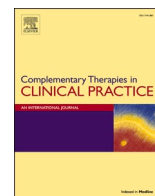




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Letter to the editor



Therapeutic music listening as telehealth intervention

Alongside traditional ways of conceiving telemedicine (management and analysis of clinical data, monitoring, diagnostics, etc.), new ways of remote intervention are developing which consider the person as a whole, not only from a strictly medical point of view. New services are therefore emerging in the telehealth to support the patient, such as training and education in therapy, therapy management, psychological counselling and more. These services constitute an important distance action that can undoubtedly strengthen the patient's care and provide a sort of remote personal trainer that makes the patient feel at the center of a network of interventions that respond to all his needs. I believe that this moment characterized by the suffering and distress of the Covid-19 pandemic is an opportunity to rethink even those interventions, such as music therapy, sometimes excluded from the treatments network, but extremely effective in supporting patients' therapeutic-rehabilitative needs. The scientific literature proves how music, properly used, produces effects on the social, relational, psychological but also physiological level [1]. The action of sound on the individual is extensive and powerful. Neuroscience, medicine and psychology have provided evidence of effectiveness that can be found in the main biomedical and psychosocial scientific databases [2,3]. Music and music therapy interventions have shown their effectiveness in anxiety, especially in the hospital setting [4] but also in other clinical conditions such as in neurological or psychiatric diseases [5]. Moreover, Music therapy has shown effects on depression, in psychiatric and neurological patients [6, 7], and on sleep disorders [8,9]. Music has also shown a specific role in

stress reduction, in the field of pain, work, daily life, etc. [10–12].

Traditionally, music therapy is linked to the relational component: the intervention with music has always been conceived as therapeutic when the use of sonorous element is combined with the "relationship" component. However, therapeutic effects of music listening have also been explored [13]. Therapeutic music listening can be considered as a functional listening of music aimed at reducing/relieving transient or structured symptoms (e.g. anxiety, stress, pain, etc.) or increasing well-being conditions. Therapeutic music listening presupposes that music can work regardless of the therapist's presence. Music listening programs are individualized and are created (sometimes in collaboration with the patient) and proposed by the music therapist on the basis of anamnestic data (related to his or her sound-musical identity and background) taking into account the therapeutic objectives. Therefore, the music listening programs combine individual musical tastes and psychological, neuroscientific, clinical and musical knowledge of the music therapist who addresses the choices toward patient's needs/symptoms. Music listening can be periodically varied or redefined in relation to the results produced. These outcomes are verified through a periodic assessment based on interviews and clinical evaluations (also through the administration of specific assessment scales if needed). Compared to active music therapy, music listening can be considered as a service delivered at a distance without any real problem. The service can be used by individual patients but also by institutions through video calls or telephone contacts followed by the telematic sending of the

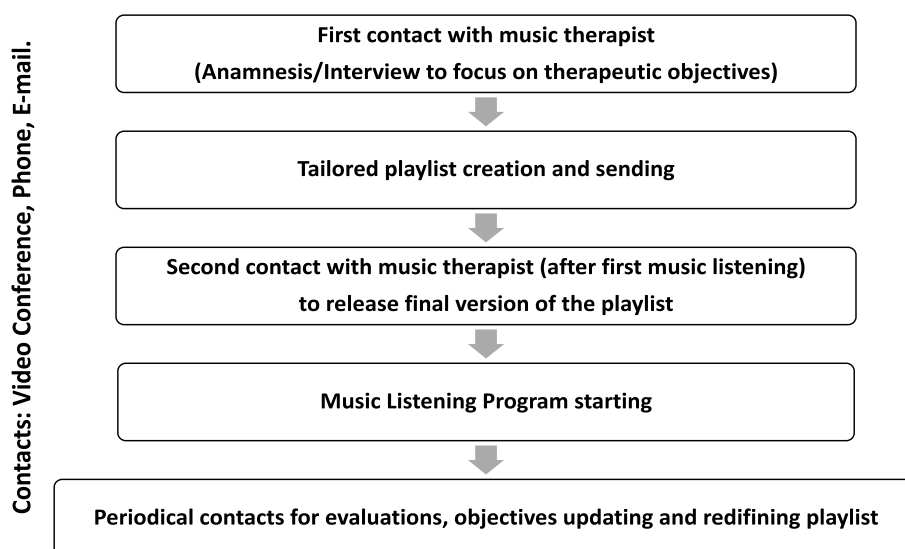


Fig. 1. TeleHealth Therapeutic Music Listening process.

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playlist specifically created to meet the patient's therapeutic needs. This presupposes a process of identification and evaluation of the problem, an anamnestic collection of personal and musical data related to the patient, the creation of the music listening program and a periodic assessment (with the possibility to modulate and vary the proposal in a dynamic way, according to the changing condition of the patient) (Fig. 1). This process, however, creates an essential relationship between patient and music therapist that moves from the setting to the remote contact but ensures that the person's needs are listened to and taken care of.

I believe that this can be an interesting stimulus thinking about a possible therapeutic music listening service as a telehealth service that can be provided by the appropriate structures (also institutions or hospitals) as well as by professionals privately.

This for the field of music therapy constitutes a novelty but also an important resource to improve quality of care in favor of many clinical conditions of a transitory or chronic nature.

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Declaration of competing interest

None.

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