

CHAPTER V

DISCUSSION

The study intended to find out the effectiveness of the music therapy among clients with alcohol dependence in terms of reducing depression, anxiety, stress and craving for alcohol. Prior to the study classical music of Mozart (instrumental) was selected for intervention after an extensive literature search.

The study adopted a quasi-experimental (non-equivalent control group) research design with 100 clients among alcohol dependence who were admitted in Kriparehabilitation centre during the data collection. Classical music was administered to the clients for 15 minutes, 3 days in a week for a month.

The first step in the study was to assess the demographic variables of the clients along with Alcohol Use Disorder Identification Test to screen for alcohol dependence between the experimental and control groups. The statistical analysis revealed that there was no significant difference between the experimental and control groups regarding the demographic variables and 100% were alcohol dependence in both the groups.

The collected data of pre-test and post-test data were analysed by using descriptive and inferential statistical method.

The findings of the present study have been discussed in relation with the objectives of the study and the results of other similar studies under the following headings.

1. Baseline data of depression, anxiety, stress, and craving for alcohol in control and experimental groups.
2. The effectiveness of music therapy in reducing anxiety, depression, and stress among clients with alcohol dependence.
3. The effectiveness of music therapy in reducing craving for alcohol among clients with alcohol dependence.

Baseline data of depression, anxiety, stress, and craving for alcohol in control and experimental groups.

In table 3 at the baseline characteristic, the anxiety level in control group shows **15.88** where as in experimental group shows **16.22**. To assess these variation t-tests was performed; statistically it was found that there was no significant in both the groups.

At the depression level the control group shows **20.00** and **20.26** in experimental group at the baseline, t- test revealed that there was no significant between control and experimental groups.

The mean stress in control group was **24.62** and **24.96** in experimental group at the baseline; statistically it shows there is no significant between the groups.

The mean AUQ in control group shows **3.40** whereas the mean AUQ in experimental group shows **4.48**, t- test showed there is no significant between control and experimental group.

The statistical analysis revealed that there was no significant difference between the experimental and control group regarding the level of anxiety, depression, stress and craving for alcohol at the baseline.

The effectiveness of music therapy in reducing anxiety, depression, and stress among clients with alcohol dependence.

Table 4 revealed that mean **anxiety level** of control group was **15.88** at the baseline and at the end point it was reduced to **13.76** where as in the experimental group, it has markedly reduced to **12.80** from **16.22**. While testing the hypothesis on anxiety level Two-way ANOVA repeated measure showed a significant **(.000)** anxiety reduction in the experimental group as compared with the control group.

Similar to the present study findings, conducted by **Abdollahanjad R (2005)** on Music Application in Mental and Physical Health, the results of analysis show no

important difference ($P>0.05$) between the average of state anxiety and amount of face anxiety in both group before music therapy (listening to music). After listening to music there was a significant difference ($P<0.05$) for intervention group. Therefore, this decrease of amount of anxiety in the intervention group depends on how music therapy (listening of music) is applied. Further, **Wang SM (2002)** conducted a randomized controlled study on music and preoperative anxiety. Subjects in group one ($n=48$) listened to a 30 minutes' patient selected music session, and subjects in group two ($n=45$) received no intervention. They used self-report validated behavioural (State-Trait Anxiety Inventory) and physiological measures of anxiety (heart rate, blood pressure and electrodermal activity and serum cortisol, epinephrine, and norepinephrine). Patients were evaluated before, during and after administration of the intervention. The study results showed that after intervention, subjects in the music group reported significantly lower anxiety levels as compared with the control group ($p=0.001$). The study concluded that patients who listened to music before surgery reported lower level of state anxiety. Physiological outcome did not differ between the two study groups.

In the present study, at the baseline in table 4 the main **depression level** in experimental group showed **20.26** whereas **20.00** in control group and at the endpoint the experimental group showed **19.44** and **24.78** in control group in depression level. Two-way ANOVA results indicated that there was no significant (**.347**) improvement in level of depression after the intervention of music therapy. The hypothesis does not corroborate the present study. The finding of the present study was in contrast to the findings of **Hsu WC et al (2004)** whose results were analysis using repeated measures ANCOVA showing significant in depression scores compared to control groups.

Hendricks, C. Bret, (2001) also found in this connection that music therapy techniques reduced post-test depression scores i.e. ($P<.0001$).

In the present study, the mean **stress level** at the baseline in control group shows **24.62** and **24.96** in experimental group. In experimental group at the endpoint it reduced to **17.10** where as in the control group it shows **19.76**. To assess these

variations between control and experimental group two-way ANOVA repeated measure was performed, statistically it was found that there is a significant reduction in stress in the experimental group as compared to control group (.000)

Similar to the present study findings, by **Pelletier, C.L., (2004)** found that music alone and music assisted relaxation techniques significantly decreased arousal ($d = + .67$). Further analysis of each study revealed that the amount of stress reduction was significant. **Knight, W.E, et al., (2001)** also found significant in reducing stress. The stress induced increases were each prevented by exposure to music.

The effectiveness of music therapy in reducing craving for alcohol among clients with alcohol dependence.

Table 4 shows the mean AUQ in control group was **3.40** at the baseline and at the endpoint it shows **3.40**, whereas in experimental group the main AUQ score was found **4.48** at the baseline and at endpoint it was reduced to **3.64**. Statistically it revealed that music therapy is effective which shows significant (.000) in reducing craving for alcohol.

The results of **WinkelmanMicheal (2000)**indicated drumming circles have applications as complementary addiction therapy, particularly for repeated relapse and when other counselling modalities have failed. Further, **Winkelman M (2001)** stated that drumming may reduce addiction by providing natural alterations of consciousness.

From the above discussion it can be concluded that music therapy is an effective in reducing anxiety, stress, and craving for alcohol among clients with alcohol dependence.