Singapore Med J 1998; Vol 39(4):166-168

Karaoke Therapy in the Rehabilitation of Mental Patients

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ABSTRACT

Objectives: To study the efficacy of karaoke singing and its implications in the rehabilitation of mental patients in Hong Kong Chinese.

Method: A double blind controlled trial was conducted over six weeks in a small sample of chronic schizophrenic patients matched in age, sex and duration of illness. The index group practised karaoke and the controlled group practised simple singing. Subjects were assessed in changes in mood and social interaction.

Results: No significant difference was detectable within the 2 groups. However, significant differences of anxiety and social interaction at the end of the third and sixth weeks respectively, were detectable between the 2 groups.

Conclusion: Karaoke therapy may be more effective than simple singing in improving social interaction. There is preliminary evidence that it may be anxiety-provoking for unstable schizophrenic patients. More research is required for further elucidation of the characteristics of favourable candidates, optimal schedule and active components of the therapy.

Keywords: karaoke, psychiatric, rehabilitation, Asians

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INTRODUCTION

Karaoke, which literally means 'without an orchestra' is a form of entertainment first launched in Japan in the sixties. People sing with the microphone in unison with the music video in which the lyrics of a popular song are highlighted against a background of sceneries. The singing is then mixed with the background music by the 'Karaoke' device, producing a live, concert-like output. Either video cassette tape or laser disc can be used and the latest models of laser disc player are usually equipped with built-in karaoke function. Apart from providing background music, karaoke utilising laser discs also permits duo singing supported by the original professional singers. The commercial version of the device installed at karaoke lounges differs from the domestic version by its multiple terminals which operate through central control, allowing customers to sing in their sound-proof rooms. With karaoke, even the shy and socially inhibited, a characteristic of Asians like Chinese and Japanese, may became less restrained and join in with the singing. In the past ten years, the popularity of karaoke has grown rapidly, spreading across different cultures and social classes, including that of the West. It has established itself as a popular form of entertainment especially for informal social gatherings resulting in a rapid growth of karaoke lounges and associated industries in major Asian cities.

It is commonly observed that karaoke singing tends to bolster self image, decrease stage anxiety and encourage social interaction especially for anxiety prone persons. In our department at the Prince of Wales Hospital, karaoke has been used to provide an outlet for relaxation and fun for in and day patients since 1990. The use of music in the treatment of diseases of the mind and the body has been practiced since ancient times and has gained wide acceptance as a form of adjunct treatment in various fields of modern medicine[1-4]. In view of the popularity of karaoke and its unique features as distinct from simple singing per se, we have ventured to look into its potential benefits for mental patients. In this paper, we describe a double blind study on the efficacy of karaoke against simple singing. Our experience with the therapy is also summarised.

METHOD

Subjects were day patients of the psychiatric rehabilitation centre at the Prince of Wales Hospital, a teaching hospital in Hong Kong. Only those who satisfied the following criteria were included in the present study: age between 17 and 50 years; a diagnosis of chronic schizophrenia according to DSMIIIR; stable mental state with remission of active positive symptoms for at least three months, and the ability to read and sing. Only schizophrenic patients were chosen as they formed the bulk of our clients at the centre. Exclusion criteria included negative attitude towards singing, organic brain damage and extreme mutism. Patients were then matched according to sex, age and duration of illness. They were randomly assigned to the karaoke and non-karaoke groups. Informed consent was obtained. Contracts were made with participants to complete the program and abstain from practising karaoke or group singing outside the training sessions.

An occupational therapist (GL) conducted all the training sessions. The index (karaoke) group sang karaoke while the controlled (non-karaoke) group practised simple singing. Each session lasted

about forty-five minutes and there were two sessions a week. The songs and schedules were the same for both groups with both duos and solos performances before fellow patients at the rehabilitation centre.

All members were given pre- and post-treatment assessment at the end of the third and sixth weeks. Both self-report and objective rating scales were employed. The self-rating tools included the Interaction Anxiousness Scale (IAS), Audience Anxiousness Scale (AAS) and Index of Self Esteem (ISE). Negative symptoms were assessed by a psychiatrist (BC) with the Negative Symptom Rating Scale; and social interaction was assessed by a registered nurse (EK) using the Nurse Observation Scale for Inpatients modified for day-patients (modified NOSIE). Both assessors were blinded to the study. The post-treatment within group and between group differences were analysed with the Wilcoxon signed-rank test and Mann-Whitney test respectively.

RESULTS

A total of four matched pairs were recruited. All were males as no female patient met the admission criteria. There was no sign of relapse or change in medication during the study period. The mean age was 30.3 (sd 4.8) with a mean neuroleptics dosage of 431 mg (sd 573 mg) chlorpromazine equivalent. The mean duration of illness was 8.8 years (sd 7.2). The intra-class correlation coefficients for the test-retest reliability was good for the AAS (0.95) and acceptable for IA (0.78) and ISE (0.68).

No significant difference within the 2 groups was observed across all rating scales. Though improvement was found in all items of the modified NOSIE for both the karaoke and non-karaoke groups at the end of the sixth week, none reached statistical significance. The treatment difference between the 2 groups was found to be significant in 2 areas. Firstly, the karaoke group scored higher with the 'Starts up a conversation with others' of the modified NOSIE at the sixth week compared to the controlled group. Secondly, the karaoke group had increased score with Audience Anxiety while there was a decrease with the controlled group at the third week.

DISCUSSION

Our investigation was planned as a pilot study, looking into the areas of potential benefits and difficulties of the karaoke. Because of the small sample size, the statistical significance was expected to be low. The chronicity of illness and doubtful validity of the self-report rating scales for the local culture added further difficulty to the study. Furthermore, the six-week training program may not be long enough to allow improvement to reach statistical significance. Given these limitations, the statistical significance of the between group treatment differences for 'Starts up conversation with others' at the sixth week and Audience Anxiety are noteworthy. Though over-generalisation should be avoided, the findings appear to suggest that while karaoke is superior to simple singing in improving social interaction, it can be potentially anxiety-provoking for schizophrenic patients.

Though only schizophrenic patients were included in our study, our experience shows that those with generalised anxiety, social phobia or dysthymia tend to respond better. Other favourable factors include young age (preferably below 50) and motivation to sing. Psychotic patients tend to respond poorly with little change in the negative symptoms. As the preliminary result of our pilot study shows that karaoke may be anxiety-provoking or over-stimulating for schizophrenic patients, those with active symptoms should be excluded. Through trial and error, we found that an ideal training session should last about forty-five minutes as any session stretching more than one hour can be exhausting for both staff and patients. To maintain interest and motivation, once or twice weekly sessions are optimal. The manageable size of a training group is between five and eight. Singing before an audience eases social phobia and entertains fellow patients. The whole training program is best kept between three and six months. A shorter regime may not be able to demonstrate any marginal benefits while a longer program will most likely invite a high drop-out rate. In view of the small size of the training group, a multi-centre venture is required to recruit adequate number of subjects for statistical analysis.

Hypothesis on the mechanism of karaoke

Karaoke singing could be envisaged as a form of behavioural therapy with elements of feedback, relaxation, assertiveness and social skill training. It excels simple singing in several aspects. With modern technology, the breath-holding audio-visual effect of karaoke serves as a powerful reinforcement for participants. The use of laser discs, Dolby system and surround sound stir up the atmosphere with surrealistic and hypnotizing effects. With lyrics shown on the video, even new songs can be mastered easily, camouflaging one's inadequacy. This bears special importance in a Chinese society where there is social pressure to abide by the rules of propriety (*shou li*)[9] and where sanction against performing or showing off in public for fear of, among many other things, losing face (*diao mian zi*), prevail[10]. Furthermore, while karaoke offers good chance for practising visual motor co-ordination (reading, listening and singing), it also provides the rare and excellent opportunity for projection and identification with one's idols – favourite singers or actors. Besides, one also finds the occasion extremely relaxing by ventilating grievances that are often themes of pop songs. Finally, holding the microphone symbolises power and control, offering a sense of security. Psychodynamically, it satisfies phallic superiority in males and neutralises penis envy in females.

Directions for future research

Though having gained worldwide acceptance as a popular form of entertainment, karaoke has remained essentially an Asian product. To gain formal recognition as a form of behavioural therapy, more stringent research is required. The characteristics of clients benefiting most from the therapy, relative importance of various therapeutic components, optimal frequency of training sessions and duration of treatment remain to be sorted out. Long-term follow-up could establish any long-lasting therapeutic effects. Finally, we need cross-cultural studies to confirm its efficacy in other cultures. With further research and elaboration of the training technique, karaoke may serve a dual function of entertainment and treatment for mental patients in the future.

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