

# The Effect of Music Therapy in Individuals with or at Risk of Bipolar Disorder: A Systematic Review

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## Abstract

This essay did a systematic review about the existing treatment towards bipolar disorder, including cognitive-behavioral therapy, group psychoeducation and family focused treatment. Then the advantages of music therapy are identified by looking at the existing cases. Finally, why music therapy is suitable for curing bipolar disorder is analyzed in multi dimensions.

## Keywords

Music Therapy, Bipolar Disorder, Depression, Mania, Therapy, Emotion, Compare, Treatment

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## 1. Bipolar Disorder

Characterized by dramatic shifts in mood, bipolar disorder, also known as manic depression, affects roughly 1% of the US population in their lifetime. Three primary categories exist. Bipolar I involves at least one episode of intense mania, often preceded or followed by periods of hypomania or depression. Mania can be so severe that it causes a detachment from reality. Bipolar II features major depressive episodes alongside milder hypomania, but without full-blown mania. Cyclothymic disorder presents with numerous cycles of hypomania and depression lasting at least two years. Additionally, there are fewer common subtypes (Bipolar Disorder, n.d.).

Bipolar disorder swings between two extremes: manic/hypomanic episodes and major depressive episodes. During manic or hypomanic episodes, people may experience an abnormally elevated mood, feeling excessively energetic, restless, and agitated. They might exhibit inflated self-esteem and a decreased need for sleep, often talking excessively and having rapid thoughts. While both manic and

hypomanic episodes share similar symptoms, mania is the more severe form, potentially causing a break from reality, where individuals become fixated on unrealistic thoughts.

Depressive episodes in bipolar disorder typically involve a cluster of at least five symptoms. These can include: profound sadness or a pervasive low mood. For example, the symptoms are a significant loss of interest in previously pleasurable event, unexplained weight change (either significant gain or loss), and changes in appetite and so on. Agitation or a feeling of being slowed down symbolizes this period. Plus, other typical feelings are extreme fatigue or a lack of energy and feelings of worthlessness or excessive guilt. Bipolar disorder can strike at any point in life. Risk factors include having a close family member with the condition, experiencing periods of intense stress, and substance abuse issues.

## 2. Therapeutic Approaches for Bipolar Disorder

**Table 1** provides an overview of research on various treatment approaches for bipolar disorder symptoms. Different studies use various experiments to demonstrate the effectiveness of each approach. Cognitive behavioral therapy (CBT) uses talk therapy to help patients adjust their activity levels, change negative thought patterns, and manage emotions. While CBT is highly effective in the first year, its impact weakens after two and a half years (Miklowitz & Gitlin, 2015). However, the positive changes in emotional regulation can be long-lasting.

As an innovative method, music therapy has not been widely applied to treat bipolar disorder. So I am going to compare music therapy with existing therapy methods and analyze their pros and cons. h

Compared to music therapy, CBT requires a qualified therapist who can accurately identify a patient's thought patterns and tailor the treatment plan to their specific needs. This presents two main challenges: finding the right therapist and patient openness. Locating a well-matched therapist can be difficult, as each therapist uses a different therapeutic approach. Finding the right "fit" can be a matter of chance and effort. Additionally, some patients might hesitate to fully open up to a therapist, potentially hiding some thoughts and hindering progress. Music therapy, on the other hand, focuses on helping patients connect with their emotions through music. This eliminates the challenges associated with face-to-face interaction.

Another treatment option is group psychoeducation, which focuses on building social connections and the comfort of belonging through shared experiences. It involves minimal techniques like behavioral activation and cognitive reframing (Miklowitz & Gitlin, 2015). While this approach can significantly reduce symptoms during acute episodes, it can be challenging for bipolar disorder patients due to the drastic mood swings. Patients experiencing mania might struggle to maintain control within a group setting, potentially disrupting the flow of conversation. Additionally, for bipolar disorder, addressing emotional regulation is often more crucial than fostering a sense of belonging. Music therapy, on the other hand,

prioritizes emotional healing through calming music. Studies have shown it to be effective in alleviating manic symptoms and uplifting depressive moods (reference needed). Family-focused therapy educates family members about recognizing signs of bipolar disorder. This approach has shown significant success in reducing relapse rates for families who actively participate. However, it relies heavily on having a supportive family member who understands the importance of preventative measures. If such a family member isn't available, participation becomes less likely (Types of Psychotherapy, n.d.). Music therapy, in contrast, doesn't require this level of pre-existing understanding, making it a more accessible treatment option.

**Table 1.** Current therapeutic approaches toward bipolar disorder.

Therapy approach	Descriptions	Effectiveness
Cognitive-behavioral therapy	Cognitive-behavioral therapy approaches to bipolar disorder is consisted of three core approaches: behavioral activation (a therapy to help patients to increase nervous activity levels when depressed and calm them down when they are manic), recurrence prevention (an approach to prevent prodromal symptoms of new episodes and implementing plans to prevent them), and cognitive restructuring (modifying automatic negative thoughts and core dysfunctional beliefs).	As an approach that is frequently used, cognitive-behavior therapy has the most extensive record of randomized experiments in the case of bipolar disorder. CBT alone is not enough, it also emphasized making use of psychoeducation, challenging dysfunctional cognitions to activate their cognitive levels, and medication monitoring along the regular treatment. At a time lag of one year, 44% of the patients in CBT had relapsed while there are 75% of those in usual care. At 30 months, patients in CBT no longer have significant difference from patients in usual care on time to overall relapse, but they did have fewer depressive relapses and days in mood episodes. All in all, although cognitive therapy is effective in short time, its performance is lowered after long time period. The prolonged benefit despite of length of time is the significance shortened depressive period recurrence.
Group psychoeducation	Group treatment take advantage of the social support provided by other patients. What's different from CBT is that it made minimal use of cognitive recurrence or behavioral activation	In an experiment performed by therapists led by Colom, it was found that psychoeducation group that is consisted of 21 session was associated with fewer recurrences (67% versus 90%) and better ability to get along with others a support group that is consisted of 21 sessions. Over 5 years, patients who had received the structured groups had far fewer days of recurrence illness (mean 154 days) compared with those who received the unstructured group (586 days).
Family focused treatment	It aims to hasten stabilization of bipolar disorder and reduce the likelihood of recurrence of depressive and manic periods. Patients and family caregivers are instructed in how to recognize early warning signs of mania	Overall, FFT (family focused treatment) puts an emphasize on family interaction. So the effect can fluctuate a lot due to different types of family, varying from low-expressed emotion family to high-expressed emotion family.

### 3. Music Therapy in Bipolar Disorder

Out of all the treatment options mentioned, music therapy stands out for its consistent positive effects. This approach has been successfully adapted to address various mental health challenges, like anxiety, depression, and post-traumatic stress symptoms. Since bipolar disorder involves both depressive and manic episodes, music therapy, which utilizes music within a therapeutic setting to achieve

personalized goals, can potentially have a positive impact on managing both sides of the illness. For instance, a study by [Hanser and Thompson \(1994\)](#) employed music therapy to improve mood in older adults with depression. This research suggests that listening to uplifting and energizing music, rather than sad songs that could worsen mood, might be beneficial for depression.

Several studies have explored the effectiveness of music therapy for individuals with bipolar disorder. In their research, [Degli and Biasutti \(2016\)](#) combined music therapy with medication. While medication can control core symptoms, it can also have neurological and physical side effects. Music therapy, as shown in this study, may offer a way to reduce medication dosages and lessen these potential side effects, while also fostering a sense of community among patients ([Degli & Biasutti, 2016](#)).

Several studies have explored the effectiveness of music therapy in treating mental health conditions.

- A 2012 study by Chyn-Yng Yang et al. investigated music therapy as a treatment for anxiety symptoms. Their findings suggest that music therapy can significantly improve both spiritual and physical well-being in patients with anxiety, possibly due to its calming effects ([Yang et al., 2012](#)).
- However, research by Lucja Bieleninik et al. in 2017 found no significant difference between music therapy and enhanced standard care (regular consultations combined with medication) in treating autism symptoms. This suggests that music therapy may be less effective for conditions with a stronger physical component and a lesser emphasis on the emotional or mental aspects ([Bieleninik et al., 2017](#)).
- Jaako Erkkilä et al. (2011) examined the impact of music therapy on depression. Their study revealed that music therapy significantly reduced depressive symptoms in patient groups within the first three months. However, this effect diminished by the sixth month, suggesting that music therapy may not have long-lasting benefits for depression. Additionally, the study found no significant influence of individual therapist differences on patient outcomes ([Erkkilä et al., 2011](#)).

These studies highlight the potential of music therapy for improving mental well-being, particularly for anxiety. However, its effectiveness may vary depending on the specific condition and treatment duration.

#### **4. Emotion in Psychiatric Disorders**

Mental illnesses are generally disorders that disrupt your mood, thinking patterns, and behaviors. Beyond bipolar disorder, other conditions like depression can involve a numbing of core emotions, such as sadness, fear, anger, and shame ([Scheff, 2014](#)). The National Institute of Mental Health (NIMH) describes depression as a state where emotions become self-referential, meaning you have feelings about your feelings, potentially in a relentless cycle, leading to overwhelming emotions.

Common methods for managing emotions in mental health disorders involve

both physical (somatic) and psychological (psychotherapeutic) treatments (*Psychotherapies, n.d.*). Somatic treatments include medications, electroconvulsive therapy (ECT), and other brain stimulation therapies. Psychotherapeutic treatments encompass various forms of talk therapy, including individual, group, family, and couples therapy. Additionally, psychotherapeutic approaches can incorporate behavioral techniques and hypnotherapy.

There are various types of psychoactive drugs used to treat mental health conditions. Antidepressants, for instance, target depression and come in three main categories: Selective Serotonin Reuptake Inhibitors (SSRIs), Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs), and Norepinephrine-Dopamine Reuptake Inhibitors (NDRIs). Tricyclic antidepressants (TCAs) can also be used to manage chronic pain symptoms, but they may come with side effects. Monoamine oxidase inhibitors (MAOIs), though effective, are typically reserved for cases where other antidepressants haven't been successful due to potential interactions with other medications or dietary restrictions.

In addition to medication, there are non-pharmaceutical approaches to treating mental health conditions. Psychotherapy, a leading example, encompasses various techniques aimed at identifying and modifying negative thought patterns and emotional responses. One common form of psychotherapy is individual talk therapy, which provides a safe and confidential space to discuss emotional struggles with a trained professional.

Studies have shown that music therapy offers distinct benefits compared to traditional treatments. Firstly, unlike medication, music therapy carries minimal risk of side effects. While medications can have negative consequences from overuse or misuse, music therapy poses almost no threat to a patient's health. Secondly, music therapy doesn't require verbal communication, unlike psychotherapy. This makes it a valuable tool for patients with visual impairments who may struggle with traditional talk therapy. Thirdly, music therapy offers greater flexibility. It can be practiced virtually anywhere and anytime, unlike psychotherapy which is typically confined to specific locations and requires scheduled appointments between therapist and client. Finally, music therapy can have lasting effects beyond the treatment sessions. Patients may develop an interest in learning an instrument, fostering a new skill that can benefit them in various aspects of life, such as improving interpersonal relationships and building resilience.

## Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

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