Health Rhythms: A Preliminary Inquiry into Group Drumming as Experienced by Participants on a Structured Day Services Programme for Substance Misusers.

Peter Blackett and Helen Payne
Abstract

In order to move towards an improvement in retention rates for substance-misuse services, an interest is growing in interventions that complement existing treatment programmes. This paper describes a multi-method research design used to explore the experience of seven participants who took part in a seven session group-drumming intervention called Health Rhythms (HR). The study inquires into the efficacy of this intervention as part of a structured day services programme for adult substance misusers in West Hertfordshire in the UK. Semi-structured interviews combined with a measurement instrument and attendance records provided a triangulated approach for data collection and the findings were subject to qualitative and quantitative analysis. The main findings can be summarised as a) showing support for the therapeutic elements of group drumming found in previous studies and b) indicating that HR sessions are a popular addition to substance misuse treatment programmes with implications for attendance and retention rates. The paper concludes with suggestions for further study and implications for the use of drumming groups in a range of health care settings.

Key words

Drumming, Substance Misuse, Group, Retention, Health Rhythms, Structured Day Services, Rehabilitation.

Introduction

Within the field of substance misuse and addictions an interest is growing in alternative therapies to complement existing treatment programmes (Adelman & Castricone 1986; Bennett et al. 1998; Matto et al. 2003; McPeake et al. 2002). The idea of matching clients to
treatments means that a range of cost effective interventions is necessary to cater for the needs of the client group (Miller & Heather 1998, National Treatment Association 2002). As fallout rates are high (Craig 2002; Kleber & Riordan 1982) and substance misuse figures are rising (Craig 2002; Kleber & Riordan 1982), matching clients to groups which they will regularly attend and providing a service with which clients engage is more necessary than ever (Hodgson 1994; Lindstrom 1992). Such measures will enable a move towards an improvement in retention rates in substance misuse treatment services.

Group drumming is an activity which is proving to be a popular, successful and cost effective intervention with therapeutic and clinical applications across the healthcare (Bittman et al. 2001, 2003; Friedman 1997; Stevens & Burt 1997).

**Background**

The use of drumming has long been used in healing rituals with images of figures and groups holding drums found adorning cave walls and archaeological sites across the world (Achterberg 1985; Devereux 2001; Neher 1962; Storr 1989). However, it is only more recently that the therapeutic elements of group drumming have been explored, with recent research studies beginning to provide an evidence base for considering drumming as a therapeutic intervention in its own right or as a part of other programmes (Bittman et al. 2001, 2003; Friedman 1997; Stevens & Burt 1997).

Following a systematic review of literature, recurring themes were identified indicating that group drumming is a complex interaction with far reaching therapeutic qualities (Blackett 2003). These themes have been distilled into the following categories which provide a focus for the research:

2. Drumming enhances communication (Bittman et al. 2003; Friedman 1997; Kaplan 2000; Longhhofer & Floersch 1993; Stevens & Burt 1997).

3. Drumming reduces stress and tension (Bittman et al. 2003; Quinn 2002; Strong 2000).

4. Drumming can be experienced as transcendent, spiritual or as altering perception and consciousness (Atwater 1999; Maxfield 1990, 1994; Neher 1962; Woodside et al. 1997).

5. Drumming is creative (Camilleri 2002; Longhhofer & Floersch 1993; Stevens & Burt 1997).

6. Drumming is cognitive with implications for focusing the mind in the present and aiding memory, concentration and other mental processes (Clair et al 1993, 1995; Kaplan 2000; Quinn 2002; Stevens & Burt 1999; Strong 2000).

7. Drumming is accessible to all people (Bitmann et al 2001; Camilleri 2002; Crowe et al. 1999).

8. Drumming has physical benefits such as aerobic exercise, psychomotor coordination and positive immune system responses (Bitmann et al 2001; Stevens & Burt 1997; Strong 2000).


10. Drumming fosters emotional processing (Bittman 1998; Friedman 1997; Slotoroff 1994; Strong 2000).
These ten elements introduce the argument for drumming groups to be considered in a wide range of applications. For example the non-verbal qualities and the emphasis on group cohesion, creativity, achievement and communication may present a positive alternative group experience, which could be valuable for substance misuse programmes where client retention rates are low.

It has been suggested by Stevens and Burt (1997) that the use of drumming groups in substance misuse programmes would be beneficial by providing a stepping stone to other treatments and engagement in the programme which may be a useful adjunct to traditional group therapy, topic groups or support groups.

Research to date has not ideally reflected the participant experience due to the descriptive or quantitative style of the studies (Bittman et al 2001, 2003; Stevens & Burt 1997; Strong 2000). A further gap in the literature to which this study aims to make a contribution is articulated by Stevens and Burt: “Research in the area of application and efficacy is needed as well as research on rhythm and its impact on mental health” (Stevens & Burt 1997: 182). This study aimed to explore and formally record the experiences of group drumming as perceived by participants on a structured day services programme for adult substance misusers in West Hertfordshire in the UK.

**Methodology**

Participant selection

On entry to the day services programme clients were informed that the drumming group would be subject to a research study and that they were able to choose whether or not to participate. The participants, six men and one woman between ages 24 and 56, were all substance mis-users (heroin and crack cocaine) at the beginning of the programme and had no previous experience of group drumming. Ethical approval was obtained from the University
of Hertfordshire and all seven participants gave informed consent and volunteered to take part in the seven, weekly one-hour sessions of drumming.

**Design**

The uncontrolled study was designed to provide an integrated procedure with the least possible disruption to the programme. This was done to provide a real time measure of the intervention in context. To the setting. A multi method approach was employed to record the participants’ responses to the sessions and to place it in the context of the rehabilitation programme as a whole by recording changes in attitude to substance use and attendance to the rehabilitation programme.

The study was undertaken by the principal investigator and a practitioner-researcher and qualified counsellor with many years experience providing therapeutic music sessions and drumming groups. He was trained as Health Rhythms practitioner and facilitated the drumming groups for this study.

The data was collected from a participant self-report change assessment questionnaire, an attendance summary of both the drumming group and the programme as a whole, and semi-structured interview transcripts which were analysed to find themes in the lived experience of drumming.

**The Sessions**

The group met for one hour on seven consecutive Fridays to take part in the group drumming sessions which followed the Health Rhythms (HR) protocol, an evidence-based format for group drumming (Bittman et al 2001a). As group drumming encompasses many styles and orientations a standardised protocol was used to ensure that the musical experience being researched could be replicated in further study. The HR group empowerment drumming
protocol is a composite, evidence based drumming intervention comprising of carefully chosen exercises which make drumming a platform for group playing, relaxation, stress release and emotional processing. It has also been found to facilitate positive, cell-mediated immune system changes (Bittman et al 2001, 2001a, 2003).

Participants were given basic tuition and invited to play on a wide selection of professional quality drums and percussion instruments chosen for their tonal range and user-friendliness. Each session began with an ice-breaker, such as a sound-wave or passing around shakers, which helped to develop a shared sense of rhythm and paved the way for music-making. Drumming patterns were formulated by echoing short phrases and new rhythms created by tapping out the syllables of group members’ names to generate beats for the participants to follow. Entrainment exercises that facilitated the process of getting ‘in-sync’ or ‘in-step’ with the underlying shared pulse (Friedman 2000; Hull 1998; Strong 1997) provided guidelines/a framework?? for group playing and improvisation, without the prescriptive formality of taught music.

Participants were given the opportunity to direct the group and signal for changes in tempo and dynamics, with space created for comments and responses, whether verbal or musical. Each session ended with stress-release drumming and a guided relaxation exercise, with the addition of in-session journal entries as an aide memoir for participant recall at interview and incorporated into the intervention for the purposes of the study.

**Data collection**

In order to explore HR, the inquiry provided four sources of data (self report, attendance-summaries, participant journal and semi-structured interviews) which informed the researchers about the participants’ subjective experience of group drumming and documented its place within the context of the rehabilitation setting.
a) Self report

Participants completed a self report questionnaire before the first and after the last drumming session entitled “Stages Of Change Readiness and Treatment Eagerness Scale Version Eight Drug (SOCRATES v8D)”. This instrument measures change using three scales; (1) recognition; (2) ambivalence and (3) steps taken; in regard to specific substance use, and is designed to assess readiness for change and motivation for treatment. The difference between the first test and the second test gives an indication of the participants’ progress with reference to their substance use. The relevance of this change, if any, could be commented on by the participants during the interview. Results from SOCRATESv8D can also give an indication of the diversity of the group in terms of stages of recovery and attitude towards substance use.

b) Attendance summaries

Attendance to the drumming group (seven weekly sessions) and the programme as whole (16 weeks in duration) was recorded. Daily attendance to the whole programme was recorded in a signing-in book and attendance to HR sessions was recorded in a separate register. This data was explored to compare patterns of attendance and absence in the drumming group and in the programme as a whole.

c) Participant Journal

Each participant was given a blank journal in which they could record impressions of each session during the last five minutes of each drumming group. These vignettes (Barter & Renold 1999) aimed to provide a basis for the participant responses in the interview as an ‘aide memoir’ or reminder of the session.
d) Semi-structured Interview

The interview schedule comprised of four parts.

Part one:

Each participant was asked the following questions:

- How did you experience the drumming sessions?
- How did you feel during the drumming group experience?
- What were you thinking about during the drumming group experience?
- How do you assess the drumming group in relation to other things going on in your life at that time?
- How might drumming be useful to you or other people in your position now or in the future?

Part two:

The participant’s journal was explored entry by entry to enable them to recall their experience of the drumming sessions by commenting on their own notes.

Part three:

Participants were read the list of the ten elements associated with group drumming and asked to comment on them in light of their own experience of the HR sessions.

The interviews were conducted by the participants’ key workers in order to cause least disruption to the programme. The individual interviews lasted on average for forty-five minutes and were scheduled to take place during the week following the final HR session.

The interviewers were trained to focus on the questions and to avoid inappropriate leading. To test clarity and relevance the guiding questions were first piloted on other clients who constituted a similar population to those in the study. Time was left at the end of the interview for participant questions. The interviews were audio-taped and transcribed. Transcripts were
given to the participants for validation and to see if they wanted to add or remove any of the data. Permission to use anonymous quotations in the research report was given?

Analysis

The analysis was comparative and deductive based on a template approach recommended by Miles and Huberman (1994) using the ten categories of therapeutic attributes as a start list for thematic analysis.

In analysing the interview transcripts participant responses were explored to identify themes that compared to the ten categories, giving this study context in the wider field and adding to the body of research on drumming groups and HR. Where a response aligned itself with a category, that section of text was coded corresponding to the ten categories (Calloway & Knapp 1996; Miles & Huberman 1994). If a participant confirmed a theme three times this was considered as strong support for this theme. Those responses which described the experience but fell outside the ten categories were considered as new themes resulting in findings from this study.

The reliability and validity of identified themes was established by one interviewer, another colleague from day services and an American researcher with an interest in drumming and psychology. A high level of agreement was reached (76-84%) between the three raters and differences in coding were resolved through discussion.

Findings

The SOCRATESv8D, attendance summaries, themes from the interviews which found strong or no support as well as contra-indications and new themes form the basis for discussion of the findings.
a) SOCRATESv8D Self Report.

Changes in score between pre and post-intervention were recorded and are visually represented in Figure 1.

An equal scoring indicating ‘no change’ was recorded for participants C and G in the ambivalence-scale, and for participant D in the taking steps-scale. Increased scores were noticed in three participants, all in different scales. Participant B showed a one point increase in the recognition-scale. Participant F showed a one point increase in the ‘ambivalence’-scale and participant G recorded a three point increase in the ‘taking steps’-scale. All other tests showed a decreased score in all scales. None of the participants made links between changes in their score and the drumming sessions during the interview. The results of the SOCRATESv8D showed that all seven participants were at different stages in their motivation for change and held different attitudes towards substance misuse.

Attendance:

Figure 2 shows attendance summaries for both the whole structured day services programme and the drumming sessions.

The attendance summary for the whole programme recorded a range of scores between 47% (38/80 days) and 93% (74/80 days). Attendance at the HR sessions ranged from between 71% (5/7 sessions) and 100% (7/7 sessions). This shows a greater level of attendance at the drumming sessions than to the overall programme.

Attendance summaries indicate that the HR sessions were a popular part of the programme. One participant came into the structured day programme especially for the HR sessions, even on weeks during which they had been absent for the rest of the time. Five of the participants
referred to the timing of the group (last session on a Friday—a time notoriously problematic for attendance) as ending the week on a good note, making reference to the usefulness of a session such as this to finish what had sometimes been a difficult week. For example:

“I found it a good release at the end of the week. Especially after the, I don’t know, some of the groups were really heavy and it was a good, relaxing release at the end of the week” (Participant B).

Another participant said:

“You do some quite heavy stuff and then finish the week on a lighter note and drum out all the troubles that you might have brought up for yourself and generally made you feel better for the weekend” (Participant D).

Interviews:

The participants’ responses to the interview questions reflected their personal experience of the drumming sessions and provided a formal record of how they experienced the intervention. Outcomes regarding support for the ten elements associated with group drumming from previous research can be seen in Figure 3.

Fig. 3

The following findings summarise participant responses through the themes of the analysis and incorporate quotes from the participants where appropriate.

1. Rhythm is natural to human function

Six participants either supported or strongly supported this theme. “It does come naturally so long as you don’t start to think about it, and it’s amazing that, I was quite surprised when I very first started drumming” (Participant B). Only one participant was uncertain about the natural process of rhythm who said “I don’t know if it’s natural, but it is easier than I
thought.” (Participant C). Those who felt that making music with others was surprisingly easy linked the musical elements of pulse and metre to walking, breathing and heart rate, for example;

“Rhythm! We’ve all got it. There’s a rhythm of things all the way along, yeah? (Pause) like heartbeat or the walking, you know?” (Participant D).

2. Drumming enhances communication

Six participants agreed that the drumming sessions aided communication in some way and one did not. Drumming offers the opportunity for non-verbal communication with the unique feature of simultaneous communication when everybody is playing together (Stevens & Burt 1997). The therapeutic processes of listening and being heard are brought to life in the HR protocol in a variety of ways. For example through the following exercises:-

- call and respond - where participants play a rhythm for others to copy;
- rhythmic naming - where individuals are invited to tap out the syllables of their name for the group to play as a rhythm; and
- rhythmic responses – where participants are invited to respond to specific questions using their drums to communicate their answers in a non-verbal way. The list of questions is shown in Table 1.

Table 1

The group was then asked to discuss the process. It was experienced by one participant as:

“Finding my confidence, the confidence to express myself” (Participant G). The opportunity to communicate with other people in a group in a non-verbal way was recognised by one participant as: “something primal, different really to normal groups here or whatever.” (Participant B). And they went on to say:
“That’s what it all sort of goes back to. Some sort of communication with different, I don’t know if it’s tribes or whatever. Talking but not talking, there’s a lot of communication in the actual group, oh yeah, it does help, no words but communication (laughs) yeah.” (Participant B).

Another participant recognised the shared endeavour of both contributing sounds and also listening, enabled the overall sound to be better in their opinion: “Yeah..I get it ..it’s not just about speaking or playing to each other ..it’s the listening too, that’s the difference cause it’s needed to listen to make it work.” (Participant C)

3. Drumming reduces stress and tension

Six out of seven agreed strongly that they experienced a reduction in their stress and tension during the sessions. Of these six, four provided strong support for previous findings: “You can get rid of all your anger all your tension, or anything that’s sort of pent up inside you. You can let it out on the drums.” (Participant A). One participant agreed that drumming could reduce stress and tension but was concerned about the potential for getting a headache.

4. Drumming can be experienced as transcendent, spiritual or as altering perception and consciousness

Drumming has enjoyed a long history of use in ritual transformational processes and to enable healing in many cultures (Maxfield 1990, 1994; Neher 1962; Woodside et al. 1997). However, the opportunity to connect to archetypes and transformational processes was missed by four of the participants who asserted they had no kind of spiritual or transcendent experience. Two recognised the possibility of going into trance and made links to previous substance use, whilst another had a strong feeling of transcendence which was also linked to previous substance use. “I wouldn’t say I went into trance but when you get your beat going,
you get your rhythm going or whatever, you can definitely feel different in some respects.”

(Participant F).

5. Drumming is cognitive

All participants agreed there was a benefit from focussing and concentrating on the session. Three gave strong support for previous findings in this element whilst one participant emphasised that the benefit only lasted for the duration of the session:

“It empties your head you know (pause) there’s only what you’re doing with the drum, the beat, the rhythm, what’s it called? You know I get so full of running, of working, of thinking (pause) all at once (pause) but with that I feel relaxed, my head gets a rest, I feel more together (pause) I can forget about the everyday” (Participant G).

6. Drumming is creative

Drumming offers the opportunity to create musical sounds and contribute to the whole of that creation. The drumming experience can stimulate creative processes in the individual. All of the participants agreed they were part of something creative but there was no strong support for previous findings. One participant, who was experiencing a “neighbour from hell” situation in their home life, found that being a part of ‘creating the noise’ helped them begin to enjoy music again: “I come to hate the boom- boom noise and I used to like music loads, with them next door all hours, but this was me doing it. It took while but I dunno, it’s better when you making the noise isn’t it?”(Participant C).

7. Drumming is accessible to all people

Five felt they could access the session easily and one felt that drumming was inaccessible. Another was uncertain about the accessibility of drumming suggesting that it would not be accessible to deaf people. One reported that although they had accessed the sessions easily, it
was unfortunate that a lack of resources meant that not everybody could have the opportunity to drum.

8. Drumming has physical benefits
All participants felt they had experienced some physical benefits from playing drums. These included a good muscular workout, improved breathing, and benefits from rhythmical movement and creative hitting. “My arms ached all weekend! (laughs) I did feel good though, no, not bad, it’s good exercise, you’re using parts of you body you might not normally use.” (Participant A).

9. Drumming is social
All agreed that they had experienced some kind of positive social contact in the group drumming sessions. Two expressed strong support for previous findings, commenting for example “I felt more together as I think it brought the group together. It did. It brought the group together quite well.” (Participant E). “I’d say it was a laugh and everyone enjoyed it, and for that hour, that was what we was doing and we was all together doing it. I’d say it was quite sociable ‘cause we all just done it (pause) just done it and everyone was happy and laughing. There was the same sort of thing,” (Participant F).

10. Drumming fosters emotional processing
This theme had the strongest support. Six of the seven participants strongly supported previous findings in this element with the most support for de-stressing: “If you’re un-stressing yourself then you’re getting all your emotional badness out.” (Participant F). Another commented: “At first I was nervous and then I got into it. I used the room to let go and imagined a journey, disappearing off in my own world and letting emotion flow through
the drum.” (Participant D). One participant was uncertain about the emotional content of the sessions.

11. Drumming is enjoyable
A new theme emerging from this study was that drumming was experienced by participants as fun and enjoyable. This found strong support from six participants with only one disagreeing. “It was great fun. I thoroughly enjoyed it” (Participant B). “I felt trouble-free and almost sort of felt like silly. Not silly ‘cause you’re doing it, but sort of like, just like free, and happy.” (Participant F).

Discussion
The methodological strengths lay in the way in which the intervention was incorporated into the structured day services with data being collected without any disruption to the wider programme. This enabled the HR sessions to be assessed as part of the programme which should prove useful for other service providers. Although the attendance summaries indicate that the HR sessions were a popular part of the programme it is worth considering that the ‘Hawthorn effect’ could be partly responsible (Mayo 1933). The improvement in attendance could be linked to the attention participants received by taking part in the study meaning that have???? were more regular in their attendance because it was being monitored for the purposes of research. However, it was only attendance to the drumming sessions which showed improvement and not attendance to the other aspects of the study. The interviews for instance were scheduled to take place during the week following the last drumming session; however they took a further three weeks due to missed sessions and absence.
The design was a pilot intending to develop a template for a further research study. It recorded participant perspectives on HR sessions whilst placing them in the context of a substance misuse treatment programme.

The main findings can be summarised as: a) showing support for the therapeutic elements of group drumming found in previous studies, and b) indicating that HR sessions are a popular addition to substance misuse treatment programmes with implications for attendance and retention rates.

The findings support the expectation in expressive arts therapies and group therapy models that the therapeutic-process is enhanced by curative factors such as the instillation of hope, universality, simple achievement, group-cohesion (Kaplan 2000; Yalom 1995) and an active feedback process (Adelman & Castricone 1986). These factors, supported through the interview data and grounded in the participants’ experiences, showed strong elements of emotional processing, stress reduction and social interaction. It was clear that the opportunities to express anger, resolve nervousness, build confidence and find enjoyment and relaxation through the controlled use of drumming was very popular with these participants.

“I could feel something that was like really (pause) it did bring something out of me. Well, you can bring out your anger or whatever and your other emotions into or onto the drum as you say, but yeah I definitely did walk out of this place feeling a lot better” (Participant A).

Although the emotional processing remained mostly non-verbal, space was created in the sessions for verbal responses as well as rhythmical ones. This was experienced by one participant as a beneficial aspect of the drumming session:

“It definitely brings people together. If you can get people together, it starts, it starts a process of talking and it’s a good idea in my view because music does bring people together and you’ll start talking about all sorts of different topics. It’s enough for
myself, you know, to start talking about things. It’s definitely made a big difference.”

(Participant B)

The strong experience and support for the social qualities of HR is useful to the field of substance misuse treatment and would benefit from further research.

The SOCRATESv8D outcomes showed all the participants to be at different stages of motivational transition regarding their treatment. This is a common challenge in treatment programmes which can create a difficult or unsupportive group dynamic with amplified elements of denial, competition and intolerance towards other group members (Arroyave 1984). Drumming embraces difference and unifies these elements to create a whole sound through the layering-in of different voices (Longhofer & Floersch 1993). In the drumming sessions, entrainment to a common pulse paves the way for difference to be expressed around the main beat. Each participant expresses their difference through the tonality, pitch and timbre of their instrument and by playing rhythms which interlock to create the whole, resulting in simultaneous communication (Stevens and Burt 1997). All the participants in this research reported feeling a part of the group, for example:

“I definitely felt part of the group when we were drumming. I don’t exactly know the words, how to explain it, but you definitely feel we are, that you’re all part of that one unit/universe?” (Participant C).

These findings are consistent with the components of increasing social contact (Stevens 2000) and “a breaking down of the addict’s profound social isolation” (Adelman & Castricone 1986: 55) thought to be vital components of successful treatment for substance misuse.

From the participant perspective, during the HR sessions they transcended the tags of “drug addicts” or “junkies” and had the opportunity to be an equal part of something creative and purposeful, which may have been important in terms of their relationship to others in the group and to their own motivation towards relationship-building and recovery.
The fact that rhythm is natural to human function was supported by the findings of this study and was associated with repetition, compulsion, altered states and other factors associated with both drug use and drum use. Further study into the interaction between rhythm and addiction is needed to identify the most effective exercises and techniques for enhancing therapeutic work with drug-misusers through the drumming intervention.

**Contra-indications**

The main contra-indications in the participants experience were a) an apprehension towards music-making and b) the feeling that drumming would increase stress and cause a headache (one participant’s concern). Others reported that they questioned the purpose of the drumming group at first, wondering why music-making was included on the programme at all. Comments included: “Because I came here with a drug problem, I’m thinking how it’s going to help me” (Participant E) and “I could not see where this would fit in” (Participant G). Despite initial reservations eventual worth and benefits were recognised with social interaction at the heart of the accounts. This is consistent with the nature of resistance in addiction work, where a period of individual resistance is often resolved through a positive group experience (Adelman & Castricone 1986; Arroyave 1985; Stevens 2000; Yalom 1995). It is also appropriate to mention the possible manifestation of other processes associated with addictions, namely denial and avoidance. The positive group experience may indicate an avoidance of group conflict and authentic feelings which would otherwise have been worked through in talking therapy groups (Yalom 1995; Turrey 2000). It is worth noting that the possibility of creating trance-states through drumming can be helpful as stated above, but also a way to avoid feelings.

The limitations of this study are twofold. It was uncontrolled and, due to the small number of participants, external validity is difficult to predict. As many forms of treatment were
occurring simultaneously on the programme and none of the participants made any links to the change in their SOCRATESv8D scores and the drumming sessions, the SOCRATESv8D yielded results of limited usefulness. The journal vignettes were difficult to administer and were forgotten (or lost) before interview by six of the seven participants, therefore a different approach to enable their inclusion will be sought for further study.

**Future Research**

Further research is needed to establish if these findings would be supported; (a) by a larger sample in a similar setting and (b) when running a drumming group for the duration of a whole programme. A different methodology with a control group perhaps would establish if HR is significantly useful for emotional processing, mood enhancement, retention rates and cost effectiveness compared to other aspects of a treatment programme (such as a relaxation class). Another measurement tool such as the Profile of Mood States (Lorr & McNair 1988) administered before and after each session might provide more ‘in-the-moment’ measurements which could be attributed specifically to HR and may overcome the difficulty of confounding factors presented by researching amidst a multi-disciplinary programme. Further study into the process of rhythm and engagement with people with substance related issues would help to understand why this approach may be a useful intervention for the client group.

**Implications of this study**

The support for therapeutic elements found in this study from the participants’ perspective tells us that the HR intervention in this setting provided a positive social group experience and was found to be useful for the manageable release of emotion and stress reduction. The improved retention and attendance rates during the drumming group indicated that HR was a
popular addition to this substance misuse programme with potential to enhance treatment motivation by creating a culture of inclusion. HR sessions can be run at low cost, either by outside facilitators or by trained programme staff and with the purchase of basic equipment. This study contributes to the growing body of research into drumming groups as a therapeutic intervention and is suggestive of the possibility of Health Rhythms as a cost effective and useful addition to substance misuse programmes.

Acknowledgements

The authors wish to thank Marilyn Mardo, Neil Atkinson and the clients and staff of the Druglink Structured Day Services Programme in West Hertfordshire, and Dr. Barry Bittman, Dr. Charles Kaplan, Emma Norrington, Fergus Bergen and Christine K Stevens for their support and interest in the project.