

Art as medicine

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The WHO report on art and health was overshadowed by the pandemic. Time has now come to convert the report into prescriptions.



Photo: Sturlason

Towards the end of the play 'Tid for glede' (Eng.: 'Time for joy'), currently playing to full houses at Det Norske Teatret, there is a moment of deliverance: the actors shed off their heavy rococo costumes, pour buckets of water on the floor and slide jubilantly and at high speed across the slippery stage. Thereafter, all borders are dissolved. The party gathers in a heap of bodies that discuss the prerequisites for joy, their gazes subtly addressing us in the auditorium, where the lights imperceptibly have been turned up. It is a moment of pure community, and it is difficult to leave the theatre without having one's faith in humanity renewed.

Art in itself promotes social cohesion. This is one of many findings that are highlighted in the WHO report on art and health [\(1\)](#). The report was published in late 2019, but had barely been discussed before the cultural institutions went into lockdown and interpersonal contact became a public health concern.

Two years of the pandemic are now behind us, and 2022 has relaunched the country's cultural life with a bang: contemporary Norwegian drama is playing to packed houses in our largest theatre, the Norwegian film 'The Worst Person in the World' was nominated for two Academy Awards, and our new National Museum just opened, to mention a few highlights. Soon begins the first proper music festival season in two years. It will be explosive, although hardly avoidable that some will end their celebration with a limb in a cast or being kept under observation for alcohol intoxication in one of the country's A&E clinics.

But art and culture primarily have positive effects on health. The WHO report documents this in a scoping review that summarises the existing literature on art and health. The review is the largest to date on the topic and includes more than 3 500 different studies from 2000–19 [\(2\)](#). The authors have looked at everything from case studies to randomised controlled trials, but with emphasis on meta-studies of current literature [\(1\)](#).

The results can be summarised under two broad themes [\(1\)](#). The first is the association between the arts, and health prevention and promotion. Examples are numerous: listening to music seems to increase pro-social attitudes, singing can improve mother-infant bonding, and targeted drama activities in schools might help promote healthier eating attitudes. Regular visits to museums, galleries, theatre and the opera are associated with a lower risk of dementia and frailty in old age, and even reduced mortality. Medical students who play a musical instrument appear to score higher in a test of surgical technique, and art appreciation classes can improve tolerance of ambiguity and uncertainty, of which there is plenty in clinical practice [\(1\)](#).

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The second theme is art as management and treatment [\(1\)](#). For example, singing during pregnancy is associated with less infant colic, and music in the labour room could lead to faster progression of labour. Music may shorten length of stay in the neonatal intensive care unit, and for adults, music could reduce post-operative pain and improve vital parameters in patients who are

mechanically ventilated. People with asthma can improve their symptoms by playing a wind or brass instrument, and dancing appears to be beneficial for balance in patients with Parkinson's disease. Attractive pictures on the walls also seem to reduce aggression towards A&E personnel (1).

How should we relate to these findings? In the United Kingdom, an Arts on Prescription-scheme has been available for two decades, and in the case of non-medical problems (which account for approximately 20–30 % of consultations in the UK), GPs can refer patients via a link worker to a community cultural activity – possibly both health-promoting and cost-effective (1, 3).

Such collaborations between the cultural and health sectors are one of the recommendations in the report (1). A Norwegian candidate for this type of collaboration could be Sykehusklovnene (Eng.: The Hospital Clowns), who according to recent media reports are about to lose NOK seven million of their funding derived from income to the Norwegian national lottery (4). The clowns currently receive no steady public funding, despite their popularity. The WHO report refers to a number of studies that find associations between similar bedside interventions and less anxiety and better therapeutic compliance in paediatric patients (1).

We need to be cautious of instrumentalising the arts as a power for good. This is a slippery slope towards undermining the inherent value of art. Fortunately, Norwegian doctors take an above-average interest in arts and culture as goods in their own right (5). The WHO report gives yet another reason to look forward to this summer's cultural events, on our own behalf as well as that of our patients.

As for myself, I plan to invest in my own health in front of a music festival stage, in happy companionship with hundreds of others. Should I break a limb, this physician will heal himself with a good novel. Art makes for community, insight and meaning, and can promote health for everyone.

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