



Is there a role for music therapy in the recovery approach in mental health?

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ABSTRACT

The recovery approach in mental health care emphasises the importance of the service user leading a fulfilling, meaningful life beyond the limitations of illness or symptomatology. This approach to care is increasingly included as a central part of mental health policy and service provision in a number of countries including the UK and Ireland, to address the needs of people who have severe and enduring mental disorders. It is an autonomous, holistic and empowering way of working with individuals as they journey towards healing. Fundamental to this model is the relationship fostered between service users and health professionals. The recovery philosophy of care mirrors some of the core principles of music therapy, including the importance of the therapeutic relationship and the possibilities for change and growth within this. This paper explores the congruence between music therapy and the recovery approach by providing: (1) An overview of current published evidence for music therapy in mental health care. (2) A discussion of this psycho-social creative arts therapy intervention within the specialized area of recovery in psychiatry, and (3) case vignettes to illustrate the application of this philosophy in music therapy work within a recovery service.

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Introduction

Recent and emerging discussion of the recovery approach has been welcomed within the music therapy literature (Chhina, 2004; Grocke, Bloch, & Castle, 2008; Kooij, 2009). This parallels an increase in support for the practice of recovery in mental health care from the service user, carer and service provider community worldwide as promoted by the International Initiative for Mental Health Leadership (IIMHL, 2010).

According to the American Music Therapy Association (AMTA, 2010) almost 19% of members practise in the area of mental health. This is similar to figures produced by the Association of Professional Music Therapists (APMT) in the UK, where mental health related work accounts for the employment context of approximately 17% of members surveyed (2009). Given the substantial number of music therapists practising within this area it is timely to reflect upon the opportunities for the music therapy profession to develop greater expertise within the specialist area of mental health recovery.

Music therapy: the evidence

The growing evidence base for music therapy in mental health care supports the development of the profession in modern day mental health services. A review of controlled studies concluded that music therapy is “a structured interaction that patients are able to use to participate successfully, manage some of their symptoms, and express feelings relating to their experiences” (Edwards, 2006, p. 33). Lin et al. (2011) reviewed almost 100 studies of music therapy and mental health and concluded that

... music as used by music therapists results in clinical improvement. We found no demonstrable evidence that simply listening to music had the same type of result. Therefore, it may be that a purposeful and professional design for delivering music, coupled with other factors (such as actually making music as part of therapy, or the interaction with a therapist), will potentiate the therapeutic effectiveness of music (p. 43).

Music therapy is a proven beneficial intervention for people with enduring mental illness which may bring about improvements in social functioning, global state and mental state (Grocke et al., 2008). A systematic review of music therapy studies with patients who have schizophrenia or schizophrenia-like illnesses concluded that the music therapy intervention, in addition to standard care, could improve patient's global state (Gold, Heldal, Dahle, & Wigram,

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2005). Research into music therapy with mental health service users has demonstrated improved symptom scores among those randomised to music therapy, especially in general symptoms of schizophrenia (Talwar et al., 2006).

The effectiveness of music therapy to reduce negative symptoms of schizophrenia has been examined. A randomized control trial showed music therapy increased patients' ability to converse with others, reduced their social isolation, and increased their level of interest in external events (Tang, Yao, & Zheng, 1994). The guidelines of the National Institute for Clinical Excellence (NICE) in the United Kingdom in relation to the treatment of schizophrenia stated that arts therapies are "the only interventions both psychological and pharmacological, to demonstrate consistent efficacy in the reduction of negative symptoms" and recommends that consideration be given to offering arts therapies to assist in promoting recovery (NICE, 2009, p. 205).

The increasing evidence of the benefits of music therapy that these outcome studies have provided is a driving force for developing music therapy services in the mental health sector. However, the psychodynamic and process oriented aspects of music therapy including its unique employment of arts based non-verbal media to process experiences and feelings can be overlooked when privileging outcome-based studies that focus on symptom reduction. Further exploration of an holistic approach to service development and evaluation is needed across many areas of mental health provision (Hewitt, 2007).

The recovery approach

Described as an idea "whose time has come" (Shepherd, Boardman, & Slade, 2008, p. 1) the recovery approach in mental health has become an underpinning feature of mental health policy and service in a number of countries (Shepherd et al., 2008). Based on principles that place the service user and their lived experience at the heart of decision making about treatment and care, the recovery approach emphasises hope, meaningful activity and empowerment (Lloyd, Waghorn, & Williams, 2008; Shepherd et al., 2008). "Belief that there is hope for a better life is a large part of the recovery orientation" (Lloyd et al., 2008, p. 325). Recovery responds to and includes service user perspectives on the value of hope and positive expectations as described by a service user attending a focus group evaluating perspectives in mental health provision:

... it's almost as if you've got to fight against the system to struggle to survive and put your point across: 'And this is what's happening to me, do you understand me? do you know what I'm doing? do you know what I'm talking about?.. A person's got to work through emotion. They've got to work through stress. They've got to be able to work through voices and things that are disturbing and destructive to their lives
(participant response – Happell, 2008)

The recovery approach can be distinguished from what is described as clinical recovery "which implicitly assumes that, in the majority of cases, correct assessment and optimal treatment are sufficient to achieve full symptom remission. This, in turn, enables people to return, mostly without further assistance, to premorbid levels of community functioning." (Lloyd et al., 2008 p. 322). The recovery approach recognises that much more than clinical symptom management or reduction is needed in supporting optimal care objectives for individuals. As Davidson, Shahar, Lawless, Sells, and Tondora (2006) suggest, recovery is positioned

...in contrast to the traditional deficit-based model derived from the clinical discipline of psychopathology, *recovery-oriented care* is described as eliciting, fleshing out, and

cultivating the positive elements of a person's life—such as his or her assets, aspirations, hopes, and interests. (p. 151)

The recovery approach in mental health maps onto a wider perspective in mental health services that has proposed the inclusion of service user voices in reviews of existing programmes and approaches as well as future decision making in policy areas. In Australia for example, an existing policy that standardized outcome measures should be used across all mental health services nationally has been criticised for its failure to include service user voices in the evaluation process. Happell (2008) provided an opportunity for some of these voices to be heard through conducting focus groups with 16 service users and reporting these outcomes. The study explored multiple perspectives in addressing the meaning of recovery, and highlighted the core concept of hope that recovery endorses. As described by one respondent –

I think they [services] should have a belief in optimum recovery. I mean, they should look for the best possible outcome (participant response – Happell, 2008).

At the same time the central concept of hope has required broader elaboration. As Geoff Shepherd and colleagues noted:

This need not mean that in recovery services everyone must always remain 'hopeful' even in the face of what seem to be insurmountable practical problems. While it is true that recovery approaches do generally believe that the individual's hopes and dreams are often more important than professional judgements about what is 'realistic', they do not encourage naïve unrealism (Shepherd et al., 2008, p. 3).

Music therapy and the recovery model

The NICE recommendations in relation to arts therapies offer an incentive for further reflection upon the applicability of music therapy within the recovery model of care. Recovery acknowledges that each person's journey to wellness is unique and individual. By actively participating in treatment goals and plans people can assume a fulfilled life even when faced with the challenges of mental illness. Recovery promotes hope, positive self-image and identity, trust in self, meaning, relationships, personal resourcefulness, confidence, control and above all else it emphasizes that the voices of people with mental illness are to be heard and respected (Mental Health Commission, 2007).

These central tenets of recovery share some of the core beliefs that inform and support the work of music therapists worldwide. Qualified music therapy practitioners work from the principle that central to personal well-being is the need for relating in meaningful contact with others (Odell-Miller, 1995). Therefore it is timely to consider the possibilities the recovery model offers within music therapy practices internationally. Music therapy can support the call of modern mental health services to reorient towards a more person centred way of working by facilitating individuals' personal journeys whilst at the same time fostering respectful, empathic relationships between service users and providers (American Psychiatric Association, 2005; Department of Health and Children, 2006; Mental Health Commission, 2007).

Grocke et al. (2008) have suggested that music therapy is "closely aligned to the recovery model of psychiatric care" in that its emphasis is on "strengths and resources" (p. 444). Common theoretical ground between recovery and music therapy can be found in descriptions of resource-oriented music therapy (Rolvjord, 2010). This approach in music therapy focuses on "the clients resources, strengths and potentials, rather than primarily on problems and conflicts, and emphasises collaboration and equal relationships" (Gold et al., 2005b). Schwabe (2005) described resource-oriented

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