What works in music for wellbeing?

Professor Norma Daykin

Keynote address: ‘Beyond Words Conference’ Privileging the unspoken in arts and communities in a posthuman world.

Plymouth University 14-15\textsuperscript{th} March 2017
What happens when we play music?

Image by Elizabeth Jane Grose.
Framing identities: music making in cancer care.

I enjoyed seeing … instruments from many parts of the world… and what I like is he left it to us to choose and pick what we liked, so everybody went round feeling the instruments, plucking on the strings and choosing whatever they wanted, whether it was a percussion instrument or a string instrument or whatever. I really liked that, I liked the wide diversity and I felt very much at home. (Al).

Daykin et al. (2007).
Music in cancer care: themes

• Identity
• Choice and enrichment
• Power, freedom, release
• Healing
• Complex biographies
Musical Pathways Study

• 118 young people (81 males and 37 females) aged between 13 and 21 years across eight youth justice sites.
• Interviews (31) and observation.

De Viggiani et al. (2013)
Musical Pathways study

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- Interviews (31) and observation.

Daykin et al. (2017). In process
Music as safety

“I’ve learnt to feel more comfortable around others ... ‘cause people usually tend to be on edge in this prison. Anything could happen…”
(Fahim, aged 17)
Distraction

“They treated you like a normal person, not like a criminal … They were friendly… and, they brought in quite a few instruments … They trusted you as well …for all they knew, they could get broken … They sparked your day, like … [and] It made you feel like you're somewhere else.” (Brendan aged 19)
“I liked the way we were using proper instruments to make a rap / hip hop beat, when most of the time you’d use software. It’s hands on, isn’t it? It’s all just human made music. I love using the software to make songs and that, but it’s just nice to physically be able to play an instrument ... I thought those drums were wicked.’ (Ethan, 18)
Musical Pathways

• Managing emotions, new experiences, horizons, enjoyment, learning, expression, supportive interactions, pride and achievement.
• Nuanced affordances
• Mediated by context and social relations
Mediated affordances
(DeNora, 2000; 2003, Daykin et al. 2017)

• Institutional environments
• Gatekeepers
• Musicians
Musical Pathways: Challenges

- Music can promote wellbeing and inclusion, and can offer new horizons.
- Music can cause conflict and feelings of exclusion and failure and can stir difficult memories and feelings.
- Reflexive skills of music leaders are critical in shaping successful outcomes.
Military Wives Choirs Evaluation
Clift, et al. (2014; 2016)

Themes
• Identity
• Social connection
• Wellbeing
Community wellbeing

https://bristolreggaeeorchestra.com/
Music, health and wellbeing: Research challenges

- Interdisciplinary theories of change
- Research funding
- Frameworks and methods
- Hierarchies of evidence
- Research and advocacy
- Research and evaluation
- Evaluation funding
Creative and Credible Evaluation

Daykin, N. et al. (2016)

http://creativeandcredible.co.uk/
Arts for health and wellbeing
An evaluation framework

What Works

Daykin et al. (2016).
https://whatworkswellbeing.org/music-singing/
Evidence review
(Daykin et al. 2016)

- 5,397 papers screened
- 375 full texts assessed
- 61 relevant papers included
  - H1 – 39
  - H2 – 16
  - Dementia – 6
Music and Singing: What Works?

• Reducing anxiety and improving wellbeing in young adults.
• Promoting purpose and meaning in healthy adults.
• Reducing stress, negative mood and anxiety in healthy adult males and females.
• Reducing stress, anxiety and depression in pregnant women.
• Reducing anger and anxiety in prisoners.
• Learning, connection and meaning in marginalised groups.
What works?

• Increasing morale and mental health related quality of life, reducing loneliness, anxiety and preventing/reducing depression in older people.
• Supporting happiness, connection, meaning and identity in older people.
Lower quality evidence - Dementia

- Reducing anxiety and depression.
  - Heterogeneous samples.
  - Specificity of dementia diagnosis.
  - Difficulty of reporting subjective wellbeing in dementia

https://whatworkswellbeing.org/music-singing/
Using participatory music making to improve acute dementia care in hospital environments: Findings from evaluation research


Hampshire Collaboration for Health Research and Education

Hampshire Hospitals NHS Foundation Trust

THE UNIVERSITY OF WINCHESTER
Music and dementia: study aim

To investigate the impact of a 10 week participatory music project on the wellbeing of patients and staff and on the dementia care environment in an acute hospital setting.
The music intervention - up to two hours of:

- Performance
- Participation
- Familiar repertoire
- Improvisation
- Creative composition
Mixed methods

• Routine care indicators for 85 patients.
• ArtsObs data for 20 patients
• Qualitative interviews and focus groups (16).
• Ethics approval from the NHS (NRES) Committee South Central - Hampshire A (REC reference 15/SC/0420) and from the University of Winchester Research Ethics Committee.
Quantitative data

Falls; length of stay; staff absences; anti-psychotic drugs; and one-to-one care during one of two equivalent ten week periods:

- Period A = no music,
- Period B = music.
Quantitative data

- **Time A (usual care)**
  - Data from 38/59 dementia patients admitted (average age = 80; average length of stay = 36.9 days)

- **Time B (music)**
  - Data from 47/84 dementia patients admitted (average age = 91; average length of stay = 34.68 days)
Results: Markers of behaviour

<table>
<thead>
<tr>
<th></th>
<th>Time A (usual care)</th>
<th>Time B (Music)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required one to one</td>
<td>1 (2.63%)</td>
<td>2 (4.26%)</td>
</tr>
<tr>
<td>Required anti-psychotic drugs during stay</td>
<td>21 (55.26%)</td>
<td>24 (51.06%)</td>
</tr>
<tr>
<td>Prescribed anti-psychotic drugs on a Tuesday</td>
<td>17 (44.74%)</td>
<td>8 (17.02%)</td>
</tr>
<tr>
<td>Took anti-psychotic drugs during stay but not on a Tuesday</td>
<td>1 (2.63%)</td>
<td>15 (31.91%)</td>
</tr>
</tbody>
</table>
Markers of behaviour

- Required one to one
- Prescribed antipsychotic drugs during stay
- Prescribed antipsychotic drugs on a Tuesday
- Patients who were taking antipsychotic drugs during stay but not on a Tuesday
Other ward metrics

<table>
<thead>
<tr>
<th></th>
<th>Time A (usual care)</th>
<th>Time B (Music)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average number of falls on a Tuesday</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Total number of falls</td>
<td>47</td>
<td>31</td>
</tr>
<tr>
<td>Staff absences</td>
<td>22</td>
<td>16</td>
</tr>
<tr>
<td>Staff absences on a Tuesday</td>
<td>6</td>
<td>9</td>
</tr>
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</table>
ArtsObs findings

- Mood scores increased for all patients observed, by between 1 and 3 points (average 1.6).
- Ratings for relaxation, distraction, engagement and agitation were consistently very positive.
- Overall effect of the project on the ward consistently rated as very positive.
Qualitative themes

- Engagement
- Enjoyment
- Social benefits
- Positive effects on mood and emotions
- Reminiscence
- Repertoire, preferences and flexibility
- The role of staff
- Hospital organisation.
Interview data

- I enjoyed the music (male interviewee)
- I like to sing (female interviewee)
- Oh I enjoy it, it’s like going to the pub (male interviewee)
- It perks me up (male interviewee)
- The singing was good for me (male interviewee)
- I didn’t enjoy so much the playing (male interviewee)
Mediated affordances

Successful outcomes may depend on:

• The skills of music leaders;
• Musical resources, repertoire and techniques;
• Staff engagement and support;
• Institutional routines, relationships and imperatives.
• Risks, especially in nonverbal contexts.
Where next?

- Policy – Cultural Commissioning, PHE guidelines, APPG.
- Research – ACE, ESRC, AHRC.
- Developing practice.
References (1/3)


References (2/3)


