**Issue 1 2017**

Editorial 1 2017 **If music be the food of life – play on ?**

# “If music be the food of love, play on,Give me excess of it; that surfeiting,The appetite may sicken, and so die.”

William Shakespeare, Twelfth Night Act1, Scene1, 1-3

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The processes and outcomes of musical engagement and participation are related to health and wellbeing in a number of ways, however, the use of music and musical experiences in integrated health care is still in its infancy. The present issue of EuJIM includes three articles that illustrate the potential.

Several concepts are used, and some clarity is warranted. Different conceptual frameworks have been suggested to understand the interplay of music, health and wellbeing. For example, MacDonald, Kreutz & Miell (1) have suggested that the field of music and health can be understood as a cross-field integration of related “music disciplines that all utilize music for reasons of positive outcome” (ibid, p. 7): Music education, Music Therapy, Community music and Everyday uses of music. These disciplines use the following characteristics of music for different purposes: Music is: ubiquitous, emotional, engaging, distracting, physical, ambiguous, social, communicative, and it affects behaviour and identities (ibid.).

Another conceptual framework is based on the concept of “health musicking” (2,3,4). “Musicking” (5) includes all the ways a person can engage with music, be it as musician, singer, dancer, arranger, listener, collector, connoisseur, fan etc. “Health musicking” encompasses all sorts of “affirmative, corrective or transformative emotional and relational experiences through musicking”, independent of their nature as therapeutic or not, professionally assisted or not. The field can be divided into four quadrants, each with specific characteristics and goals (see Figure 1).

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*Figure 1. Health musicking: a descriptive model.*

The figure is inspired by the American philosopher Ken Wilber who developed the quadrants, as equally important perspectives on life and its phenomena. The axes are: inner/outer and individual/social. A few words about each quadrant in the context of the present journal issue: Individual and group music therapy in clinical settings has “the formation and development of identity through musicking” as its goal; Music Medicine in- and outside hospitals is “the professional use of music and sound to help individuals; Community music activities in hospitals, residence homes etc. aims at developing “communities and values through musicking”; while the planning of new, hopefully integrative hospitals must also focus on “the shaping and sharing of musical environments”, because this is where decisions about the hospital’s sound milieu is made (6).

Some of the concepts used here need further clarification: music intervention, music medicine, music therapy, music therapy in medicine, and community music (therapy) (7). “Music intervention” is used as an umbrella term that covers all the other, more specific intervention forms. “Music Medicine “ (or “music in medicine”) is a concept denoting the systematic use of carefully selected music to facilitate e.g. reduction of pain and anxiety, relaxation or distraction. Typically, the patient listens to recorded music (playlists), but live music is also (and even more) effective. In “Music therapy”, the relationship between a patient and a therapist is crucial. Music is the medium through which the healing, relational experiences are promoted to facilitate e.g. pain management, enhanced coping, emotion regulation and social engagement. Song writing, singing, improvisation and music and imagery experiences are typical methods. “Music therapy in medicine” is the specific use of music therapy in medical settings, while “Community music” in hospitals is the non-clinical use of band playing, choir singing, concerts and other musical events to promote joy and social cohesion among patients, relatives and hospital staff. These activities are often led by a music therapist, but they can also be led by professional or amateur musicians or musically skilled doctors and nurses.

Apparently, there are discrepancies between different paradigms at work here, but we will not go into that discussion. An integrative practice needs a pragmatic and non-ideological framework in order to include all the effective and valuable intervention forms described here.

In the present issue, three articles illustrate music interventions and health musicking in three of the four quadrants. The systematic review on the effects of active participation in rhythm-centred music making (page—in this issue) documents the effect of drumming in groups as (primarily) a community music activity and is the Editor’s choice for this issue. The article on effects of patient-preferred music on anticipatory anxiety, post-procedural burn pain and relaxation level (page—in this issue) is a typical music medicine study with an interesting cultural dimension (the use of Persian music). The Cochrane review of music interventions for improving psychological and physical outcomes in cancer patients at various stages of treatment (page—in this issue ) includes 52 ‘music interventions’ i.e. music medicine as well as music therapy studies. Although the overall quality of evidence is low, (particularly given that blinding is problematic), there are some promising indications of potential improvements in anxiety, depression, pain and quality of life with cancer.

In addition to the articles mentioned above there are 3 papers which focus on benefits of exercise (page— , page—, page—in this issue ) The first demonstrates that 12 weeks of yoga classes significantly reduced edema for women suffering from premenstrual syndrome page— in this issue . In the second paper, people with cardiovascular disease using a home-based virtual reality, exercise programme as part of their cardiac rehabilitation showed significant improvements on various aspects of their body composition (page— in this issue ). The third paper investigates the combined use of low intensity electrical micro currents and physical aerobic exercise and found that this significantly enhanced lipolytic rate when compared to exercise alone (page— in this issue ).

Balneotherapy (immersion in water from natural thermal springs) is used in clinical practice in various countries. An opinion paper (page— in this issue) explores the current evidence for its use and highlights the need for more research on the potential mechanisms which may be operating. Uzunoglu et al (Page ---- in this issue) provide evidence to suggest that the immune system could adapt to heat stress and plays an important role in cellular responses. They investigated the heat shock response for patients with osteoarthritis treated with thermal water immersion (39-40 degrees C).

A UK National Lottery funded randomised controlled trial on irritable bowel syndrome on the benefits of healing therapy (spiritual healing) used in conjunction with conventional management demonstrates significant long term improvements in quality of life for those with irritable bowel syndrome and short term benefit for those with inflammatory bowel disease. (Page ---- in this issue). A proposed protocol on the efficacy and safety of moxibustion for the treatment of irritable bowel syndrome is also included in the issue (Page ----).

In the west, the attitudes of those training in health care are also important the paper in our Education section exploring the perceptions of Canadian undergraduate healthcare trainees confirms the need for informing students about evidence, safety and to ensure that education should be consistent both across training institutions and also across disciplines. (Page ---- in this issue). However, a survey in China on 176 adult patients’ undergoing elective surgery attitudes to acupuncture is rather surprising in that it highlights that Chinese patients had limited experience and knowledge of acupuncture, and less than half had positive attitudes towards using acupuncture for reducing perioperative complications. (Page ---- in this issue). Interestingly, the researchers concluded that education of patients and their doctors may be promising strategies for improving patients' willingness to use acupuncture.

Four very different papers on aspects of herbal medicine are presented. Sundarrajan and Arumugam (page --- in this issue) document the use of Siddha, a traditional system of Indian herbal medicine in Tamil Nadu for the treatment of skin disease. This ethnopharmacological survey identifies the use of numerous preparations by traditional healers which require further detailed exploration. Cost effectiveness studies are important if health care costs are to be reduced. Although patients responded equally well to two traditional Chinese medicines used for the treatment of upper respiratory tract infections there was an important significant difference in the costs between the two treatments (page --- in this issue). The prevalence and risk factors of adverse drug reactions herbal drugs is described in a prospective cohort study of a patients registry prescribed herbal drugs in a Korean medicine hospital. (Page --- in this issue ). Ninety percent of the adverse drug reactions recorded were mild and no serious reactions were detected. Pharmacovigilence is a critical component for safe practice and robust systems need to be in place for patient monitoring. In a laboratory study Peganum harmala L. (P. harmala) was used for the treatment of various diseases including cancer was tested for its cytotoxic effects against six malignant cancer cell lines Page --- in this issue ). The alkaloid extracts identified may support traditional claims regarding anti-cancer use.

The evidence for a variety of complementary approaches to health continues to grow and EuJIM is particularly interested in the potential for integration of such approaches into mainstream and self-health care. The journal has been growing rapidly in size and in the quality of its submissions. In 2013 EuJIM grew to 6 issues per year, the last page number for 2016 was 1000, nearly double that of the previous year, and as mentioned in the last editorial, there will now be 8 issues of EuJIM in 2017. Editorials will not necessarily now appear in all issues, although any special issues will be accompanied by an editorial. Thanks go to all the Editorial board and all our reviewers for their critical input and thanks to Dr Myeong Soo Lee who from January 2017 has taken on the role of Associate Editor for EuJIM. Wishing a very happy new year to all our readers and we look forward to receiving your submissions during 2017.

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