

## Reaching across the aisle: The essential need for collaboration among researchers, medical personnel, therapists, musicians, and educators

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### Abstract

A remarkable body of excellent research verifying the benefits of music for the brain has already been published, but is generally unknown to the consumer [1]. If this knowledge could be channeled directly to consumers, the result would be a revolution of the health-care system, as millions of consumers learn of the confirmed benefits of science-based music protocols as described by Thaut (2014) to help persons with motor, speech, cognition, and pain management challenges. Requests for services that deliver research-based protocols would be greatly expanded, and upon delivery of these services, the societal paradigms of how music is perceived would expand. In addition, accompanying metadata would be produced to support further organizational growth of music into health care. To accomplish this transformation, new paths of dissemination and advocacy must be created to channel the research information to a general audience (Summa-Chadwick, 2020).

**KEYWORDS:** *music therapy, silo effect, professional group collaboration, opinion paper*

### Discussion

Current research is acknowledged predominantly in the upper circles of neuroscience, and little information is available to medical CEOs or university chancellors to develop business plan models justifying expanding programs to include music therapy or other science-based music procedures. Therefore, only a few medical professionals are gradually becoming interested in implementing music in their own regional hospitals, therapy centers, and educational systems. In order to define pathways to reach the consumer directly with this knowledge, roadblocks and controversies stifling this information must be identified. Four known issues that prevent information flow are defined here.

### *Known Issues*

Issue 1: Misinformation and old conceptions about music in the brain and music for therapy are still prevalent. When music therapy was established as a vocation midway through the last century, the profession was based on the social science known at the time. This origin led to some inaccurate results and the idea that music therapy was not a science-based profession. With the advent of imaging tools such as fMRI in the 1990s, scientists were able to see directly into the brains of persons interacting with music, and music therapy made the leap from social science to neuroscience. Unfortunately, some of the lesser reputation of music therapy persists from earlier random social science initiatives that were perceived as ineffective solutions.

Issue 2: Collection of cost-effectiveness data is inconsistent or nonexistent regarding the amount of money that hospitals and clinics can expect to pay out or recoup as a result of adding music therapy to their programs. The American Music Therapy Association, the parent organization of music therapy in the United States, maintains few studies on the subject, and those that are available are not current. Lack of such data and few advocacy efforts from this organization prevent a general knowledge flow to the consumer of the benefits of music therapy. In addition, political issues within the organization divide groups of music therapists who define their vocation as either a science or an art. Until this internal divide within the profession is resolved, it will be more difficult for the profession to thrive.

Issue 3: The university systems that drive massive research programs maintain a tenure-track system that rewards those who successfully publish their research results. This system creates a huge incentive to publish, but little to no provision is made to disseminate the outcomes upon publication to the doctors or therapists who could apply the new knowledge with their patients. Therefore, much of the research remains generally unknown to the consumer.



Issue 4: Skilled researchers, medical personnel, and music educators are some of the groups producing research studies regarding music and the brain, but these professional factions tend to overlook collaboration outside their own working groups. This creates the “silo effect,” defined by examples of doctors working only with doctors or researchers working only with other researchers. Perceived boundaries between professions must be overcome in order to work together and share the strengths of individual expertise that might not be found within another unit of experts.

### *Proposed Solutions*

With the above challenges defined, successful pathways to carry knowledge of music and the brain directly to the consumer can now be established. The following three solutions are recommended to circumvent the issues previously specified.

**Solution 1:** Establish Centers of Excellence in Music Science or other similar institutions where representatives of medicine, therapy, education, and music can sit together and contribute their own expertise in presenting medical, therapeutic, and educational solutions based on music science. Such centers in key locations throughout the world would encourage collaboration between universities, communities, and medical centers to facilitate an atmosphere where the different professions can sit around the same table to discuss a problem, thus eliminating the “silo effect.” The centers can house clinical work, research, performances, education, and community outreach to those in need. They will provide a professional venue that will encourage specialists from diverse vocations involved in music science to respectfully work together and contribute their own expertise in finding dynamic resolutions to therapeutic or research problems. This solution clearly addresses the need in issue #4, and the respect garnered in the form of elevated public opinion regarding music science from such institutions will also apply to resolving issue #1. In addition, the information output from such establishments could also be utilized to create data for business models in music therapy as a solution to issue #2.

**Solution 2:** Create global models for performing arts organizations to educate their audiences about the therapeutic as well as aesthetic benefits of music. This goal can be artistically accomplished by programming literature that directs a unique twist to what an audience member learns about a composer or a style.

For example, Holm-Hadulla and Koutsoukou-Argraki (2017) make the case that Robert Schumann is thought to have had bipolar disorder. Schumann composed with the help of his two internal personalities of Florestan (exuberant, funny, and passionate) and Eusebius (thoughtful, romantic, and reflective). By adding a pre-concert lecture or program notes discussing Schumann’s story and the science of how his neural condition affected him, the audience can learn a great deal about music and the brain.

**Solution 3:** Harness the power of online information and social media by introducing “outside-the-box” ideas that can easily go viral in order to reach the consumer. As an example, the author is collaborating with the Erie (PA) Philharmonic in creating a unique video learning series that fits neatly into the intersection of music, science, technology, and health; these modules weave together the diverse elements of aesthetic and therapeutic musical attributes. This learning series is a free resource on their website (Neural Tango, 2021) and can be utilized as a model for all orchestras to reach their audience and communities. The webinars feature leading experts in various musical, medical, therapeutic, nonprofit, and administrative professional areas giving in-depth conversations to provide the audience a broader view of the positive aesthetic and health benefits of music. Following the discussion chapters of each unit, musicians from the Erie Philharmonic will perform a composition chosen for relevance to the discussions, in order to merge the knowledge with an experiential musical performance. Upon publication to their website, this information can be advertised on social media for an immediate potential to raise global consciousness regarding these very important topics.

### **Conclusion**

An astounding amount of high-quality science-based research regarding music and the brain is already in place. The mission is to translate it from the upper realms of neuroscience and place it in the hands of the consumer, where awareness of such research outcomes could generate positive changes by promoting music in the medical community. Health care can truly be revolutionized by the addition of music to medical practice. Raising awareness directly with the consumer is key to making this happen, and collaboration between crucial vocational groups to work together and create powerful advocacy solutions is critical to a successful result.

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## End Notes

1. The definition of “consumer” for this proposal is anyone who would directly benefit from these research outcomes, including doctors, patients, therapists, and many others.

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