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# Think Pink in a Movember to Remember: Collecting for a Cause and Its Impact on Research and Clinical Activity

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“There is not a direct relationship between the diseases we hear most about and either their occurrence in society or the lethality and the amount of suffering they create.”<sup>1</sup> This statement, made by the Medical Ethicist Kerry Bowman from the University of Toronto, was lodged in a Global Health and Fitness column in a Canadian newspaper. Most seasoned professionals currently in the health care business recognize that high-profile marketing often leads to funding. Marketing for health care support is not immune from the tactics of the straightforward personal pleas of famous stars who ask us to give generously, or the more subliminally seductive “asks” that lure investors to trust as a result of ploys made from more subtle attempts within the public eye. This can be readily seen in the pink ribbons for breast cancer and more recently the Sergeant Pepper moustache emblem that represents prostate cancer research and other health care needs of men. The moustache emblems have done remarkably well in raising funds for male charities. This more recent campaign has driven men to grow moustaches in the month of November, for the purpose of raising awareness of male health-related issues. Bowman discusses the creative strategies for campaigning such as “Movember,” which began for a week in November 2004 and has slowly but surely evolved into a monthlong event. Bowman calls upon readers to contemplate the other side of such campaigns, namely those that do not have sponsor champions and therefore receive little public interest. Such “funding orphans,” as she calls them, imply that those diseases that do not have seductive campaigns or drivers to support funds for diseases risk considerable lack of support.

Wouldn't it be nice if the public were privy to the details of how their donated monies were used? Marketing with symbolic emblems is certainly catchy. And yet, the research and treatment outcome aspects that result from the monies' fuel are often missing from the campaigns' claims. It is curious that the details of how the monies will be spent are seemingly not always a part of the donators' concern or something they inquire about at the time their wallet or pocketbook is opened. The public seems to readily trust that the funds will serve the cause which will lend support to the need. There does seem to be a great deal of presumption and trust within the “giving.” This kind of trust might become further substantiated by the

fact that a sticker, patch, or pin is a reward for the “give,” providing a nice opportunity for the donor to show others that the gift given not only has occurred out of generosity but also is serving as an opportunity to display advocacy. One can “show” support, thus marketing and encouraging others to do the same. The rationale being “I gave; now it is your turn.”

In reality, many people in the world are suffering and are unable to afford the medical care they need. It is a big assumption to think that the monies drawn from fund-raising campaigns will necessarily reach the patients directly. Actual research demographic studies reflect that causes will be nourished by those who are familiar with them. People are more likely to give to a disease where a loss has affected them personally. The truth here lies in the fact that the underserved minorities in remote parts of the world, who are in poorer health, who experience limited access to care, and who are uninsured, typically receive less care than do the people who are “targeted” to receive funds. Disparities persist, and we know that in terms of need and access the world simply is not fair or just.

The purpose of the research activity, clinical trials, reports, reviews, and meta-analyses then is to support clinical activity through first and foremost accurate support and broadcast of the work that is occurring stringently in all parts of the universe. Notably to some, the existence of research in the number one killer disease listed by the World Health Organization is sparse.<sup>2</sup>

There is in fact a dearth of research in music and medicine in cardiovascular disease. Perhaps this is due to the fact that not only are the major risk factors for cardiovascular disease

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diverse and difficult to target, but also the etiology has a variety of triggers and variable signifiers that are dependent upon class, race, and where one lives.

Heart disease triggers include hypertension, high cholesterol, diabetes, smoking, obesity, poor diet, inadequate physical activity, psychosocial stress, secondhand smoke, and air pollution.<sup>3</sup>

In an article in circulation, researchers from the Harvard Center for Cardiovascular Disease Prevention and the Leducq Center for Cardiovascular Research noted that

the most immediate strategy toward eliminating disparities and improving health of blacks in the United States involves provision of equal and affordable care to all race/ethnic groups, adherence to national cardiovascular guidelines, and the nurturing, recruitment, and retention of minority clinicians and researchers. In addition to these issues, aggressive effort must be put forth by researchers to recruit participants from minority groups into clinical trials and cohorts.<sup>4</sup>

In the same way that we aim to be discriminating in how we choose to give and discreet, when possible, in how we market or draw funds in campaigns that are not only catchy to the mind's eye but also worthy of supporting the heralded claims, our research and reporting should be accurate and just deserved on campaigns that are not always financially based but need driven.

Disparities in health care certainly exist. The reports in *Music and Medicine* seek to purposefully and discriminatively protect the health care research reporting and access of provisions that can afford activity that invests in people of every age, disease, nation, and creed. We take to task the stringent guidelines of nonbiased, disclosed relationships that drive such activity. We would also like to be transparent about our mission to represent the world and people with less access to the support and amenities that will further the activity and access to less endowed parts of the world. We are pleased in this issue to begin to provide abstracts in several languages: Chinese, French, German, Japanese, Korean, and Spanish.

In this issue, research findings again covering various fields of music in medicine are discussed. Debra S. Burns, Michael R. Drews, and Janet S. Carpenter start with a description of an audio-based, paced respiration intervention for vasomotor symptoms during menopause. Menopausal complaints are frequent, mostly benign yet stressing to many women. Traditional medical therapy often makes use of hormone and semi-hormone drugs, because hot flashes and increased transpiration can effectively be suppressed. However, there are clear contraindications for instance related to cardiovascular side effects and/or even tumor growth. This situation has led to the research into nonpharmacological interventions such as music-entrained breathing exercise. In this study, it could not be demonstrated that audio-based breathing alone can reduce hot flashes, yet for future research and applications authors recommend an audio-video approach.

Rosa Pinniger, Einar B. Thorsteinsson, Rhonda F. Brown, and Patricia McKinley report experiences with an intensive

Tango dance program for people with self-referred affective symptoms. Although the incidence of mood disorders such as anxiety, insomnia, and depression is rising, the authors find interventions such as highly emotional dance programs to be a valuable resource for alleviating some of these emotional imbalances, and this is presented with an enduring impact. Further research might evaluate the long-term effects of this intervention within other communities and populations.

Jakkrit Klaphajone, Lakkana Thaikruea, Montana Boontrakulpoontawee, Pakorn Vivatwongwana, Sittichai Kanongnuch, and Anuruk Tantong conducted a pilot study seeking to assess the role of music therapy for rehabilitation among physically disabled children in Chiang Mai province. Target parameters for this study were muscle strength, spasticity, lung capacity, self-esteem, and quality of life (QOL). These areas were influenced and improvements in daily life in disabled children were apparent. The research incorporated songs and instruments with activities that matched each child's special needs. After an 18-month program, results indicate improvement in finger grip strength, reduced spasticity, increased self-esteem, and QOL measures, and this, in part, was dependent on the kind of instrument used. The motivating impact on the community including caregivers seems profound. These first findings match observations in other cultural spheres and should trigger further intercultural research studies.

Quite another, yet as significant, topic is discussed in a report of an Australian research group that implemented voice movement therapy (VMT) as a means of group-based expressive arts therapy for young adults with nonsuicidal self-injury. The authors summarize the results of 4 first time conducted trials. Sophie Martin, Graham Martin, Belinda Lequertier, Sarah Swannell, Anna Follent, and Florence Choe compare the use of VMT with "treatment as usual" in 10 weekly group therapy sessions. Improved emotion control and self-esteem, reduced anxiety, and improved social function demonstrate promising findings, demanding further controlled studies.

Synesthetic and environmental aspects of a psychophysiological musical impact study are undertaken by researcher and music therapist Hyun Ju Chong from Korea. Her study views the effects of light condition on the physiological state and mood perception during music listening. This question is of importance for instance where music is used in hospital settings to alleviate procedural anxiety, perioperative distress, or other undesired emotional states in patients. Human senses, in addition to the auditory sense, have an impact on one's general mood state and should be considered more frequently. As we have already seen, Plato elaborated upon the interference of the ear and the eye with reference to music. Between 2% and 4% of today's population apparently experience a change of visual colors while listening to music (so-called synesthetes). In Dr Chong's study, participants were assigned randomly to 2 experimental conditions regular and dim-light conditions. Results seem to indicate that there is a difference in physiological change from "tense" to "relaxed" between the 2 conditions, with greater changes present in the dimmer light condition than

in the regular light condition. Although there was no significant difference in the mood perception related to the music itself that was observed between the groups, brightness of environmental light may be a significant variable that can affect the listening experience. Further studies delving into biological and psychophysiological parameters should show whether such phenomena should be considered in music therapy settings.

Another aspect of environmental influences upon patients and caregivers as well is studied by a group from Australia. Julienne Ortiga, Sangarapillai Kanapathipillai, Barbara Daly, Julieanne Hilbers, Wayne Varndell, and Alison E. Short look at the “sound of urgency” in an emergency department (ED) as it influences patient well-being. Indeed, hospital noise is a global issue, with significant negative effects on health and healing. Sound pressure levels above 85 dBA can be observed regularly, albeit having been banned by European occupational health regulations. The present study examines noise in an Australian ED, indicating that all sections of an ED exceeded the maximum recommended levels by up to 20 dB. Suggestions are made to reduce excessive noise levels such as attention to decreasing the noise generation and through the review of architectural layout and its effect on acoustics.

A field of growing importance with regard to psychophysiological research into therapeutic music is the concept of the so-called neurovegetative rhythmicity, which is at present largely limited to heart rate variability (HRV) as one part that can be easily approached by using standard electrocardiogram equipment. Although the problem of artifacts must be met with care, HRV may be a most valuable, noninvasive tool whereby one can look into the central nervous system’s role in the processing of music. Erik M. G. Olsson, Bo von Schéele, and Töres Theorell have undertaken a study on the effects of choral singing, and they do so using this method. They demonstrate that breathing patterns during the singing of various kinds of songs with varied emphasis, emotion, and tempo have a major influence on HRV when compared to slow breathing exercises. However, individual variances in HRV are high, which may be due to a low degree of synchronization of breathing, and as such this may have a significant impact on HRV.

Further studies are needed, as well as some kind of a standard HRV pattern, to enable more accurate comparisons between

individuals and groups. Research in this area stands at its infancy, and this work offers a wealth of possible traps that can be viewed as further studies are conducted. We are excited to learn more about the physiological impact of singing from this Swedish research group.

In order to meet the publishing needs of an interdisciplinary and worldwide authorship and readership, the editors of this journal introduce a new section in addition to the 2 existing original research studies and clinical reports. Online-only clinical field reports provide “just-in-time discussion” of recent important projects and observations, where scientific evaluation and research have jump-start beginnings. In this vein, Stephanie A. Hovey reports about the effects of musical activity on the self-esteem and self-efficacy of patients with schizophrenia in West Bengal, India. Here, the stigma associated with mental illness is still prominent, contributing to low self-esteem and self-efficacy in people with such psychiatric disorders. Using a qualitative approach, Hovey explores the views of the participants on the effects of musical activity on motivation, mood, self-efficacy, and self-esteem. Findings suggesting that the patients’ evaluation of sessions may provide a general therapeutic effect offer promise related to music therapy in the areas of self-esteem and self-efficacy. Herein lies yet another area where we need more research and further collaboration to enhance our cross-cultural understanding. This issue is again a journey around the globe, where we are touching upon a plethora of various clinical fields, in different regions and cultures within our one world.

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