

A number of studies suggest that music stimulates emotions and helps people express emotions (Pellitteri, 2009; Solli, Rolvsjord, & Borg, 2013). There is evidence that music helps reduce anxiety levels (Hitchen, Magee, & Soeterik, 2010; Nakayama, Kikuta, & Takeda, 2009) and stress (Leardi et al., 2007). Chemically, music can stimulate the release

of endorphins that boost positive mood (Salimpoor, Benovoy, Larcher, Dagher, & Zatorre, 2011).

Psychological

Music may improve confidence (Smidchens, 2014). Rolvsjord (2004) notes the importance of exploring service users' strengths, so that they are supported and further empowered. Successful music learning experiences can help enhance self-esteem (Hanser, 1990). Song writing and drumming can enhance self-confidence (Baker, Wigram, Stott, & McFerran, 2008; Friedman, 2000).

Social

Music can promote social interaction. Research shows that music can serve to bring people together and enhance connectedness (Clift & Hancox, 2001; Savage, Brown, Sakai, & Currie, 2015; Solli et al., 2013). Music can be used to help people escape from social isolation (Tang, Yao, & Zheng, 1994) and enhance their sense of belonging (Dingle, Brander, Ballantyne, & Baker, 2012).

Cognitive

Research show that cognitive change can be achieved through music (Loue, Mendez, & Sajatovic, 2008). Based on the theory of rational-emotive behaviour therapy, rational songs or rhymes were used to promote rational thoughts and support healthy emotional expressions (Warren, 2011). Harris and Sanborn (2014, p. 196) state that “[d]ifferent music lyrics can elicit different sorts of behaviours”. Prosocial lyrics, for example, can elicit benevolent behaviours (Greitemeyer, 2011).

Behavioural

Musical activity is usually considered to be an enjoyable experience (Custodero, 2002; Grocke et al, 2009), which encourages participation. Csíkszentmihályi (1990) uses the “flow concept” to describe a situation in which someone fully engages in a self-satisfying activity. Participating in musical activities is an effective way to allow people to experience “flow” (Sartika & Husna, 2014; Silverman, Baker, & MacDonald, 2016). Clift and Hancox (2010) state that choral singing can enhance participants’ motivation and helps them “avoid being physically inactive” (p. 91).

Spiritual

The spiritual aspect of music has received less attention than the emotional and social dimensions. It is worth noting, however, that music can help people express and get in touch with their inner feelings more freely (Chan et al., 2009). Research has found that music may amplify and intensify people’s spiritual experiences (Potvin & Argue, 2014) and improve spiritual connections (Cook & Silverman, 2013). Music has also been adopted to support the spiritual well-being of persons in hospice services (Masko, 2016; Wlodarczyk, 2007). There is also some evidence showing that group music therapy can increase feelings of spirituality in people with severe mental illness (Grocke et al., 2014).

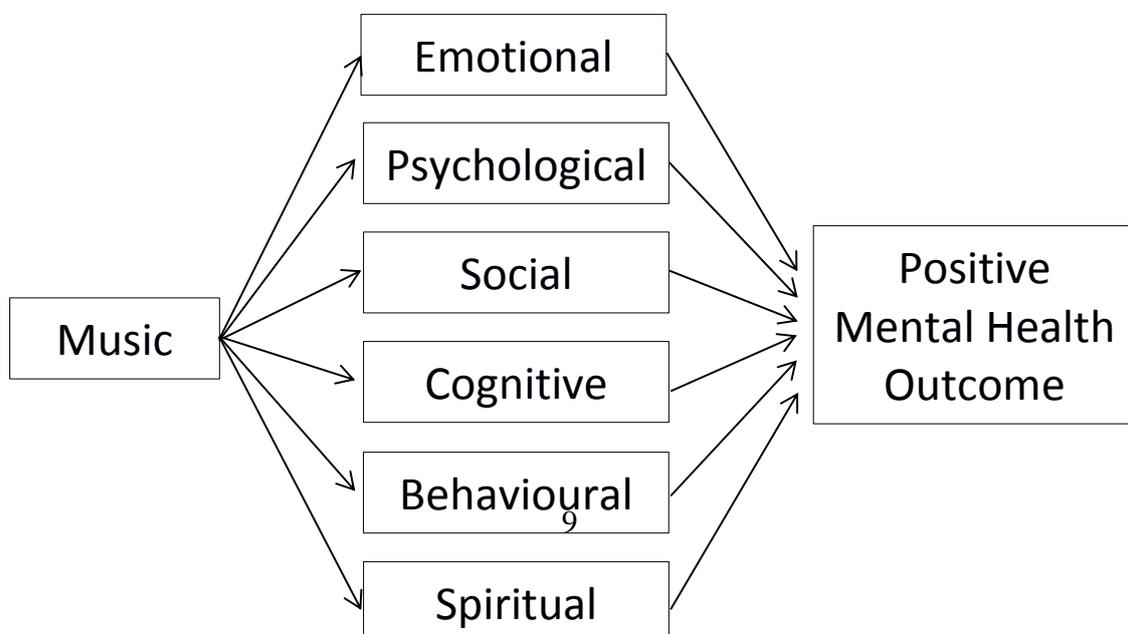


Figure 1. Six dimensions of musical activities.

Musical activities

“Transforming HeArts through Music” is a three-year music project organized by a faith-based social service organization for young and adult service users who suffer from mental health problems in Hong Kong. It aims to make use of musical activities, including singing and playing instruments, to improve the mental and emotional state of people with mental illness. The activities were designed and partially conducted by a registered music therapist who was trained in the UK, however the term “musical activities” is used because not all of the activities were delivered by qualified music therapists. Having said that, music was used significantly and therapeutically in the activities for helping the service users. The music therapist had previous experience of working with people who experience mental health problems. Experienced music teachers and social workers were also involved in delivering the activities. Music is used therapeutically as an intervention in a broad sense and includes several types of activity. While various musical activities were organized, including musical groups, music listening activities, group music therapy sessions, experiential ensembles, singing groups, vocal jamming and workshop performances, they were all guided by the “recovery” concept (Jacobson & Greenley, 2001), which emphasizes the strengths of mental health service users. The idea of user involvement (Rolvsjord, 2015) was stressed. Approximately half of the music was proposed by the staff, and half selected by service users. Although the activities involved learning musical techniques, the emphasis was first and foremost on helping service users develop their personal wellbeing, regardless of musical ability (Odell, 1988). Community

music performance opportunities were also available which allowed the service users to be in closer contact with others in the community.

Method

Within a qualitative paradigm, which focuses on answering “how does it work?”, instead of “did it work?” (Sargeant, 2012), semi-structured small group interviews were conducted to explore the experience of the musical activities. The two moderators of the group interviews were registered social workers with experience in mental health services. They were not staff members of the organization, and thus played an independent role in the process of evaluation.

Forty-seven participants participated in this study. All service users who had participated in the musical activities for six months, and had attended at least six sessions were invited to join the focus groups. All were Hong Kong Chinese, and they reported that they suffered from mental health problems, including schizophrenia and other psychotic disorders (40%), mood disorders (40%) or anxiety disorders (16%). Two participants (4%) were in the category of suspected mental health problems. They had not been hospitalized or had been newly discharged from hospital. There were 16 males and 26 females, ranging in age from 18 to 50.

In total, 23 interview sessions were held, with two or three participants in each group. Groups were run following the guidance proposed by Krueger and Casey (2002). The discussions were conducted in the centre – a place with which the participants were familiar. Participants were asked to share their experiences of the musical activities through a facilitated discussion. The moderator informed them of the overall objectives of the study and invited them to describe the changes they had experienced as a result of joining the musical activities. Interview questions were developed by the researchers

according to the objectives of the study. Sample questions included “What have you gained in the activities?” and “How did the activities help improve your mental health, if any?” The moderator also elicited their feedback on how various aspects of the musical activities, such as rhythm, hymns, and instructors, affected their experience.

One of the strategies to ease the participants’ anxiety was to arrange interviews in pairs or groups of three. This arrangement could stimulate conversations while they did not need to disclose their experiences in front of a large group. If possible, participants were paired up with individual(s) they were familiar with. The moderator supported the participants to gain more control of the conversation and to feel relaxed, and encouraged them to share both positive and negative experiences of the musical activities. Before ending the sessions, participants were invited to add any additional information if they wanted. Each interview lasted around 60 minutes.

A six-phase thematic analysis method (Braun & Clarke, 2006) was basically adopted. The interview discussions were first recorded and transcribed. The transcriptions were read carefully to identify initial codes, which indicated relevant meaningful units. Themes and patterns relevant to the research question were identified across service users. In the process, the method of asking questions (Ary, Jacobs, Sorensen, & Walker, 2014) was employed. We kept asking our main question: “How does music work for people with mental health problems?” As the “analytic lens” (Saldaña, 2013) we employed was a six-dimensional framework, the identified units were classified into six categories: 1) emotional, 2) psychological, 3) social, 4) behavioural, 5) cognitive, and 6) spiritual. Specific pieces of data were identified according to the different dimensions. Relevant data falling outside the framework, if any, were recorded and considered.

The researchers were aware that they might have a tendency to search for evidence to support the framework they proposed. Accordingly, efforts were made to re-examine

critically the framework through discussions between the researchers, and an attempt was made to identify possible counter-evidence for the framework during the data analysis process.

The study was approved by the Human Subjects Ethics Sub-Committee of City University of Hong Kong. Informed consent was obtained from the participants before the interviews started. They were informed of the research purpose and procedure, and that they had the right to decline to participate, or withdraw from the study. All quotations are presented anonymously in this paper.

Findings

Benefits for mental health service users

Participants in the interview discussion described a range of benefits they experienced from the musical activities. We found clear support for the six dimensions of benefits associated with the musical activities in the accounts provided by the mental health service users, in line with the model presented above.

Emotional – reducing stress

Listening to music or actively engaging with music through singing can have a relaxing effect on the mind and body. In the musical activities, the facilitator used music to help participants feel relaxed. By keeping the participants engaged in various musical tasks, the therapist tried to distract them from negative emotions.

Qualitative data gathered in our study show that mental health service users' negative feelings were released in the process. The participants reported that they felt relaxed and happy when they sang or listened to music. They also reported that listening to music could help shift their negative thoughts in a positive direction, and hence

eliminate negative thinking. For example, one participant (M13) stated that the song “Amazing Grace” was her favourite, and that it gave her “peace of mind”. Another participant (M21) said that “music has become an important element in my life”. He listened to music every day, and it helped him relieve stress and sleep well.

Psychological – enhancing self-confidence

The findings also show that the musical activities were particularly helpful for enhancing self-confidence. The participants were encouraged to participate, no matter what their level of music ability was. Many of the participants reported that they became more self-confident because they acquired new musical techniques and skills. They felt enabled when they had opportunities to perform in front of others. The findings show that the experiences they had gained in the musical activities were very rewarding. For example, one participant (M53) considered that “the band is a place for me to show my talent in playing drums.” Another participant (M19) compared herself now with how she was in the past, and concluded: “I was very nervous when I performed on stage for the first time, but after several performing experiences, I am now braver and more confident about performing.”

Improvements also occurred outside the centre. One participant (M09) reported that she had had difficulty singing karaoke with her friends in the past. But joining the musical activities had given her greater confidence to do so because she had learned better breathing techniques for singing. Another participant said: “In the past, I can’t think of anything that I was good at, but now, I have found one thing that I am able to play.”

Social – connecting with others

It was also clear that music can effectively help to connect mental health service users together. The activities allowed each of the participants to be aware that he/she was part of the group and could contribute to the whole.

Many of the participants experienced a feeling of unity and a sense of being part of a meaningful collective activity. One participant (M19) said: “the effect would not be as good if we [choir members] had not sung together”. An interesting change was mentioned by another participant (M09), who said that she became more concerned about her appearance when she went out.

We also found that the activities allowed the participants to make new friends. Some of them reported that they often had coffee or arranged other social gatherings or activities together after attending the music sessions. Participants reported that a friendly and playful atmosphere was created in the vocal jamming team. For example, one participant (M22) said that jamming together could help “break the wall” between members of the session. Another participant (M13) said that she became more outspoken after joining the musical activities.

Cognitive – evoking positive attitude

Positive messages in songs were highlighted by the facilitator and participants were encouraged to reflect on them. The findings indicate that songs with positive messages can offer hope and encouragement to mental health service users as they help evoke positive thoughts. Many of the participants thought that the messages contained in hymns could guide them to perform good deeds. As they usually sang and listened to the same song many times, they were repeatedly exposed to certain key words and phrases. One participant (M12) mentioned that the hymns they had sung contained biblical Christian

teachings, which included some principles for her to live by. Another participant (M14) thought that the messages “gave her positive energy to change her life”.

Behavioural – developing a habit

The musical activities helped the participants to develop a new hobby, which could meaningfully occupy their leisure time. This new hobby increased their enjoyment of life and wellbeing. Many of them began to attend music classes and activities regularly, which might not be easy for many mental health service users to pursue independently. The musical activities provided goals and directions for them to focus on. One participant (M03) said “[My] original intention in joining the choir was to heal my mental health problems, but after participating in the choir for a period of time, music and singing has become an interest.” Another participant (M41) explained that joining the band allowed him to spend his time meaningfully and go out, instead of staying at home to play computer games.

Spiritual – experiencing one’s true self

We found that music provided participants with musical experiences that engaged their deeper selves. Because the musical activities were organized by a faith-based social service organization, some religious elements were included in the activities. The participants sang and listened to Christian/inspirational songs. The facilitator also used such lyrics to help the participants to review their lives.

We found that the participants could express their true selves through playing various musical instruments. As “[e]motional experiences require a degree of self-reflection involving attention to internal states and bodily cues” (Pellitteri, 2009, p. 159), the musical activities allowed the participants to experience their inner worlds. Some of

them reported that the songs “touch their hearts”, especially when the songs they sang resonated with them. The participants’ first-hand experiences illustrate the assertion that “[m]usic can be an immediate form of expression where words cannot be found or seem too dangerous” (Darnley-Smith & Patey, 2003, p. 38).

One participant (M22) reported that he could show his “real self” through jamming. He considered music “is indeed the gift God gave us ... the most helpful thing is that it can directly touch [his] heart, that is more effective than verbal communication”. He thought that when he could express his emotions in a primitive and direct channel through music, he was probably less likely to hide his feelings.

We have identified six kinds of changes elicited by engaging in musical activities. Such changes are particularly helpful for people with mental health problems to overcome obstacles on their road to recovery. We should also be aware that the six positive changes do not occur independently. Indeed, they tend to reinforce each other. For example, being more confident helps people to connect with their peers more successfully. In this sense, an even greater positive impact may be generated for mental health service users.

Table 1. Musical activities can address the needs of mental health service users.

<i>Dimensions</i>	<i>The needs of mental health service users to be addressed</i>	<i>Benefits of musical intervention identified</i>
Emotional	Being stressed	Reducing stress
Psychological	Having a low self-image	Enhancing self-image
Social	Experiencing social isolation	Connecting with others
Cognitive	Engaging in negative thinking	Evoking positive attitude
Behavioural	Lacking meaningful activity or engagement	Developing a meaningful habit

Spiritual	Losing touch with inner self	Connecting with deeper self
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Discussion

The voices of mental health service users should be taken into account seriously in determining how they are served (Syrett, 2011). This study attempts to report the voices of mental health service users engaged in musical activities. They were encouraged to describe freely their experiences in the musical activities and these experiences can offer some useful insights into how musical activities work.

The mental health service users in this study generally described the musical activities they had attended as beneficial to their mental well-being. This is consistent with other earlier studies on musical activities for mental health service users (Solli et al., 2013). Service users' descriptions of their experience can allow us to examine how they can benefit from participating musical activities. The six-dimensional framework was proposed to illustrate how musical activities work for mental health service users, and evidence was found to support each of the processes the researchers have proposed in our framework, namely: 1) emotional, 2) psychological, 3) social, 4) behavioural, 5) cognitive and 6) spiritual. An important finding is that what musical activities can offer through the six dimensions matches the challenges faced by mental health service users (See Table 1), which may help improve the situations they encounter. Music is experienced by the mental health service users as a helpful resource, as DeNora (2000) states, to construct their self-identity and support their social relationships. One of the strengths of musical engagement the researchers should highlight is its nonverbal nature. Service users who are less competent in verbal communication can still participate. Unlike traditional intervention methods, which focus on verbal communication (Philippot, Feldman, & Coats, 2003), musical activities allow service users to use nonverbal means to express

themselves. In the light of the benefits identified in this study, musical activities should be further promoted and utilized in helping people with mental health problems.

With the six-dimensional framework, mental health practitioners can bring into play the processes of change within musical activities. The framework may serve as a conceptual tool to identify and evaluate the key elements in change processes. The resulting understanding would help distinguish musical activities from other kinds of intervention. Given the increasing popularity of musical activities in the mental health setting, the framework would help mental health practitioners communicate the usefulness of such musical activities to various stakeholders. The framework can also serve as a mind map for mental health practitioners when they design musical activities. Certain elements (e.g. the group-based nature) of musical activities were acknowledged as valuable by the participants, and practitioners need to be alert to these. The six dimensions need not be emphasized equally. Rather, the activity design should be adjusted according to the specific needs of each group of mental health service users.

Limitations and future research

There are several limitations to this study. Member checking was not carried out due to time and manpower constraints. Mental health service users with different diagnoses were also grouped together and no comparisons were made between services users with different kinds of challenges. Although people with different mental health diagnoses share some common needs, they are characterized by different symptoms and experiences. Further research is needed to focus on specific diagnostic groups of mental health service users by adopting the six-dimensional framework. Reliance on subjective, retrospective self-reports is another limitation of this study and a prospective examination of musical engagement over time would be valuable. It would also be helpful in further

evaluation to gather data regarding the improvements in service users after attending musical activities from the perspective of staff or carers.

Although the six-dimensional framework is empirically supported by the qualitative findings of this study, it is important to verify this framework by using quantitative data sources and larger samples. The findings support previous research (Hamilton, Sandelowski, Moore, Agarwal, & Koenig, 2013) and show the positive effects on mental health associated with using religious songs. While positive feedback was found in this study, the functions of religious songs in musical activities for mental health service users needs further investigation. It may be a concern when this kind of musical activities is offered by a secular social service organization. Practitioners' religious beliefs may also affect the way they conduct musical activities (Elwafi, 2011). Researchers need to take these concerns into account.

Conclusion

The present study has both theoretical and practical significance. Musical activities are being offered by mental health organizations but there is limited understanding of the change processes involved. In response to this research gap, this paper has introduced a new conceptual framework that focuses on understanding the processes of change within musical activities, connecting musical activities and positive mental health outcomes. With the fundamental objective to promote mental health, the present study also highlights the potential of music – our common language – as a therapeutic resource for mental health service users.

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