

# Crossing the Line

## An Evaluation of a Musician in Residence programme in Mental Health settings, Waterford City

Between March and August 2007, Kevin O Shanahan was Musician in Residence with the Waterford Healing Arts Trust<sup>1</sup>. During this time, Kevin facilitated a series of music making workshops with the clients of the Department of Psychiatry<sup>2</sup> in Waterford Regional Hospital and Ard na nDeise Hostel<sup>3</sup>, a residential high support hostel for people with mental health problems.

These workshops aimed to:

- Engage mental health clients in participatory music experiences in a group setting
- Facilitate social interaction between mental health clients through participatory group music workshops.

During this residency, Kevin collaborated with a range of musicians in the facilitation of the music workshops. This resulted in the introduction of clients to various music styles and instruments. Kevin also used a number of simple percussion instruments such as drums, shakers, maracas, cow bells and chime bells which gave the participants the opportunity to engage in active music-making [see Appendix I for list of musicians]. This approach is described as “music in hospitals”, where the emphasis is on participation and communication through the medium of music. The facilitators are professional musicians with experience of working in healthcare settings. This differs to music therapy, where the emphasis is on the use of music to clinically change the state of a client, and the facilitators are music therapists.

Kevin facilitated nine music workshops in Ard na nDeise and on average nine clients and two staff members participated in each workshop. He facilitated fourteen workshops in the Department of Psychiatry in the Day Ward as part of a structured programme of weekly activities. On average ten clients and one staff member attended each session.

The evaluation of the residency is based on questionnaires<sup>4</sup> completed by staff members, clients and musicians at the end of each session and on the observations of Kevin O’Shanahan. The data gathered from these questionnaires and observations has been summarized, analyzed and contextualized within the experience of Kevin O’Shanahan, a musician with over ten years experience of facilitating music workshops within community and healthcare settings, and a trained and practicing psychiatric nurse. The evaluation outcomes have been categorized and presented here in a number of key themes and short case studies.

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<sup>1</sup> The **Waterford Healing Arts Trust** is Ireland’s longest-running and largest hospital arts programme. Based in Waterford Regional Hospital, the Trust explores the role of the arts in the promotion of healing and well being through a multi-disciplinary programme of arts activity.

<sup>2</sup> The **Department of Psychiatry, Waterford Regional Hospital** is part of the Waterford Psychiatric Services. It is a 45 bedded acute admission unit that serves Waterford and South Kilkenny. A therapeutic programme including yoga, relaxation, aromatherapy art and other group therapies is provided.

<sup>3</sup> **Ard na nDeise** is a residential high support hostel for clients with mental problems who have been referred from St. Otteran’s Hospital. 14 residents of mixed gender and aging from 30 up to 70 years live in the hostel. Some clients attend the Occupational Therapy Unit in St Otteran’s Hospital and other educational programmes.

<sup>4</sup> Healthcare staff and musicians involved in the programme were asked if they observed a difference in clients’ mood and their behaviour both during and after the music sessions. Clients were asked to say how the music session made them feel and were given a number of options on this. They were also invited to give general comments about the music sessions.

## **Social Interaction**

Given that increasing social interaction between clients was an aim of the residency, it is significant that sixty-seven percent of clients in Ard na nDeise said that they felt “part of a group” during the music session. Staff members expressed increased social interaction between clients in a number of ways:

- ◇ “Group behaviour toward one another [was] more friendly and at ease”.
- ◇ “[They were] more forward in their social interaction”.
- ◇ “Interaction improved, swapping instruments discussing various songs and experiences. Clients were more inclined to initiate conversation”.

One musician observed that “the group showed encouragement for those who made individual contributions during the session” and also that they “gelled as a group when using the instruments”.

60% of staff members in Ard na nDeise said that clients were more talkative after the music session and 75% of staff members in the Department of Psychiatry observed continued interaction after the session.

The increased interaction between clients continued after the session. One staff member observed that clients in Ard na nDeise “continued to talk about [the session] way into the afternoon”. Similarly, a staff member in the Department of Psychiatry said “[the clients] spoke about the songs, instruments, the voices etc., well into the evening”. In the same unit, another staff member said “after the group session, many of the patients appeared more comfortable with each other and interacted well together, discussing the session.” Another said “After the music session, behaviour of clients changed, more smiling and relaxed posture in general. Social interaction improved through small talk. “That was a good session wasn’t it?” Clients reported that they really enjoyed the session and would “return again”.

This increased level of social interaction is personified by one particular client in Ard na nDeise who sat outside the group, with his back to the group in the first music session. One member of staff commented “that fellow will do nothing for you”. As the weeks progressed, Kevin observed that Frank\* began to sit with the group, and to the staff’s surprise, after two weeks, took a percussion instrument when offered it. Kevin observed that particularly at times when Irish folk songs were being sung, Frank responded to the music through increased eye contact, smiling and tapping his feet. Later, Frank began to mouth the words of certain songs. This progressed to singing. This transformation of Frank from a silent, solitary client, who usually sat in the corner and never spoke to staff or other clients, to a participating member of the group was in evidence when he voluntarily spoke to one of the musicians at the closing music session. It can be argued that this shift in behaviour creates the potential for Frank\* to enter into a therapeutic relationship with the healthcare staff.

This social benefit of increased inter-personal communication is being increasingly recognized as important in preventing illness. Noted Irish Psychologist Joe Griffin has written about the irony of increased levels of depression in a society where we have greater high tech means of communication, but a decreased level of interpersonal contact (Irish Examiner editorial 8/10/02). This in turn may lead to social isolation, loneliness and subsequent emotional problems such as depression. As the definition of health widens, to take into account social and societal factors, creative activities such as music which encourage participation and community are increasingly being recognized for their therapeutic benefits.

## **Self-expression and communication**

Whereas the responses given by staff, clients and musicians suggested greater social interaction, an increased level of self expression and communication on an individual basis was also observed by staff members:

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- “Music became the focus of discussion”.
- “[Clients] talked about the music listing other songs they would like to sing”.
- “Some [clients] suggested new songs for [the] next session”

It became clear that self expression was manifest in a number of ways, not just verbally. Staff noticed that “faces became animated” and clients were “tapping [their] feet and clapping [their] hands”. Another staff member observed a change in “mood and body language from uninterested to interested”.

The communication between staff, clients and musicians was primarily a musical one. Kevin observed a musical transformation in the course of the sessions whereby sounds produced by a range of individual musical contributions came together without external instruction or direction, into a cohesive group sound leading to sense of group celebration and emotional release.

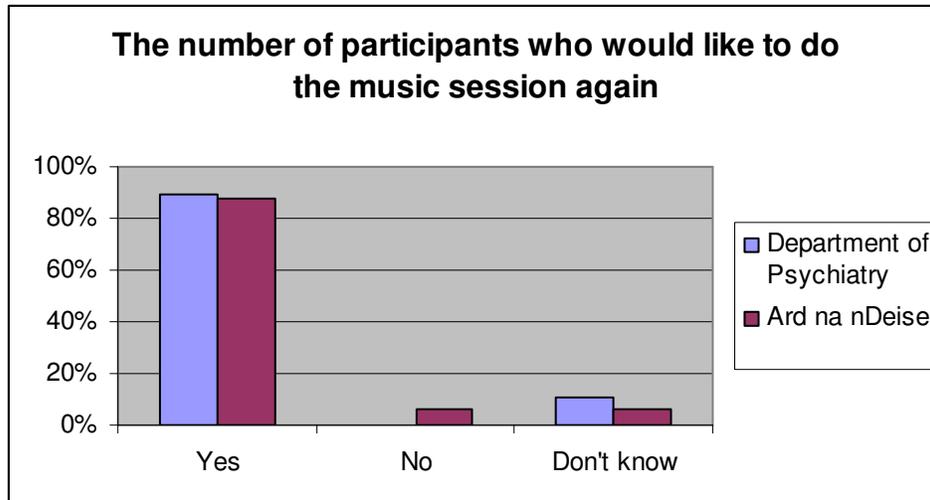
The musicians observed greater self expression and self determination manifested through individual clients choosing instruments they wish to play, songs they wish to sing, and suggesting songs in the session and songs for the next session. Kevin observed that the participants in Ard na nDeise took more ownership of the music sessions by requesting specific songs for the final music session which took the form of a get-together and party.

Kevin observed that John\*, a resident of Ard na nDeise, when asked to sing a song at the final session, approached this in a more animated and performative way than before. Previously, John would have been difficult to motivate and reticent in his participation in the group. However, at the final session, when asked to sing a song, he sat forward in the chair, made eye contact with other members in the group, winked to the group and delivered the song in a more confident way than before. The group responded positively through applause. Kevin observed that John\* had become more and more willing to perform with less and less prompting needed as the weeks progressed. He performed his button accordion at the end of each session. His increased confidence may be as a result of the positive feedback from his fellow residents. It can be argued that this willingness to perform was a reflection of John’s increased self esteem and creative expression and that John was finding his own voice in the course of the programme.

Staff members observed that clients were “very definite about how they felt” when completing the questionnaires after each session. They also observed a residual impact at the sessions which were expressed in a number of ways. For example one staff member said that “some [clients] were still humming melodies” after the session.

## **Motivation**

Another interesting finding to emerge from the research is the positive influence music appears to play in motivating participants. This is very relevant in mental health settings, where motivating individuals to become involved in social activities can be difficult. Staff in both settings commented that music is one of the activities they find it is easier to motivate clients to attend. This is indicated by the regular weekly average of ten participants at each of the settings. Another revealing statistic is that between 80-90% of participants, when asked responded they would like to participate in the music sessions again.



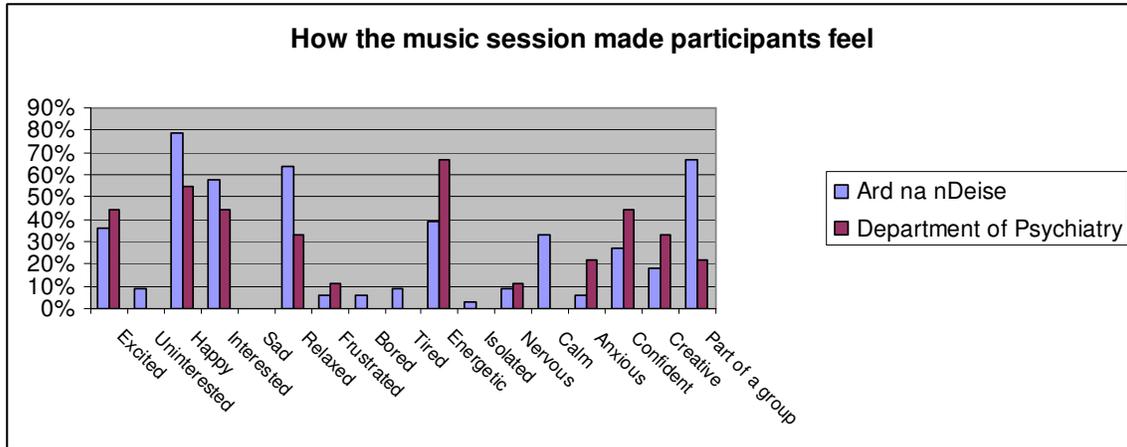
Staff observed that as the residency progressed, participant's interest and motivation to remain involved appeared to deepen. One staff member observed one individual with prior musical experience began to practice the accordion and tin whistle in advance of the sessions. In a climate where motivation among clients can be low, increased motivation as a result of the music session was expressed by clients who "were looking up books for music for next session" and "wondering when was the next session".

Kevin observed shortly into residency that as participants became more familiar, both with himself and the way in which the groups were facilitated (with an emphasis on participation, more than passive listening) that individuals appeared to invest more of their energy into the group. This was indicated by individuals communicating verbally in a more obvious way by asking questions about the instruments or types of music, as well as offering suggestions for future sessions. Numerous other participating musicians noted that at the end of the one hour sessions participants appeared to be very motivated to continue with the music making activities. One visiting musician commented "The group were eager to attend the session and were interested in what type of music we were going to play. After the session it was evident that their mood was happy and elated. Kevin and I were aware that the session could have extended longer in the Department of Psychiatry and we had their attention and participation."

### **Shift in mood and behaviour**

The transformative potential of music is reflected in the fact that a 100% of staff and musicians involved in the programme stated that they noticed a difference in clients mood, behaviour and level of social interaction both during and after the music session.

When asked how music sessions made them feel, 79% of clients in Ard na nDeise said that they felt happy, 67% felt that they felt part of a group, 58% were interested, 39% were energetic, 36% were excited and 33% were calm. 64% were relaxed. In the Department of Psychiatry, 67% of clients said they felt energetic, 55% felt happy, and 44% felt confident, excited and interested.



This shift in mood and energy level was observed by Kevin on an individual and group level. Kevin observed a high level of self consciousness and nervousness among participants at the beginning of each session. This was more the case at the beginning of the programme. However, as participants engaged with the music-making, the mood shifted from apprehension to engagement in the process and concluding at the end of each session with a sense of elation and group celebration.

The radical change in behaviour of one particular client in the Department of Psychiatry during the music session was noted by two different staff members and Kevin. One staff member said of this client “one patient, whose behaviour can at times be bizarre, behaved appropriately during these sessions”. Another staff member noted that the same client had acted inappropriately before the session but as the session progressed, his behaviour improved and [he] participated throughout the session”. However, “the client I mentioned earlier reverted back to his previous state [after the session]”. Kevin noted that this client was at times highly elated at the beginning of sessions to the point that his behaviour was challenging to Kevin and the group. However, the music had a calming influence on him and his behaviour became more coherent as a result.

Although participation in the session was demonstrated through music-making, singing, foottapping, clapping and at times even dancing, it is worth noting that for some participation was more passive in nature. One client in the Department of Psychiatry, who did not seem to be participating in the sessions, later told Kevin that he was a musician who played the trombone and had really enjoyed listening to the music. Active listening is also a valid form of participation.

Percussion instruments in particular allow a high level of participation. A high level of musical skill is not required and therefore participation can take place with relatively low personal risk. Kevin observed a point in each music workshop whereby participants “crossed” a line”, that is they were more willing to take a risk in participating in the music sessions which they may not have done at the beginning of the session.

**Relationship building**

The involvement of the staff in creating atmosphere and making a safe space conducive to music was essential to this process. The staff member’s involvement in the programme gave clients a positive signal and enabled clients to build a relationship of trust with Kevin and the other musicians. This relationship was expressed by clients who said that they were “looking forward to seeing Kevin again” “ ..couldn’t wait to see them [the musicians] again” and “ ...found Kevin to be very friendly”. One staff member in the Department of Psychiatry noted that “Kevin’s gentle manner included all clients in the group without them feeling pressurised”.

The relationship, however, was a dialogical one which impacted on the musicians as well as the clients and staff. A number of musicians commented at the end of each session how moved and touched they were by the experience. All of the musicians involved have expressed an interest in working more in health care settings. Four of these musicians, including Kevin O'Shanahan, will collaborate on the next stage of this project which will begin in October 2007.

In regard to the use of specific types of music, as an aid in building relationships, between the musicians and participants, Kevin observed that the age range of clients in the Department of Psychiatry was on the whole younger than those in Ard na nDeise. In the case of Ard na nDeise, familiar Irish folk songs were most popular among clients and unfamiliar new music, such as songs from other musical cultures and traditions, were introduced in a more limited way. However, in the case of Department of Psychiatry, clients responded very positively to unfamiliar new music, such as African folk songs. Clients also displayed greater concentration and therefore Kevin felt that he could challenge the group more by introducing them to music that they were not previously familiar with. Participants' and staff feedback with regard to the most suitable repertoire for each of the groups helped the musicians plan and adapt the musical repertoire, to each groups needs throughout the residency.

## **Conclusion**

In conclusion, the responses by staff, clients and musicians to the music sessions point to the transformative impact of music in terms of mood, social interaction, communication and motivation. This transformation is particularly evident in clients who prior to the music session were unmotivated or unwilling to communicate. By engaging in the music-making, they took a risk and in Kevin's words "crossed the line". This is a line between non-engagement and engagement. However, it can be argued that the line between client and healthcare professional dissolved in this process, and the collective experience of making music in a group setting had a leveling impact on the hierarchy that usually exists within mental health care settings. The strategy document for the future development of the Irish Mental Health services "A Vision for Change" (Government publications 2006, page 9) recommends the provision of "a comprehensive range of medical, psychological and social therapies, relevant to the needs of service users and their families." This evaluation clearly indicates musical activities, with an emphasis on participation and inclusion, have much to offer as a social therapy, in the provision of quality holistic mental health care.

*\* The names of clients have been changed for the purpose of this article.*

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September 2007

## **Appendix 1**

### **List of musicians who co-facilitated the Music sessions with Kevin O'Shanahan**

Kieran Barry  
Ann Colgon  
Ros Hawley  
Liam Merriman  
Una McSweeney  
Sarah McCarthy and Leah Clarke  
Mary Prendergast  
John Stone  
Eleanor and Jean Upton