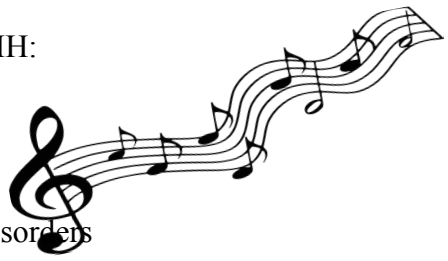
Music ≠ Universal Language: Conceptualizing Music & Harm

There have been claims that music constitutes a "non-threatening" modality or the assumption that music is "always helpful." However, music therapy research and theory suggest multiple areas of potential ***Music-Induced Harm (MIH)***.

Human beings can experience harm in several ways: affective, behavioral, cognitive, identity, interpersonal, physical, and spiritual.

Below are some examples of MIH:



Physical and Physiological Examples of MIH

- Music-induced hearing loss
- Musicogenic epilepsy and/or seizures
- Music-induced cravings in people with substance use disorders

Cognitive MIH

- Music and characterological factors such as personality can negatively impact cognitive tasks, including arithmetic, reading, and memory
- Within the framework of Arousal Theory, certain background music can have detrimental impacts on focus of attention and communication
- Disassociation can result from stimulus overload from loud & continuously played music
- Music can lead to rumination when people purposely listen to self-identified sad music during adverse psychological states

Emotional MIH

- Cultural and personal associations with music can result in individuals re-experiencing trauma and painful memories
- Adolescents often seek music that is congruent with their current mood. While studies suggest that adolescents tend to report that music does not make them sadder, adolescents may experience mood worsening when they use music to reflect their unhappy states
- Emotional flooding may occur from an emotionally triggering song association

Interpersonal MIH

- People may use music in an unhealthy way to practice avoidance coping and social isolation
- Despite music having the ability to improve calmness, mood, and surgery performance, certain music could function as a distractor during urgent situations and negatively impact communication

Spiritual MIH

- The beliefs of the person providing the music induce spiritual distress in service users who associate the particular religious or spiritual tradition with negative experiences or emotions

Identity MIH

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- Practitioners need to be aware of their music skills and use them in a purposeful, sensitive, and humble manner, as they may inadvertently cause identity harm. Music-based intimidation can be a result of the practitioner's music skills. Given that intimidation can be a form of aggression, music-based intimidation can be conceptualized as identity harm and may damage interpersonal relationships.
- Avoiding playing certain "problematic" music could give off the message that that culture is not valid - music genres and preferences can provide opportunities for social connectedness through shared values, lifestyles, and identity statuses, as well as help listeners regulate negative feelings

Questions to Consider When Providing Music in Sessions

Aspects of Delivering Music

- What is the intention of using music (e.g., regulating arousal and mood, self-awareness, social relatedness, or recreational background music)?
- Are the deliverer's intentions for using music based on the needs of the client or on other factors (e.g., the deliverer's need to perform)?
- What if one group member requests a preferred song that could cause harm to another group member?

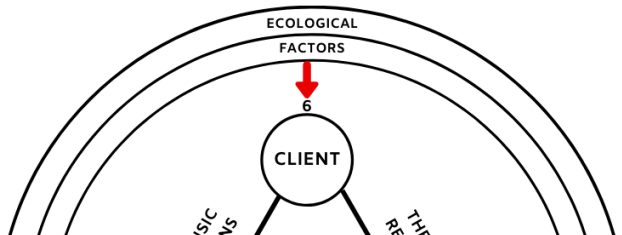
Aspects of the Music

- Is the music being played at a safe decibel level? Who determined the volume and who will control the volume?
- Is the music being played for a length of time that does not overstimulate?
- What is the complexity of the music (e.g., simple melodies or interweaving melodies)?
- Who selected the music? If the client selected, was it from their preferences or a specific set? What is the rationale for the music selected?
- Can a visual component help enhance the experience or engage the client at their level?
- If the intention is for the recipient to sing along with the music, is the musical selection in a range that is comfortable for the recipient to sing?

Aspects of the Client

- What are the current emotions, mood, and affective state the client is experiencing? What does the client desire to experience?
- Can the client voluntarily consent to receive the music? Can the client withdraw from the music at any time?
- How might the developmental ability of the client affect the experience?
- How does the recipient view and identify themselves?
- Does the client have a known history of trauma? What types of music activate these traumatic memories?
- Does the client have self-awareness of their own needs?
- Could the way the client engages with the music result in harm
    - Capral tunnel (performance-based injuries)
    - Vocal strain while singing
    - Falls while moving to the music
    - Emotional strain from the music

Music Therapy and Harm Model (MTHM) by Brea Murakami, MM, MT-BC



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Harm Arising From:

1. **The music stimulus**
2. **The music therapist**
3. **The application of music interventions**
4. **The therapeutic relationship**
5. **Client associations with music**
6. **Ecological factors**

Musical Phenomena

- **Musicogenic Epilepsy**
  - Epileptic seizure triggered by specific timbres, frequencies, decibels, and so on
- **Musical Imagery**
  - Voluntary or involuntary imagining of music
- **Musical Hallucinations**
  - Physiological, rather than psychological, etiology
  - Can be a result of losing the ability to hear
- **Amusia**
  - The inability to make structural judgements about music
  - Types:
    - **Receptive and Interpretative**
    - **Dysharmonia**
    - **Cochlear Amusia**
    - **Diplacusis**
- **Musical Synesthesia**
  - Experiencing another sense when hearing music
- **Absolute Pitch**
  - Ability to accurately recreate or identify a pitch without a reference

References

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