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Music as a Social Determinant of Health: A Trauma-informed Care Perspective

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Music as a Social Determinant of Health: A Trauma-informed Care Perspective

Abstract

Traumas can be individual, interpersonal or communal, and can have various responses from different people, or even from the same person at different points in time. Music can be a social determinant of health with individual, interpersonal and communal roles in resilience regarding that trauma. Music can expand vocabulary to express emotions, provide relief, and provide opportunities for engagement. A trauma-informed care approach can change how trauma survivors experience care critical to their recovery.

Keywords

Emotional Functioning; Music and Healing; Psychological Outcomes; Receptive Music Methods; Recreative Music Methods; Resilience; Stress

Disciplines

Music | Psychology

Music as a Social Determinant of Health: A Trauma-Informed Care Perspective

Nomi Levy-Carrick, MD, MPhil, Abi Warren, BA

It's the end of the world as we know it, and I feel fine...
R.E.M.

Music expresses that which cannot be said and on which it is impossible to be silent.
Victor Hugo

Trauma is ubiquitous and serves as an umbrella concept for a variety of experiences that overwhelm our ability to re-equilibrate after an event, imprinting itself in ways that shape the way we experience the world. Extreme traumatic events, due to their intensity, severity, or duration, can produce ongoing suffering, impair functioning, and inhibit our ability to integrate a specific experience into the broader narrative that shapes identity.

Traumas can be individual (e.g., physical illness), interpersonal (e.g., physical, sexual, emotional abuse) or communal (e.g., natural disasters, terrorist attacks, genocide, the microaggressions of race, culture and gender). Whereas traumatic exposures are common, a majority of those exposed do not go on to meet criteria for posttraumatic stress disorder (1). Varying responses to trauma can be explained in part by hereditary and epigenetic factors, as well as by social determinants of health (SDH) – complex, integrated, and overlapping social structures and economic systems responsible for most health inequities (2). Their presence (or absence) can serve as a source of vulnerability or resilience for individuals and communities facing trauma(s). Examples of SDH range from availability of resources for daily needs (e.g., safe housing and local food markets), to quality of education and job training (3). SDH vary over the course of a lifetime and can strongly influence the ways we endure and recover from stressors.

Factors like geographic distance from providers and/or affordability of childcare services can hinder accessibility to medical and psychiatric health care, while strong social support from neighbors or friends can provide scaffolding for healing. Understanding the various SDH involved in trauma recovery, as well as the behavioral, social, and neurobiological mechanisms through which they foster resiliency, can inform providers, patients and policy makers. Music can be understood as a SDH insofar as it serves as a source of individual, interpersonal and communal resilience; in its broadest sense (including both performer and audience), music provides a modality that can help people cope with adversity and trauma, providing also a context for interpersonal and community engagement.

Health Consequences of Trauma

While trauma's toxicity is rooted in the stress response, stress itself is not necessarily toxic. Rather, in response to challenging events and situations, our bodies activate a series of physiological responses (neural, hormonal, immune, metabolic) that allow us to rise to the occasion and, ideally, return to an equilibrium (physiologic "allostasis") (4). However, high levels of acute or unrelenting adversity can cause abnormal functioning or overstimulation of our stress response system. This allostatic load can lead to pathology including PTSD, depressive disorders, substance use disorders and cardiovascular diseases (5,6).

SDH, behavioral, and genetic differences result in a spectrum of psychological and physiological responses to stress, that are experienced differently across people and even within the same person at various points in time. Where one lands on that resilience-vulnerability spectrum can vary over the lifecycle.

Trauma-Informed Care

How does our healthcare system acknowledge and address these complex determinants of health and their relation to individual, interpersonal and community trauma?

We need to augment a problem-based and symptoms-focused patient-provider engagement, with a paradigm that contextualizes an individual's condition within a broader narrative of lived experience. This conceptual framework designated by the Substance Abuse and Mental Health Services Administration (SAMHSA) as "trauma-informed care" (TIC), aims to (1) realize the widespread impact of trauma and potential paths to recovery; (2) recognize signs and symptoms of trauma in clients, families and providers; (3) respond by fully integrating knowledge about trauma into policies, procedures and practices; and (4) resist re-traumatization – evoking the "first, do no harm" principle (7).

SAMHSA outlines six guiding principles of TIC: (1) physical and psychological safety; (2) trustworthiness and transparency; (3) collaboration and mutuality; (4) cultural, historical and gender; (5) peer support; and (6) empowerment, voice, choice (7). Providers, teachers and others use these principles to operationalize the TIC framework and guide their engagements with individuals and communities affected by trauma. In the context of the healthcare setting, providers might consider some of the doubts or questions people might carry into the exam room: "What kind of procedures will they do and will they hurt?" "Are they going to ask about my trauma? Do I have to tell them everything?" "Are they going to explain what they're doing to my body and why?"

Using a trauma-informed care framework, we can adapt our engagements to address trauma survivors' needs and provide a space to express priorities, preferences and concerns. Specifically, providers can use a broad inquiry approach to create an environment for patients to share as little or as much of their trauma histories as they choose. Open-ended questions such as, "Is there anything that happened in your life that you feel has impacted your health?" offer opportunity for information sharing and minimize the risk of re-traumatization or gratuitous questioning that can result from detailed inquiry, unnecessary for current care, about trauma experiences. An approach that includes questions about existing or potential springs of support and resiliency is not only critical to patient care, but also to provider wellbeing.

For providers working with traumatized populations (whether in health care settings or through therapeutic arts), indirect trauma exposure, acquired while working directly with people exposed to significant adversity (whether colleagues or patients), can lead to a gamut of responses. These responses include vicarious trauma and burnout, as well as vicarious resilience — the process of learning about overcoming adversity from a trauma survivor and the resulting positive transformation and empowerment through empathy and interaction (8). The recognition that the consequences of trauma aren't singular, but encompass a web of potentially positive and negative processes, has significant implications for the nature of resilience-building, as well as trauma-responsive societies and programs.

Music and SDH

Music has an important role to play to those exposed to trauma and the people supporting them (9). Music can expand vocabulary beyond the verbal to express or experience emotions; provide relief; provide opportunities in learning an performance that cultivate interpersonal engagement and extend to communal opportunities for social engagement, for transmission of cultural identity and even for inspiring political action. Music can be identified as a pathway to resilience for survivors and utilized as a tool by healthcare providers affected by vicarious trauma. Trauma-informed care teachings can extend beyond the healthcare setting to those teaching, learning, performing music – and to those applying music as a therapeutic practice.

Conclusion

While trauma exposure is widespread, we are just beginning to acknowledge its significant impact on individual, community and intergenerational wellbeing. A trauma-informed care approach can fundamentally change how trauma survivors experience medical care and care in other settings critical to recovery. Understanding music as a social determinant of health with individual, interpersonal and communal roles in resilience raises important public health considerations for preventive healthcare, trauma-informed care strategy, advocacy, and resource allocation.

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