

International Handbook of Occupational Therapy Interventions

Chapter 48

Music as a Resource for Health and Well-Being

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Abstract This chapter explores the use of music as a resource for health. Drawing on Bruscia's 1998 distinction between music *in* therapy and music *as* therapy, current evidence regarding the contribution of music to a range of outcomes, including physiologic, psychological, clinical and social impacts, is outlined.

The chapter identifies key issues for practitioners to consider when using music. These include the background and experience of clients, the importance of facilitation skills, and the need to cope with the sometimes powerful emotional responses to music.

Finally, the chapter highlights the need for further research into the ways in which music can contribute to treatment, rehabilitation, and quality of life in a wide range of settings.

Keywords Health • Music • Music therapy • Quality of life

Background

Music can be a resource for health and well-being in a range of settings, and there are many ways in which music can contribute to treatment and rehabilitation. There are key issues, challenges, and considerations for practice in using music therapeutically.

Music has been used to enhance health and well-being for centuries. Up until the second half of the 20th century, music was used mainly in hospitals as an entertaining diversion, as an aid to convalescence, and as a morale-booster (Bunt, 1994). During the past 50 years there has been growing recognition of the clinical benefits of music, including listening and playing, in a wide variety of health care settings. These benefits have mostly been explored within professional music-therapy literature. However, the purpose of this chapter is to identify the broad uses of music in health care.

Purpose

Recorded music and live music performance can be used in a variety of ways to contribute to prevention and rehabilitation for children and adults with a wide range of conditions. Music can do the following:

- Create a *relaxing and calming atmosphere*.
- Be a form of *physical activity*; *music making* supports both individual and group treatment plans.
- *Offer emotional and psychological support*.
- *Enhance motivation*.
- Provide *opportunities for enjoyment and social interaction*.
- Help clients *cope with chronic or challenging conditions*.

Method

Candidates for the Intervention

Music can benefit a wide range of clients of all ages, both genders, and different socioeconomic backgrounds.

Settings Where Music Is Used

Diverse musical approaches are adopted in many health and social care settings including primary care, preschool nurseries, hospitals, hospices, residential care homes, community day centers for adults with physical disabilities and sensory impairments, prisons, special schools, and mainstream schools. Music therapy is well established in a number of health care areas, particularly child and adult mental-health and learning disabilities services (Bunt and Hoskyns, 2002). Music is also increasingly used in other disciplines such as cancer care (Daykin et al., 2006).

Result

Clinical Application

The Contribution of Music

Bruscia (1998) distinguishes between music *in* therapy and music *as* therapy. We can regard music *in* therapy and music *as* therapy as two poles on a continuum, with different professionals contributing to the range of musical activities in between.

Music in therapy exists in a variety of settings, as many professionals might use music to enhance quality of life and create an atmosphere conducive to healing and rehabilitation. For example, rhythm can be used to structure and organize activity, helping people with physical disabilities to improve control over their movements. Playing instruments and singing can offer alternative means of communication for people with impairments. Music can help to reduce depression and anxiety relating to a wide range of conditions, boosting self-esteem and facilitating expression of a range of emotions. Listening to music and taking part in music-making can facilitate exploration and cathartic release as well as providing opportunities for reflection, reminiscence, and self-awareness. Further, music can offer patients and clients a valuable resource for creating meaning in their lives, and helping them to make sense of their situation. Finally, music can enhance communication between professionals and patients and among individuals, significant others, and families.

Music as an adjunctive therapy, supporting a range of treatment objectives, can be a therapy in its own right. In *music as therapy*, music is the agent of therapeutic change and practitioners rely on specialist knowledge of psychotherapeutic approaches and music-therapy techniques.

Evidence-Based Practice

Evidence of clinical effects of music was reviewed by Staricoff (2004). Music was found to reduce anxiety and depression as well as improve physiologic indicators such as blood pressure in a number of fields including cancer care and cardiovascular care. Research also identified clinical impacts of music in neonatal care, including reduced length of hospital stay.

Music may help to reduce stress during medical screening or diagnosis. Further, improvements in psychological variables relating to pain, and reduced use of medication to reduce pain after surgery, were associated with music. The review found support for particular types of music, including classical and meditative types, and it found that live music, when appropriate, has more significant benefits than recorded music. The use of familiar tunes may be helpful in areas such as mental health care, although it is important that patients can exercise choice and control over this aspect of their environment.

Recent clinical studies have associated music therapy interventions with improved communication in participants with autistic spectrum disorder (Gold et al., 2006) as well as improved mental state in patients with schizophrenia (Gold et al., 2005).

Discussion

Research has shown that music can offer a wide range of benefits in health care settings, from environmental enhancement to clinical benefits and therapeutic outcomes. To benefit from music, participants do not need to have any particular

knowledge, and even taking part in music making does not require any kind of instrumental ability, provided the session leader has the appropriate facilitation skills. However, participants' views about music may be influenced by previous experience, such as education, which may not always be positive (Daykin et al., 2007). When music is used to facilitate expression and communication, it can evoke powerful emotional responses in participants. Those leading these activities require sensitivity as well as appropriate knowledge and skill to ensure that these responses are not negative for clients.

While clinical studies have identified outcomes for music therapy, further research is needed on the benefits and risks of music activity more broadly defined. Research is also needed to understand the roles and contributions of the different professional groups that currently make use of music as a resource for health and well-being in health care settings.

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