

# Music, Art and Drama Therapy

## Therapeutic Effectiveness: UK

### 1. Introduction

There is research evidence to confirm that Creative Therapies are effective over a broad range of situations and that clinical trials have been conducted with varying degrees of depth and success in the UK. Some are still in action and some have produced evidence that is inconclusive. However there is a wealth of evidence that indicates that Creative Therapies, including Music, Art and Drama Therapy, have effective impact as both the primary therapy and as complementary therapy to primary treatments.

#### **'A Brief History'**

In some ways humankind has always used the arts to make sense of the world around them. From earliest pre history we have paintings on cave walls and evidence of ritualistic dance and story telling to describe the key events that were being experienced by humans in their own world.

However, in the last century Arts Therapies emerged as four distinct disciplines:

- Art Therapy/Art Psychotherapy
- Dance Movement Therapy/Dance Movement Psychotherapy
- Music Therapy
- Dramatherapy

A number of movements in related areas supported the emergent of Arts Therapies as modern disciplines as summarised by Karkou and Sanderson (2006):

- In the arts: in the beginning of the century there were a number of different movements that emphasised self-expression, valued emotions, made sociological, political and psychological references and introduced new ways to relate to the audience or the spectators.
- In psychotherapy: psychoanalysts and humanistic psychotherapists turned to the arts as means with which to reach deeply hidden thoughts and feelings or as ways in which to reach one's full potential.
- In medicine: physicians started exploring links between engagement with the arts and physiological responses, while psychiatrists engaged in the development of therapeutic communities and alternative ways in which to support the rehabilitation of people with mental health problems.
- In occupational therapy: by the end of the second world war, shifts of care from institutions to the community was another major cultural shift that supported the emergence of Arts Therapies. The new profession of occupational therapy as well as the work of hospital and community artists enabled an open acknowledgement of the potential contribution of the arts towards well-being.
- In arts education: child-centred principles in particular offered a supportive frame within which a number of the first Arts Therapists started their work from.

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## 2. Research - Statements from Abstracts

Indicative abstracts that outline clinical research and related documents that serve to indicate the breadth and diversity of conclusions that exist regarding the effectiveness of Arts therapies in the UK.

- The Scottish Arts Therapies forum 2010

<https://badth.org.uk/sites/default/files/content/doc/artstherapiesreporthittingtheheattargets.pdf>

The document cited above outlines a comprehensive analysis and report into Arts Therapies in Art, Dance Movement, Drama and Music Therapy.

- **Health Improvements Scotland**

**SIGN 131 - Management of schizophrenia – A National Clinical Guideline**

<http://www.sign.ac.uk/pdf/sign131.pdf>

### **Section 6 Psychological therapies**

A meta-analysis of six RCTs of arts therapies versus any control found that most of the studies used group based intervention. There were three treatment modalities, music, art and body-oriented psychotherapy. The sample sizes were small (n=24-90) and many of the studies either omitted information regarding randomisation and rater blinding or reported difficulties in these areas which reduced study quality. There were high attrition rates (>40%) in half the studies and there was often no control for therapist time. Arts therapies were effective in reducing negative symptoms (SMD in score at end of treatment -0.59, 95% CI -0.83 to -0.36, from five studies), with some evidence from two of the studies that medium to large effect sizes found at the end of treatment were sustained at up to six months follow up (SMD in score -0.77, 95% CI -1.27 to -0.26). Effects remained when analysed by context of therapy indicating effectiveness when delivered via inpatient or outpatient settings. There were no significant effects on total symptom score (reported in four studies) or positive symptom score (reported in two studies), social or psychosocial functioning (one study), user satisfaction or quality of life (one study each). No RCTs of drama therapy were identified in this population group.<sup>44</sup>

The Multi-centre study of Art Therapy In Schizophrenia - Systematic Evaluation (MATISSE) was a three-arm, multicentre parallel group, pragmatic RCT comparing the effectiveness of referral to group art therapy plus standard care (n=140), with referral to an attention control activity group plus standard care, (n=140), or standard care alone. (n=137). The primary outcomes were global functioning and psychiatric symptoms.

Group art therapy did not improve outcomes at 24 months compared with attention control activity plus standard care or standard care alone. The activity plus standard care group had fewer positive symptoms compared with those allocated to group art therapy at 12 and 24 months (adjusted mean difference 1.4,

95% CI 0.1 to 0.26, p=0.03).

In this study, group art therapy and activity groups were offered on a weekly basis for 90 minutes over 12 months. Uptake of experimental and control interventions was poor. Almost 40% of study participants did not attend any art therapy sessions and amongst those who did, few attended regularly. On average participants attended 11 (0-51) art therapy groups and five (0-45) activity groups.<sup>139</sup>

There is insufficient high quality evidence on which to base any recommendation for arts therapies in general.

**Conclusion:** Group based art therapy should not be routinely offered to individuals diagnosed with schizophrenia.

- **Arts Council England – Research Project 36**

**Arts in health: a review of the medical literature**

**Foreword and acknowledgements**

It gives me great pleasure to introduce this review of the medical literature on the arts and health. We are developing our first national arts and health strategy, and this review will play an important part in informing the development of that strategy.

Artists have long been aware of the benefits of their work in healthcare settings and we know from evaluation reports that the arts can have a positive impact on health. What we have lacked thus far is systematic evidence of some of the clinical and other outcomes of the arts that is sufficiently robust to carry weight with those responsible for delivering health care.

Through her research at the Chelsea and Westminster hospital, Dr Rosalia Staricoff has seen at first hand the benefits of the arts for staff, patients and carers. By bringing together a huge body of literature for this review, Dr Staricoff has made a significant contribution to strengthening the evidence base and to improving our understanding of the impact of the arts on health.

Her review shows us that, in clinical settings, encouraging patients to engage with the arts can help them to manage pain and the side effects of some treatments, to alleviate stress and anxiety and to come to terms with what can be major and distressing episodes in their lives. Incorporating the arts into the design of health care facilities has positive benefits for staff, for patients and for their carers. Integrating the arts into the training and professional development of health professionals helps them better communicate with and understand their patients, from all social and ethnic groups.

The health benefits of the arts are, however, not confined to clinical settings; they are available to us all. Dr Staricoff quotes Swedish research showing that engagement with the arts is associated with longer life expectancy.

I would like to thank Dr Staricoff for her thorough and painstaking work in preparing this review; her report will provide a valuable underpinning to Arts Council England's future work on the arts and health.

**Peter Hewitt**

**Chief Executive, Arts Council England**

## **Main findings**

### **The effect of the arts on clinical outcomes**

The therapeutic effect of the arts has been recognised for many centuries, however, systematic and controlled studies on the intervention of the arts and clinical outcomes are a more recent development. Studies conducted on non-clinical populations have shown the relationship between encouraging people to attend cultural events such as theatre, concerts or exhibitions, and a reduction in their levels of blood pressure and hormonal benefits, compared with a similar group of people not attending cultural events (Konlaan, 2000).

The effect of relaxing music on subjective anxiety, heart rate, systolic blood pressure and immune response was measured in undergraduate students preparing for oral presentations. The results showed that music prevented stress-induced responses, independent of gender (Knight, 2001). The intervention of music reduces the perception and physiological consequences of pain and anxiety in adult patients admitted to hospital. It also contributes to an increase in satisfaction with the quality of care received (Taylor-Piliae, 2002).

There is extensive literature on the effects of the arts, mainly music, on different healthcare specialities, both for in-patients and for those attending out-patient departments (Biley, 2000; Evans, 2002). This review has identified several areas which are summarised below.

### ***Cardiovascular unit***

The introduction of music to provide a quiet and restful environment resulted in significant reductions in heart rate, respiratory rate, and myocardial oxygen demand in patients recovering from acute myocardial infarction, compared to a control group treated as usual (White, 1999). Patients admitted with ischemia of the heart showed a beneficial effect on their levels of blood pressure, heart rate, anxiety and muscle relaxation after two or three 30-minute sessions of light classical music using personal tape players or headphones. The authors suggest that the study needed to cover longer sessions with music and a larger number of patients to show significant differences (Elliot, 1994). The effect of second and third day post-operative music intervention, using tapes or music-videos, on pain and sleep after coronary artery bypass graft operations showed a significant reduction on recorded pain intensity and increased sleep (Zimmerman, 1996). The evaluation of the impact of music played during surgery showed no difference between the music and no-music groups on length of post-operative stay (Blankfield, 1995).

### ***Intensive care unit***

The intervention of music in intensive care induces beneficial outcomes (Updike, 1990; O'Sullivan, 1991). Anxiety levels were measured in a study of myocardial infarction patients and it was found that anxiety was greatly reduced in those patients who listened to music (Bolwerk, 1990). A study of the use of synthesised female vocal music and lullabies in new-born intensive care units has shown that there was a statistically significant improvement in levels of oxygen saturation and behavioural states (Collins, 1991). Another study using the same type of musical intervention reported a beneficial effect on weight and caloric intake, and a significantly reduced length of hospital stay (Caine, 1991). A study of the effect of music played to premature babies in a neonatal intensive care ward in the United States of America (USA) showed that it induces significant benefits (Standley, 2002).

### ***Cancer care***

There is an imperative need to find creative interventions to alleviate patients' concern and anxiety in cancer treatments. Studies addressing the level of anxiety during radiation therapy found that, despite a lack of significant differences between the group listening to music using headphones, before and during daily treatment, and the non-listening group, music intervention remains highly beneficial (Smith, 2001). Visual art and live music greatly diminished the levels of anxiety and depression of patients having chemotherapy treatment (Staricoff, 2003). Other studies also reported significant differences on levels of anxiety when using taped music during four courses of chemotherapy, compared to the group of patients having no music intervention (Sabo, 1996; Weber, 1997).

Research comparing the effect of music with distraction for procedural pain and anxiety found that both are important interventions. However, the effect of music did not differ from that of simple distraction and

the author concludes that a strategy should be offered that is consistent with patients' preferences (Kwekkeboom, 2003). An early controlled study of the effects of music on the chronic pain of cancer patients found that the group of patients exposed to music reported a significant reduction in their amount of pain (Zimmerman, 1989).

A later study found different degrees of pain reduction, as measured by the McGill Pain Scale, on patients listening to music twice daily for three days, compared to the control group not listening to music (Beck, 1991).

Music is an effective adjuvant to pharmacological anti-emetic regimen on patients suffering from the side effects of chemotherapy treatment. Significant differences were found in the perception of nausea and episodes of vomiting between the experimental group and the control group without music (Standley, 1992; Ezzone, 1998). The effect of listening to music was found to be of significant relevance for activating the immune system and decreasing the levels of the hormone cortisol, an indicator of stress, in cancer patients (Burns, 2001).

A recent article (Homicki, 2004) confirmed the positive effect on patients and family of introducing rotating art exhibitions in the waiting room of a cancer centre.

### ***Pain management***

This area has received attention from different perspectives. Some authors have measured physiological variables as indicators of pain or its impact on levels of anxiety and depression, other researchers have related pain to analgesic consumption. Patients with rheumatoid arthritis volunteered to listen to their preferred music for 20 minutes a day. The statistical analysis of pre- and post-test data revealed a highly significant reduction in the perception of pain (Schorr, 1993). A review of the literature on the use of music as an audio-analgesic in chronic and acute pain concluded that it has a positive and significant effect (Good, 1996).

The intervention of music during urological operations showed no difference for vital signals, such as blood pressure, heart rate, and respiratory rate, compared to the group without music in the operating theatre. However, the music group used fewer sedatives (Koch, 1998). This significant reduction of requests for sedatives has also been reported for patients undergoing orthopaedic and plastic surgery under regional anaesthesia (Walther-Larsen, 1988).

The effect of listening to music through headphones in post-general anaesthesia care in the recovery room did not induce differences in pain level, sedative requirement or length of stay in the room. However, there was a significant delay in requesting analgesia in the music group (Heitz, 1992). The effect of intra-operative, compared to post-operative, music on control of pain was evaluated in a controlled study of patients undergoing day surgery. The authors found that patients exposed to music during or after an operation reported significantly lower pain intensity and required fewer analgesics in the immediate post-operative period than those patients not exposed to music (Nilsson, 2001; Nilsson, 2003). The effect of music and relaxation tapes was studied in a randomised-controlled trial measuring the reduction of pain

after gynaecological surgery. The results showed a significant reduction in the level of pain and the use of patient controlled analgesia on post-operative days (Good, 2002).

Listening to music through headphones during gynaecological procedures showed beneficial clinical outcomes, reducing the levels of respiratory rates and the scores for pain (Davis, 1992). The effect of a combination of music and relaxation on post-operative pain after abdominal surgery was also researched and it was found to be significantly effective. The authors recommend that clinicians and nurses preparing patients for surgery and caring for them afterwards, should encourage patients to use relaxation and music as complements to medication for post-operative pain (Good, 1999).

A randomised study evaluating the impact of music on perceived pain, in this case following abdominal hysterectomy, found no difference between the control and trial group during the post-anaesthetic period (Taylor, 1998). A randomised-controlled trial of the use of music during laceration repair showed that the group listening to their preferred music recorded significantly less pain than the control group (Menegazzi, 1991). The perception of pain and stress decreased in subjects who had blood taken in a room with visual arts compared to those in a room with no visual arts (Palmer, 1999).

### ***Pre and post-natal care***

The use of music as an adjuvant to medical care for women in the prenatal and postnatal period produced an improvement of clinical outcomes and medical cost savings (Schwartz, 1997). The use of daily preferred music during pregnancy was shown to be important in pain and stress management during labour and birth (Browning, 2000). Live music in the waiting area of an ante-natal high-risk clinic reduced the levels of blood pressure of pregnant women waiting for their appointments (Staricoff, 2003). The effect of affective music stimuli during the first 12 months of life showed that there is a clear developmental change on the brain activity of infants. The authors have found that affective music significantly increases brain activity at three months of age and has a calming effect afterwards (Schmidt, 2003).

### ***Surgery***

Appropriately selected music may decrease the stress levels of staff and conscious patients in the operating theatre, and may significantly improve the efficiency of those who work in this environment (Thompson, 1995; Seukeran, 1997). Self-selected music during ambulatory ophthalmic surgery reduces levels of blood pressure, heart rate and perceived stress (Golden, 2001). Elderly patients undergoing cataract surgery were more satisfied with their experience if they heard relaxing music, but there were not significant differences between a control and trial group who were assessed for anxiety levels before and after surgery (Cruise, 1997). The anxiety levels of patients who listened to music of their choice during the pre-operative period were found to be significantly reduced (Wang, 2002; Walker, 2002).

In another study, the authors reported a significantly lower state of anxiety and respiratory rates in patients undergoing breast biopsy after a pre-operative period listening to music, compared with a group that had no music (Haun, 2001). Music also has a significant effect in reducing anxiety during local and regional anaesthesia (Frandsen, 1990; Eisenman, 1995; Mok, 2003). Patients who listened to their choice

of music before ambulatory surgery showed a reduction in blood pressure, respiratory rates and anxiety levels, compared to the control group (McGreevy, 1990; Hains, 1996; Augustin, 1996). The patients' perception of listening to music during surgery was studied and showed a significant positive result. The patients felt relaxed and distracted and their tolerance to pain was increased (Stevens, 1990).

The response to stress in pre-surgical situations was also measured by monitoring changes in salivary cortisol; listening to music resulted in a marked reduction in the levels of this hormone (Miluk-Kolasa, 1994). The use of music was also shown to be beneficial during the post-operative recovery period (Heiser, 1997; Shertzer, 2001). Out-patients undergoing surgery with spinal anaesthesia showed a significant reduction in sedative requirements during the procedure if they were listening to music of their own choice (Lepage, 2001).

### ***Neurological disorders***

Active programmes of listening to and performing music have been shown to help the management of patients with Parkinson's disease. The use of music stimulated emotional and motor responses, improving the quality of life of those patients (Pacchetti, 2000). Music induced rhythmic foot beating in patients with cerebral palsy, an effect which was never achieved on command, indicating the positive effect of music in subjects affected by neurological disorders (Ghika, 1995).

### ***Medical procedures***

Screening for the detection of colon cancer induces high stress levels. Anxiety and discomfort were greatly reduced in a group who listened to music during the examination, compared to a control group examined under routine conditions (Chlan, 2000). The introduction of soothing music increased the degree of tolerance of gastroendoscopic procedures (Bampton, 1997), and also significantly reduced the anxiety levels of patients awaiting gastrointestinal procedures (Hayes, 2003). Music increased the perception of comfort during bronchoscopy in the out-patient unit (Dubois, 1995). It has also been shown that music enhances patients' comfort during Magnetic Resonance Imaging studies (Silfer, 1991; Grey, 2000). Anxiety levels were reduced in patients listening to music after coronary artery bypass grafting (Barnason, 1995). The levels of cortisol in plasma, indicating stress levels, were very high in patients undergoing cerebral angiography. The intervention of music during the procedure maintained stable levels of cortisol and significantly reduced systolic blood pressure (Schneider, 2001).

### **Conclusions**

This review includes 385 references from the medical literature related to the effect of the arts and humanities in healthcare. It offers strong evidence of the influence of the arts and humanities in achieving effective approaches to patient management and to the education and training of health practitioners. It identifies the relative contribution of different artforms to the final aim of creating a therapeutic healthcare environment.

It highlights the crucial importance of the arts and humanities in:

- inducing positive physiological and psychological changes in clinical outcomes

- reducing drug consumption
- shortening length of stay in hospital
- increasing job satisfaction
- promoting better doctor-patient relationship
- improving mental healthcare
- developing health practitioners' empathy across gender and cultural diversity

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### **What are arts therapies?**

An art therapy is a form of psychotherapy that uses a creative medium – like art or music – to help people explore and articulate their feelings rather than speaking about them.

Arts therapies may be useful for individuals who find it difficult to express themselves in words: people don't need to talk about their feelings and experiences unless they want to do so.

Four types of arts therapies are currently available in the UK. They are art therapy, dance movement therapy, drama therapy and music therapy. People don't need artistic or other creative skills in order to participate in these therapies.

### **Arts therapists**

Arts therapists are trained psychotherapists and learn about the use of their chosen 'art' during a Masters degree. They are registered and regulated by the Health and Care Professions Council.

They mostly work with small groups of people either on hospital wards or in the community, where sessions may be held on a regular, often weekly basis.

### **Can arts therapies help people who have experienced psychosis?**

There have not been very many well-conducted studies looking at the effectiveness of arts therapies for people who have experienced psychosis. Nevertheless, most of them suggest that arts therapies, particularly music therapy, might help improve the 'negative' symptoms of schizophrenia. These 'negative' symptoms include lack of energy, loss of motivation, loss of interest in activities, people and personal appearance, memory problems and concentration difficulties (see Schizophrenia page).

Research has also suggested that arts therapies might boost self-confidence, self-esteem and concentration, help people gain self-awareness, communicate better with others and reduce feelings of isolation and exclusion – and shown that people who have experience of mental health problems often appreciate and enjoy arts therapies.

The results of one large randomised controlled trial (the MATISSE study) did show that attendance at weekly group art therapy sessions made no difference to people's symptoms or to their quality of life, and was not cost-effective. The research team (led by Imperial College, London researchers) concluded that group art therapy should not be offered to everyone with a diagnosis of schizophrenia – only to those who were interested and motivated to attend sessions. However, during the trial, attendance at the art therapy sessions (run for a year) was low – as was attendance at activity sessions, organised as part of the trial so researchers could make comparisons about the impact of both types of groups on people's symptoms and life (the activity groups also met weekly and included board games, discussions, watching and discussing DVDs, visits to local cafes and occasional visits to places of interest).

Other studies testing the effectiveness of art therapies for people who have a diagnosis of schizophrenia continue to be organised. For example, researchers at Queen Mary, University of London are running a trial comparing group body psychotherapy – a type of arts therapy that focuses on the body and movement as a way of communicating – with group pilates sessions. They want to find out if body psychotherapy can help reduce the negative symptoms of schizophrenia.

What does the National Institute for Health and Care Excellence (NICE) say?

The National Institute for Health and Care Excellence (NICE) says mental health professionals should consider offering arts therapies to people who have a diagnosis of schizophrenia or who have experienced psychosis\*. The recommendation is only to 'consider' because there is limited evidence to prove their effectiveness.

NICE recommends arts therapists should be registered with the Health and Care Professions Council and should have experience of working with people who have experienced the symptoms of psychosis.

Arts therapies should be available both in hospital and in the community, and can be started at any time, including when someone is very unwell.

However, a survey carried out by researchers at Imperial College London has shown that in England, people who have a diagnosis of schizophrenia have limited access to art therapy on the NHS. Even though most mental health trusts do employ arts therapists, many hire only a small number on a part-time basis. The survey concentrated on art therapy (rather than music, dance movement or drama therapy) and found that this type of therapy is often not even considered as part of a package of care for someone with a diagnosis of schizophrenia.

\*Psychosis and Schizophrenia in adults, NICE Guideline on Treatment and Management, updated edition 2014, uses the term 'psychosis' to describe the symptoms of psychosis experienced by people who have a diagnosis of schizophrenia, schizoaffective disorder, schizophreniform disorder or delusional disorder. Recommendations for supporting people who are having psychotic-like experiences that are distressing are also included. The guidance does not include recommendations about treatment for people who experience psychosis as a symptom of bipolar disorder, psychotic depression, dementia or Parkinson's disease. These recommendations are contained in other NICE guidance.

Source: [mentalhealthcare.org.uk](http://mentalhealthcare.org.uk)

- **Group art therapy as an adjunctive treatment for people with schizophrenia: a randomised controlled trial (MATISSE)**

Crawford, M.J., Killaspy, H., Barnes, T.R., Barrett, B., Byford, S., Clayton, K., Dinsmore, J., Floyd, S., Hoadley, A., Johnson, T., Kalaitzaki, E., King, M., Leurent, B., Maratos, A., O'Neill, F.A., Osborn, D., Patterson, S., Soteriou, T., Tyrer, P. and WALLER, DIANE (2012) *Group art therapy as an adjunctive treatment for people with schizophrenia: a randomised controlled trial*

## Abstract

**Objective:** To examine the clinical effectiveness and cost-effectiveness of referral to group art therapy plus standard care, compared with referral to an activity group plus standard care and standard care alone, among people with schizophrenia. **Design:** A three-arm, parallel group, single-blind, pragmatic, randomised controlled trial. Participants were randomised via an independent and remote telephone randomisation service using permuted blocks, stratified by study centre. **Setting:** Study participants were recruited from secondary care mental health and social services in four UK centres. **Participants:** Potential participants were aged 18 years or over, had a clinical diagnosis of schizophrenia, confirmed by an examination of case notes, and provided written informed consent. We excluded those who were unable to speak sufficient English to complete the baseline assessment, those with severe cognitive impairment and those already receiving arts therapy. **Interventions:** Group art therapy was delivered by registered art therapists according to nationally agreed standards. Groups had up to eight members, lasted for 90 minutes and ran for 12 months. Members were given access to a range of art materials and encouraged to use these to express themselves freely. Activity groups were designed to control for the non-specific effects of group art therapy. Group facilitators offered various activities and encouraged participants to collectively select those they wanted to pursue. Standard care involved follow-up from secondary care mental health services and the option of referral to other services, except arts therapies, as required. **Main outcome measures:** Our co-primary outcomes were global functioning (measured using the Global Assessment of Functioning Scale – GAF) and mental health symptoms (measured using the Positive and Negative Syndrome Scale – PANSS) at 24 months. The main secondary outcomes were level of group attendance, social functioning, well-being,

The following electronic databases and internet sites were searched, covering the period 1990 to 2004:

- Medline for healthcare in general, medicine and mental health
- CINAHL (Cumulative Index to Nursing and Allied Health Literature) and BNI (British Nursing Index) for nursing issues
- Cochrane Library for reviews on healthcare
- PsycInfo for psychology and psychiatry records
- [www.medicalhumanities.com](http://www.medicalhumanities.com), [www.dur.ac.uk](http://www.dur.ac.uk) and [www.ucl.ac.uk](http://www.ucl.ac.uk) for humanities in medicine
- [www.societyartshhealthcare.org](http://www.societyartshhealthcare.org)

## Key findings

### The effect of the arts on clinical outcomes

This review has identified a number of medical areas in which the research studies have shown clear and reliable evidence that clinical outcomes have been achieved through the intervention of the arts. Specific outcomes for both in-patient and outpatient departments include the following:

- **Cancer care:** visual art and live and taped music have been used in a number of studies addressing high anxiety and depression during chemotherapy. The arts were effective in reducing both anxiety and depression, and acted as a potent adjuvant (see Glossary) to avert side-effects of the treatment
- **Cardiovascular unit:** the use of appropriate music, through tapes, video-music or personal headphones led to reports of a significant reduction in anxiety levels and the levels of vital signs – blood pressure, heart rate, demand for myocardial oxygen

- Intensive care unit: the use of music in neonatal intensive care has shown statistically significant improvement in clinical and behavioral states. Very importantly, the benefits significantly reduced the length of stay in hospital
- Medical procedures: a number of medical procedures for screening and/or diagnosis generate high levels of stress. Arts interventions have been shown to increase the perception of comfort, to reduce the levels of cortisol (a hormonal indicator of stress), and to significantly control blood pressure levels
- Pain management: music induced significant reductions on physiological and psychological variables related to pain indicators. A number of authors reported a significant reduction in the use of medication to reduce pain after surgery
- Surgery: self-selected music, live music and the visual arts have been shown to reduce stress and anxiety, as well as helping to control vital signs. The use of music was found to be very effective in the post-operative recovery period, reducing requirements for sedatives

The effect of the arts and humanities on staff outcomes

This review has analysed a number of studies concerning job satisfaction,

including:

- the introduction of works of art and of nature features in the design of the healthcare service
- the intervention of music in creating a non-aggressive environment
- the use of the arts in nursing and medical training to improve communication, empathy and understanding of patients' needs

The literature does not include reliable studies on the possible relationship between the use of arts in the healthcare environment and its effect on the recruitment and retention of staff.

<http://www.hta.ac.uk/fullmono/mon1608.pdf>

- **HPCP – Health & Care Professions Council**

### **Standards of Proficiency**

This document sets out the standards of proficiency. These standards set out safe and effective practice in the professions we regulate. They are the threshold standards we consider necessary to protect members of the public. They set out what a student must know, understand and be able to do by the time they have completed their training, so that they are able to apply to register with us. Once on our Register you must meet those standards of proficiency which relate to the areas in which you work.

We also expect you to keep to our standards of conduct, performance and ethics and standards for continuing professional development. We publish these in separate documents, which you can find on our website.

The standards of proficiency in this document include both generic elements, which apply to all our registrants, and profession-specific elements which are relevant to registrants belonging to one of the professions we currently regulate. The generic standards are written in bold, and the profession-specific standards are written in plain text. Standards that apply only to art therapists, dramatherapists, or music therapists are written in blue text.

We have numbered the standards so that you can refer to them more easily. The standards are not hierarchical and are all equally important for practice.

## MUSIC Therapy Specific Research - Statements from Abstracts

- **Music therapy for in-patients with schizophrenia**

Exploratory randomised controlled trial

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### Abstract

**Background** Music therapy may provide a means of improving mental health among people with schizophrenia, but its effects in acute psychoses have not been explored.

**Aims** To examine the feasibility of a randomised trial of music therapy for inpatients with schizophrenia, and explore its effects on mental health.

**Method** Up to 12 weeks of individual music therapy plus standard care were compared with standard care alone. Masked assessments of mental health, global functioning and satisfaction with care were conducted at 3 months.

**Results** Of 115 eligible patients 81 (70%) were randomised. Two-thirds of those randomised to music therapy attended at least four sessions (median attendance, eight sessions). Multivariate analysis demonstrated a trend towards improved symptom scores among those randomised to music therapy, especially in general symptoms of schizophrenia.

**Conclusions** A randomised trial of music therapy for in-patients with schizophrenia is feasible. The effects and cost-effectiveness of music therapy for acute psychosis should be further explored in an explanatory randomised trial.

Despite the development of community-based services which reduce the need for in-patient care, many people with severe mental illness continue to need periods of in-patient treatment. Over recent years, concerns have been expressed about the quality of in-patient care: in particular the lack of therapeutic contact between patients and staff ([Sainsbury Centre for Mental Health, 1998](#); [Department of Health, 2003](#)). Music therapy is a form of psychological treatment which may be able to engage people with severe mental illness ([Pavlicevic & Trevarthen, 1989](#)). Whereas the effects of listening to music and singing have been examined among in-patients with schizophrenia ([Tang et al, 1994](#); [Hayashi et al, 2002](#)), co-improvisational music therapy, the form generally practised in in-patient settings in Western Europe, has not been evaluated ([Bruscia, 1998](#)). We therefore conducted an exploratory randomised trial of music therapy for inpatients with schizophrenia in order to examine the feasibility of a trial and to estimate the impact of this intervention on mental health, global functioning and satisfaction with care.

- **A systematic review of evidence for the effectiveness of practitioner-based complementary and alternative therapies in the management of rheumatic diseases: osteoarthritis**

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**on behalf of the Arthritis Research UK working group on Complementary and Alternative Therapies for the Management of the Rheumatic Diseases**

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**Abstract**

**Objective.** To critically review the evidence on the efficacy and effectiveness of practitioner-based complementary therapies for patients with osteoarthritis. We excluded t'ai chi and acupuncture, which have been the subject of recent reviews.

**Methods.** Randomized controlled trials, published in English up to May 2011, were identified using systematic searches of bibliographic databases and searching of reference lists. Information was extracted on outcomes, statistical significance in comparison with alternative treatments and reported side effects. The methodological quality of the identified studies was determined using the Jadad scoring system. Outcomes considered were pain and patient global assessment.

**Results.** In all, 16 eligible trials were identified covering 12 therapies. Overall, there was no good evidence of the effectiveness of any of the therapies in relation to pain or global health improvement/quality of life because most therapies only had a single randomized controlled trial. Where positive results were reported, they were often comparing an active intervention with no intervention. Therapies with multiple trials either provided null (biofeedback) or inconsistent results (magnet therapy), or the trials available scored poorly for quality (chiropractic). There were few adverse events reported in the trials.

**Conclusion.** There is not sufficient evidence to recommend any of the practitioner-based complementary therapies considered here for the management of OA, but neither is there sufficient evidence to conclude that they are not effective or efficacious.

<http://www.ncbi.nlm.nih.gov/pubmed/22923762>

#### **DRAMA Therapy Specific Research - Statements from Abstracts**

- [Art therapies and dementia care: a systematic review](#)

**Source:** SCIE Social Care Online

**Publisher:** Sage

**Publication Date:** 01 Jan 2012

**Publication Type:** research review

**Description:**

This literature review synthesizes the existing research on art-based therapies (AT) for persons with dementia, including approaches aiming not to simply 'manage' dementia symptoms, but to enrich the lives of persons living with it. The authors examine the evidence base, including music, visual arts, drama, and dance/movement therapies between the years 1990 and 2010, and make suggestions as to how it can be strengthened. Systematically designed, documented, and evaluated AT studies were scarce. Information on research design, operational concepts, measurement tools, and methods of evaluation/analysis were generally vague and disagreement about the utilisation of theoretical concepts and measurement/evaluation tools was evident. The evidence base is further divided between studies focusing on the 'product' and those on the 'process' of art. Shortcomings in dementia-specific research include a paucity of accounts from participants, failure to extend therapies to individuals in the early stages, a lack of application to those living at home, and often superficial attention to the meaningful aspects of doing art. It is suggested that models investigating subjective well-being, or 'enrichment,' rather than objectively measured biomedical approaches around the management of deficits, would expand the evidence base and help ensure that those with dementia receive the services they want.

- [Dance/movement therapy for improving psychological and physical outcomes in cancer patients](#)

**Source:** Cochrane Database of Systematic Reviews

**Publisher:** John Wiley & Sons, Ltd

**Publication Date:** 05 Oct 2011

**Description:**

#### **Background**

Current cancer care increasingly incorporates psychosocial interventions. Cancer patients use dance/movement therapy to learn to accept and reconnect with their bodies, build new self-confidence, enhance self-expression, address feelings of isolation, depression, anger and fear and to strengthen personal resources.

#### **Objectives**

To compare the effects of dance/movement therapy and standard care with standard care alone or standard care and other interventions in patients with cancer.

#### **Search methods**

We searched the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library 2011, Issue 2), MEDLINE, EMBASE, CINAHL, PsycINFO, LILACS, Science Citation Index, CancerLit, International Bibliography of Theatre and Dance, Proquest Digital Dissertations, ClinicalTrials.gov, Current Controlled Trials and the National Research Register (all to March 2011). We handsearched dance/movement therapy and related topics journals, reviewed reference lists and contacted experts. There was no language restriction.

#### **Selection criteria**

We included all randomized and quasi-randomized controlled trials of dance/movement therapy interventions for improving psychological and physical outcomes in patients with cancer.

#### **Data collection and analysis**

Two review authors independently extracted the data and assessed the methodological quality. Results were presented using standardized mean differences.

#### **Main results**

We included two studies with a total of 68 participants. No evidence was found for an effect of dance/movement therapy on body image in women with breast cancer. The data of one study with moderate risk of bias suggested that dance/movement therapy had a large beneficial effect on participants' quality of life (QoL). The second trial reported a large beneficial effect on fatigue. However, this trial was at high risk of bias. The individual studies did not find support for an effect of dance/movement therapy on mood, distress, and mental health. It is unclear whether this was due to ineffectiveness of the treatment or limited power of the trials. Finally, the results of one study did not find evidence for an effect of dance/movement therapy on shoulder range of motion (ROM) or arm circumference in women who underwent a lumpectomy or breast surgery. However, this was likely due to large within-group variability for shoulder ROM and a limited number of participants with lymphedema.

## Authors' conclusions

We did not find support for an effect of dance/movement therapy on body image. The findings of one study suggest that dance/movement therapy may have a beneficial effect on QoL. However, the limited number of studies prevents us from drawing conclusions concerning the effects of dance/movement therapy on psychological and physical outcomes in cancer patients.

## Dance/movement therapy for cancer patients

Having cancer may result in extensive emotional, physical and social suffering. Current cancer care increasingly incorporates psychosocial interventions to improve patients' quality of life. Creative arts therapies such as dance/movement, music, art and drama therapy have been used to aid in the care of cancer patients and in their recovery. Following medical therapies, which can be invasive, cancer patients use dance/movement therapy to learn to accept and reconnect with their bodies, build new self-confidence, enhance self-expression, address feelings of isolation, depression, anger, fear and distrust and strengthen personal resources. Dance/movement therapy has also been used to improve range of arm motion and to reduce arm circumference after mastectomy or lumpectomy. For this review, studies were considered only if dance/movement therapy was provided by a formally trained dance/movement therapist or by trainees in a formal dance/movement therapy program.

This review included two trials with a total of 68 participants that examined the effects of dance/movement therapy on women with breast cancer. Their results did not find support for an effect of dance/movement therapy on body image, the only common outcome between these two studies. The findings of one study suggest that dance/movement therapy may have a beneficial effect on the quality of life of women with breast cancer. However, no conclusions could be drawn regarding the effect of dance/movement therapy on psychological and physical outcomes in cancer patients because of an insufficient number of studies. More research is needed.

- [Expressive art for the social and community integration of adolescents with acquired brain injuries: a systematic review](#)

**Source:** Database of Abstracts of Reviews of Effects

**Publication Date:** 11 Nov 2009

**Description:**

**Bibliographic details**

Goyal A, Keightley ML. Expressive art for the social and community integration of adolescents with acquired brain injuries: a systematic review. Research in Drama Education 2008; 13(3) : 337-352

**Status**

This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.

**CRD summary**

This review concluded that drama therapy could improve psychological health, emotional intelligence, cognitive function, social integration, but not necessarily community integration, in populations with difficulties in psychological, social, emotional, or cognitive functioning. Evidence in adolescents with

acquired brain injuries was lacking. Potential methodological limitations of the review methods and data, suggest that these conclusions are not reliable.

Indexing status

Subject indexing assigned by CRD

Index terms

Brain Injuries; Humans; Occupational Therapy; Rehabilitation; Social Adjustment

- **Macmillan - Dramatherapy – A psychological therapy**

Winter 2012

In August 2010, the neuro-oncology service at King's College Hospital, London piloted a six-week dramatherapy programme with funding from Macmillan helping people with brain tumours express themselves through creativity.

Dramatherapy is a psychological therapy that adopts principles and techniques common to drama, theatre and psychotherapy. The aim is to promote personal insight, growth and healing.

Dramatherapy had produced positive outcomes in palliative care and mental health settings,<sup>1,2,3</sup> and due to commonalities between these patients and neuro-oncology patients, the service felt that it was worth further exploration.

The pilot programme was developed by the three dramatherapists from Beam Dramatherapy Group, who had been researching the use of dramatherapy in palliative care. They were supported by their clinical supervisor Anna Chesner.

#### **Study methods:**

The aim of the pilot was to provide a safe, structured, six-week journey in which the patients could explore and identify their personal qualities, strengths and inner resources and apply these to manageable aims or goals.

The groups ranged from three to six participants and were recruited by the neuro-oncology nurse specialists. The small numbers allowed for additional support to be given to those with the most severe neurological deficits. For example, one group member was almost completely deaf as a result of his tumour, and could only participate with one-to-one attention from a dramatherapist.

The group members had a range of diagnoses from low to high grade primary brain tumours, and were at different stages of their treatment. The first intake focused on newly diagnosed patients. When this proved difficult to recruit to, it was opened up to people at any stage. This proved to be a positive change as it offered people who were further into their treatment the chance to prepare themselves for the uncertain future they were facing - something they didn't feel they would have been able to do at an earlier stage.

#### **Findings and recommendations**

Dramatherapy offered a positive intervention for the group, however the quantitative measurement tool used in this pilot did not accurately reflect the benefit that patients derived.

In future, one-to-one interviews will be used to evaluate the benefit of this intervention. A pre-course interview could have been conducted as part of the recruitment process.

The main benefits were not easily measured but the qualitative feedback gathered by phone provided much greater insight into people's experiences. The group valued and needed ongoing support and assistance to adjust to living with a long-term condition. The creative approach was popular as a gentler way of accessing emotions without feeling over exposed. It was also suitable for people with neurological deficits. Through this creative process, group members could get in touch with aspects of themselves that may have been forgotten due to trauma of diagnoses and treatment.

At the beginning of the six weeks even naming their diagnosis was a challenge as some struggled to come to terms with their condition. For the highest grade tumour, members strongly related the name to a death sentence. By the end of the process members allowed themselves to share the reality of their individual situations and identified their needs and aims.

They were also able to seek help rather than feel alone and isolated. The people who attended the dramatherapy courses commonly did not attend a brain tumour support group prior to the intervention. This was due to not understanding what was involved in a support group. They had also not placed value on peer support until this time. Attending the course led to increased interest in attending a support group once it finished.

### **Going forward**

Four groups were run in total. There is demand for further courses but there is no funding for this at present. People with brain tumours are surviving longer and neurooncology services need to adapt the support offered to patients to reflect this. If funding can be sourced, dramatherapy would be a beneficial psychological intervention for this patient group as part of the holistic support provided through neurooncology teams.

### **Further information**

Email Vicky Hurwitz and Jamie Logan, Neuro-oncology Clinical Nurse Specialists King's College Hospital, London

Dramatherapists Sarah Kokkinos, Alison Singleton and Rebecca Blake.

<http://www.macmillan.org.uk/Aboutus/Healthandsocialcareprofessionals/Newsandupdates/MacVoice/MacVoiceWinter2012/Dramatherapy%E2%80%93psychologicaltherapy.aspx>

- **badth.org.uk - Information for Employers**

Dramatherapy is a psychological therapy that uses dramatic methods. It is particularly helpful intervention for people of all ages who may find verbal communication difficult due to physical, cultural, or psychological factors.

Dramatherapy can be a group or individual therapy. Dramatherapists work with a whole spectrum of clients and within a variety of organisations: many are employed in the NHS (mainly in mental health and with people with learning difficulties but also within general practice), but others work in mainstream primary and secondary schools, hospices, prisons, young offenders institutions and for voluntary agencies. Dramatherapists can also enhance the effectiveness of the organisation by providing clinical supervision to other staff members, facilitating team building and co-working with colleagues from other professions.

Full BADth members are governed by our codes of practice and the regulations laid down by The Health Professions Council.

If you would like to know more about setting up a post, please contact Heidi Jockelson at [enquiries@badth.org.uk](mailto:enquiries@badth.org.uk) for help with job descriptions, conditions of employment and advertising.

<https://badth.org.uk/empinfo>

### 3. Concluding remarks

The picture in the UK is one of an emerging approach to clinical trialing for specific creative therapies, HCPC are the overarching body that regulate qualified therapists and BAAT (British Association of Art Therapists), BAMT (British Association Music Therapists) and BADT (British Association of Drama Therapists) are the regulating associations for practitioners. Effectiveness is seen in practical terms as being highly beneficial however trialing outcomes are not conclusive in terms of efficacy. The effectiveness at report and discussion level is perceived to be highly regarded and developing in momentum across the UK. Conferences planned for 2015 include:

#### Conferences UK

##### BADth Conference 2015

The 2015 BADth Conference will take place at the Royal Agricultural University on 5, 6 and 7 September 2015. Programme and further details will follow soon. For enquiries, please contact us at [info@badth.org.uk](mailto:info@badth.org.uk).

##### [International Conference on the Multimodal Experience of Music \(ICMEM\)](#)

Humanities Research Institute, University of Sheffield, UK, 23-25 March 2015

##### 2nd International Conference on Music and Consciousness

**Faculty of Music, University of Oxford, UK, 14th-17th April 2015.**

##### [9th Triennial Conference of the European Society for the Cognitive Sciences of Music \(ESCOM\)](#)

**17–23 August 2015 Manchester, U.K.:**

Royal Northern College of Music, Manchester, U.K.

##### Music Therapy Week 2015 –

2015 sees the return of Music Therapy Week, a week dedicated to raising awareness of how music therapy can improve the lives of some of the most vulnerable people in our communities across the UK.

To find out more about how you can be involved, or to suggest ideas for events, please contact Grace at [pr@bamt.org](mailto:pr@bamt.org)

Monday 22nd - Sunday 28th June 2015

Arts Council of Wales' annual conference 'Risking Delight: The Arts as a Resource for Hope' will take place in 2015 at the Royal Welsh College of Music and Drama on Thursday 12 February. 12 Feb 2015

<http://www.artswales.org.uk/77775>

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mentalhealthcare.org.uk

[http://www.mentalhealthcare.org.uk/arts\\_therapies](http://www.mentalhealthcare.org.uk/arts_therapies)

<https://www.evidence.nhs.uk/document?ci=http%3A%2F%2Fwww.scie-socialcareonline.org.uk%2Fart-therapies-and-dementia-care-a-systematic-review%2Fr%2Fa1CG000000GRFyMAO&q=drama%20therapy&ReturnUrl=%2Fsearch%3Fq%3Ddrama%2520therapy>

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**Webpages:**

<http://badth.org.uk/dtherapy>

<http://badth.org.uk/empinfo>

<https://www.evidence.nhs.uk/search?q=drama%20therapy>

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