Crossroads of Music and Medicine

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Crossroads of Music and Medicine

Abstract
The author proposes reuniting the disciplines of music and medicine in the service of alleviating the impact of pain, addiction, and trauma on human life. Music listening can reduce symptomology, reduce the use of medicine, and reduce costs. In the author’s work conducting the Bonny Method of Guided Imagery and Music (GIM) with adults in treatment for a chronic addiction, she found that after a series of GIM sessions, patients began talking about letting go, moving on, and finding empowerment and transformation.

Keywords
Bonny Method of Guided Imagery and Music; Emotional Functioning; Music Listening; Music Therapy; Receptive Music Methods; Substance Abuse and Addiction

Disciplines
Music Therapy | Substance Abuse and Addiction
Crossroads of Music and Medicine

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The disciplines of music and medicine have been intertwined for centuries. Pre-literate and primitive cultures in China, Egypt, India, Greece, and Turkey have documented their belief that music possessed the power to heal (1,2,3). Egyptian medical papyri from 2,600 years ago reference the use of music in healing rituals and ceremonies in which musicians performed in temples to create a tonal atmosphere to foster patient’s healing (4,5). In ancient Greece, philosophers wrote about music’s power to influence emotion, foster catharsis and impact character and morality. During this time, music served as a primary treatment modality in the Asklepieia temples (places of healing) treating physical diseases and emotional disorders (5). Confucius believed music helped to create order, not only for the individual, but also for society as well. As a result, great care was taken to protect the integrity of music of a culture (4). Additionally, during the Renaissance Era (450-1600), physicians viewed music as a valuable tool of preventative medicine. They believed music strengthened one’s emotional mind and resistance to disease (6).

While this long history and intertwined relationship of music and medicine has existed, the advent of modern medicine diverged these paths, and today we find ourselves back at this crossroads. It is helpful to reflect on the definition of crossroads. Merriam-Webster’s dictionary (1) defines it has 1) an intersection of two or more roads, and 2) a point at which a crucial decision must be made that will have far-reaching consequences or impact. This second part of the definition seems fitting for the current time period. We are at a crossroads in our world of healthcare it is a point for us to make a crucial decision, and this decision can have a far-reaching impact. This is a pivotal and exciting point in time, a point at which we are being urged to no longer follow the status quo.

The National Institute of Drug Addiction (2010) estimates that substance abuse costs the United States over $600 billion each year. Increased substance abuse leads to increases in criminal activity, violence, abuse and neglect, exacting an additional financial and society toll. During the past 30 years, overdoses have risen by 300%, indicating an increase of epidemic proportions. Annually, $635 billion is spent on treating chronic pain with an additional $300 billion for other related healthcare costs. These numbers are staggering, and yet, they do not capture of full impact of addiction and chronic pain in our culture. The research literature does not provide indication of the cost of missed work, loss of income due to missed work, attending treatment or job loss, and there is not a quantified sum of the associated legal implications or costs (7,8,9,10). The impact of pain, addiction, and trauma on human life is complex and multifaceted. Millions of adults and children each year experience the impact of pain, addiction and trauma. These issues can often be intertwined; their impact is significant. The health consequences, whether physical or psychological, can be overwhelming and may bring comorbid diagnoses that exacerbate mental health issues. Individuals may experience a loss of confidence and an inability to cope with the challenges they are facing. They may require multiple treatment episodes to address the complexity of these issues. As a result, they can experience strained relationships, loss of employment and financial hardships (10).
These areas that are impacted are all dimensions that contribute to an individual’s wellbeing. Well-being is dependent upon an individual’s stability in the six following dimensions: health, relationships, security, purpose, community and environment (11). Any challenges or issues in any of these areas impact an individual’s wellbeing. Treatment often focuses on a limited number of dimensions. For example, in addiction treatment, the focus may be limited to withdrawing and abstaining from substance use. However, if other dimensions of wellbeing are impacted and remain unaddressed, the individual may continue to struggle in staying sober and may be more likely to relapse. Issues that may underlie an addiction, contributing pain and trauma, need to be addressed to give the client the opportunity to live a better-quality life. By taking a holistic approach and ensuring each of the dimensions of wellbeing is being addressed, we can work to increase the likelihood of clients’ success following treatment or with their course of treatment.

While the focus in our healthcare culture is on data and statistics of how we reduce symptoms, we know we can reduce symptomology and the use of medication with music listening (12). This is not meeting all of the needs of our clients. We can also conduct economic analyses and determine the cost savings that can be achieved in using music and music therapy in managing symptomology (13). While this research is valuable, we still need to focus on the human needs and strive to minimize the toll of addiction, pain and trauma on human lives. This toll is far beyond symptomology and is better captured in wellbeing. This pushes us to move to designing treatment focused on treating our humanity and not limited to symptomology.

In my own research using a music psychotherapy approach of the Bonny Method of Guided Imagery and Music (GIM) with adults in treatment for a chronic addiction, it was evident the participants had multiple challenges in addition to the addiction. They had comorbid medical issues of neuropathy, chronic pain, liver disease, diabetes, COPD, arthritis, ulcers, lupus, high blood pressure and hepatitis C. They also had a variety of comorbid mental health issues such as: adjustment disorders, generalized anxiety disorder, depression, anti-social personality disorder, borderline personality disorder, post-traumatic stress disorder and intermittent explosive disorder. They also were facing financial, family, relationship and legal issues (10).

In analyzing the nearly 70 transcripts from their music and imagery sessions, there were several issues that emerged that were found to be underlying their addiction: grief and loss, unresolved emotions, fear, resentment, interpersonal relationship struggles, trauma and abuse, and feeling stuck in their life (hopeless). After a series of GIM sessions (ranging from 4-6 sessions), new themes began to emerge in their imagery: letting go, moving on, finding hope, self-discovery, greater self-confidence, empowerment and transformation. The clients discovered as they worked through the issues underlying their addiction; they experienced change. As they were able to identify the underlying issues, they could begin to face them in the music and imagery sessions and begin to heal more fully.

It is my sincere hope that, as we find ourselves as this crossroads, we strive to explore how we heal humanity and not limit ourselves to seeing our clients as a constellation of symptoms to address one by one, but to see them as human beings who are suffering. I hope that we can see them as human beings who have a right to their own wellbeing and that our healthcare system is
focused on helping them foster this. This is a great and noble goal. It is the goal we would each want as a human being to be well… in all aspects of our life.

References