

Editorial

Discerning the ‘Well’ of Wellness

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A few years ago I was invited to participate in a ‘hack-a-thon’ that took place in a tech workspace setting in NYC. A hackathon is defined as “a usually competitive event in which people work in groups on software or hardware projects, with the goal of creating a functioning product by the end of the event.”

(<https://www.dictionary.com/browse/hackathon>)

The first hackathons began at the end of the last century and were seemingly aimed at building tech industry-based applications in a competitive but communal forum where the experience of the presentation of new ideas and products could last anywhere from several hours to several days.

There were many novel ‘artifacts’ from the experience of speaking on a program that was hackathon-based that stayed with me. Placed on a program in between a teaching artist who uses music for social change in the context of the ‘black lives matter’ movement, and a neurologist who studied music in its capacity to evoke emotions and memories in healthy adults and in individuals with brain damage, presenting on music & medicine seemed to bind the broadly themed essence of this day: named ‘Music with a Purpose.’

The location was quite unique. Arriving on the floor of the space, it became quickly apparent that this was not the typical conference venue one is usually accustomed to speaking in. It was a floor loft, with an open, workably creative-feel, with tables in the outer sections, framing the inside space, where couches and comfortable chairs were scattered in clumps of half circles. It almost had the feeling of a lab theater with hardwood exteriors, and impressive tech equipment, all framing the space.

As it turned out, these theme-based hackathons occur monthly, where ‘techies’ come together to ‘tackle’, ‘enlighten’, and ‘develop’ new ways of working,

communicating, and informing through technology. As the spouse of my host, a concert musician who knows the work of music therapy, and who serves as part of a ‘concerts in hospitals’ visiting artists’ forum in my hospital’s network was also present, my mind did not go to the place it might sometimes be led to prematurely, and defensively...thinking: will this be another forum where sound engineers and trendy technicians are seeking to simulate a live music therapy experience?

As the science of music therapy and music medicine mature, it is safe to assume that our human community will likewise be understanding of, or accepting, and willing to develop and explore, with an open and curious mind and incentive spirit. Progress ensues when we step-up our knowledge relating to the capacity of technology and where we can be inspired to draw from its influence and vastness that can serve, strengthen and enhance our human experience. Implicit in this exploration is the idea that our minds must not only be open, but also that we should be entrusting of our colleagues and perhaps most essentially, entrusting of music itself, including each and every human response a music condition/experience can provide. The more precisely we can generate data, or fail to regarding a particular mechanism, or a phenomenon that we observe that leads to change or a new question, the more worthy of discussion with our colleagues in technology that data (or lack thereof) becomes.

There is so much more in store. We grow faster in an integrated community, where our ‘outside the box’ ideas happen to - in part or in whole - fit into someone else’s ‘box.’ To think of how many technological developments have influenced the mechanisms of how we live and create in the past 3 decades is mind-boggling: FAX, e mail, cell phone - in medical technology, MRI, effective HIV treatment, developments in cancer care, and so much more. In astronomy, for instance, last week we saw the first depiction of a ‘black hole’, and just a few days ago, NASA’s Insight lander measured and recorded for the first time ever a likely ‘marsquake’. Exciting milestones. [1]

At the same time, there are so many more advances that are screaming for our attention. If gathering images of the black hole in the galaxy called for knowing more about space, with a ‘marsquake’ prompting us to expand our desire to

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enhance our knowledge of the atmosphere on Mars, the quest to grasp greater detail on the secrets of the brain remain center stage in our desire to gain anatomical mechanistic understanding of the its role in maintaining function. We are living longer, and while some of our internal systems have progressed through treatment strategies allowing us to endure with greater function, the brain's survival capacity has perhaps fallen short. Music is a central organizer whose elements are central to all systems in terms of vibration, rhythm (Cardiac, respiratory, neural firing), metric patterning (movement, sleep/wake), tone (verbal/language expression). As such, it remains to be seen how our deeper understanding of the effects of music and music therapy applications within the realm of technology can keep our thinking and signals of neural intention more distinct with revival and restorative mechanisms within our access of influence.

One of the most enticing things about the 'hackathon' was the front, side 'stage' area. (There was no stage, but a monitor and chairs facing the front where lectures take place) Wall to wall, off-stage left were modern plastic 'tubs' of delicacy snack foods of all kinds. Some candy, but mostly healthy and delicious snacks ranging from ginger, to dark chocolate to sesame, and a coffee bar, an herbal tea bar, and a cereal bar-granolas, all seemingly home-made and of all sorts. It was the most unbelievable 'giving' of nurturance I'd seen in a workspace, ever.

After participating in the 'hackathon' and coming away with some wonderful ideas related to patient populations, top priorities and possibilities, I left the workspace thinking about how much of music medicine and music therapy might be enhanced if I'd take more opportunities to meet with my tech colleagues, to utilize more resources in integrating technology into clinical practice and research.

Equally important was the second idea I came away with. I also was left thinking about 'wellness' at work-and how much creative energy seems possible when an institution supports incentives of their community globally, not in a top-down way, but in a 'all-welcomed' way. This workspace had that feeling. 'Wellness' is receiving all kinds of attention in the working world. And in our healthcare forums, it is being studied not only in terms of preventing the onslaught of disease, but as a way of combatting illness. Indeed sleep health and brain building-cognitive activity has risen in our awareness as a top priority. Maintaining a healthy diet and exercise are acknowledged as healthful regimens when followed with attention, and have become a mainstay means of keeping alacrity and strident physical prowess in our active daily schedules.

But what about our maintenance of wellness in the workplace? Certainly the effects of secondary post-traumatic stress have been experienced by healthcare providers, in particular as a response to a global trauma, and perhaps most particularly as the result of a personal work-related trauma. And maybe the most quiet personal traumas are those

experienced by fellows or residents, doctors, nurses and others in training, who feel the pressure to succeed without a margin of error, lest the risk of losing human life.

A new study is pointing us toward a re-evaluation of what wellness in the workplace means. After learning about the experience over a year of some 33,000 employees at BJ's Whole Club - one of largest wholesale club chains in the Unites States, with 216 stores in 16 states- surprisingly although the participants of this study claimed to be watching their weight and making better life choices related to wellness, there were no quantitative measurements, blood sugar or other parameters of health.[2]

While "wellness is a multi-billion dollar industry, there has been a really weak evidence base of what these programs do" said Zirui Song, a health policy researcher and Dean at University of Chicago Harris School of Public Health. (NYTimes, Wednesday, April 17, 2019). It seems the incentive of workplaces have focused on investing in wellness activities to reduce overall medical spending. The thinking and investment would hopefully result in better investment returns.

However, this may be limited thinking. Resilience in the workplace may be related to emotional outcomes, such as spontaneity, motivation and self expression. Perhaps the focus on physical stamina is just one part of the equation. This is precisely what Brian Marcotte outlined in his reflection of the JAMA study. "There has been a shift in emphasis in what companies offer, including addressing broader issued like emotional well-being." Reportedly, Macotte is the Chief executive of the National Business Group on Health, which represents large employers that offer insurance coverage to their workers. (NY Times, Wednesday, April 17, 2019).

The slighted 'outcomes' of the study related to physical health may be short sighted in terms of, not only what preserves or can enhance wellness, but indeed what being 'well at work' constitutes. Arguably maintaining a 'team' work spirit that leads toward ultimate productivity relies on 'community' investment, which may be best fueled by common spirit, clarity and trust.

There is a place for music therapy and music medicine in the workplace, which may best be adapted to serve staff first, across multiple domains. In working from colleague to colleague, communication stems from trust, which is often best elicited first through enhancement of listening. Furthermore, when listening is nurtured from the top down in an across disciplined fashioned atmosphere, workers may feel heard and in being so- acknowledged, may be inspired to perform with deeper incentive.

Perhaps also, wellness in its ultimate state is achieved through nurturance and open space. The tech space and working atmosphere of the hackathon inspired thinking about how technology might inspire us as clinicians, and about how well we can feel and how function relates to how well we feel cared for, and how much we can build in a space that invites

creativity. There are so many wellness values and objectives we can foster through music wellness groups for ourselves, and for others, in hospital and clinic workspaces. This editorial serves as an invitation to do such.

In this issue, we open with *A Content Analysis of 10 years of Music and Medicine* where Erik Baumann has conducted a thorough review of the journal, providing new categories for classification since the 5-year analysis. He also undertakes a keyword cluster analysis to gain understanding of the contents within the 323 articles published in this journal's first 10 years.

Artur Jaschke introduces what seems to be a first map of all brain regions involved in the perception, processing and execution of music. Identifying communication between thalamic nuclei as initial step in multisensory integration as part of a wide array of brain areas involved in varying functions such as perception, processing and execution of music. He points out that our understanding of musical processes in the brain has multiple implications in neurologic and health sciences. *Music, Maestro, Please: Thalamic Multisensory Integration in Music Perception, Processing and Production* is a first trial as far as we know to integrate various fields of brain research and functional brain imaging into a major concept with respect to functional use of musical stimuli. While complexity of music induced brain activation requires further investigation for instance through neuroimaging and neurophysiological research in the future.

Amy Clements-Cortes and Catherine Haire elaborate on *Individuals with Acquired Brain Injury (ABI): Implications for Music Therapy in the Treatment of Depression*. As stroke is leading cause of neurological disability worldwide, emotional impact of stroke may affect readiness to engage in rehabilitation, functional outcomes, and the ability to reintegrate socially. Also, accompanying depression often goes untreated. Music and music therapy interventions may foster motivation for participation in rehabilitation, as well as facilitate goal acquisition in physical, psychosocial, emotional, communicative and cognitive domains.

Specific Challenges to Music Therapy Programming: A Case Study of Innovation, Burden, and Resilience in United States Hospitals are discussed by John Mondanaro. While a steady rise in demand on health care providers to provide services that include both pharmacologic and non-pharmacologic treatment, integrative treatment including music therapy can meet such demands. The author provides results of semi-structured interviews conducted with 8 merited music therapy programs across the U.S that however either closed or had sustained substantial reduction in programming.

Jennifer Nicole Harris in her article *Writing, Painting, Creating: How can the Arts Augment Psychiatric Training* suggests to include the humanities, including literature, music

and art into the training of postgraduate doctors in order to remedy tired perspectives and busy working lives, as well as providing new and dynamic ways to learn about and connect with patients on a more profound level.

In her contribution *Shame and its Soundscapes* Zoe Tao shares her experience though a single-case experience as a non-health-professional volunteer working with a patient suffering from HIV using singing as a means of communicating feelings of shame and social marginalization which otherwise would have not been communicated. Utilizing a combination of first-person reflections and critical third-person interpretations of patient's experience and his artwork via literature in Psychology, Epidemiology, Music Therapy, Queer and Gender Theory, and the Medical Humanities affective and social conditions are set into context of resulting in feelings of shame and reduced self-esteem. Through arts-facilitated personal communication shame and hurt can become speak-able, and tangible, while love, care, and acceptance of someone who may be an outsider to such experiences may induce emotionally supporting processes.

This issue ends with the second article of our new section, which commenced in 2019 – entitled “Rounds Corner.” Herein, IAMM's president Patravoot Vatanasapt contributes his thoughts about *Doctors Dabbling in Music Medicine*. Elaborating on his biographical background in music from early childhood through education till incorporating it into professional life today, IAMM's president has a strong and pervasive argument for every medical professional to include music as well in training medical students, conducting research and in taking care of severely ill patients.

The editors of Music and Medicine invite you to enjoy reading the truly unique articles in this volume, each addressing some of the core issues and themes of our field. We are pleased to welcome you to this 10th year edition. To our readers who have received all 323 articles, we thank you for being a part of our lineage. To our new readers, we invite you to dive into former topics, and join our on-going platform for sharing your clinical cases, research projects and/or budding theories.

References

1. Brown, Dwayne; Johnson, Alana; Good, Andrew (23 April 2019). "[NASA's InSight Detects First Likely 'Quake' on Mars](#)". *NASA*. Retrieved 23 April 2019.
2. Zirui, S & Baicker, K, Effect of a Workplace Wellness Program on Employee Health and Economic Outcomes: A Randomized Clinical Trial, *JAMA*. 2019;321(15):1491-1501. doi:10.1001/jama.2019.3307