

**POWER IN CREATIVITY: EXPLORING THE USE OF MUSICAL  
NARRATIVES TO COMMUNICATE BIOETHICS  
TO THE NONEXPERT**

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A Thesis  
Submitted to  
the Temple University Graduate Board

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In Partial Fulfillment  
of the Requirements for the Degree  
MASTER OF ARTS

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by  
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May 2024

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## **ABSTRACT**

The field of bioethics relies on the voices of nonexperts when finding solutions for bioethical issues. However, there are many factors that influence an individual's capacity to participate in bioethics. These include one's understanding of bioethics or the relevant jargon, one's awareness of an issue, one's ability to relate to an issue, and one's desire to participate with an issue. Therefore, it is imperative that bioethicists communicate directly with nonexperts to minimize these barriers. After all, if discussions surrounding bioethical issues only include people with high ethical literacy, our solutions will be tainted by sampling bias.

There are currently few strategies aimed at communicating bioethics directly to nonexperts. I propose that musical narratives might serve as a useful communication tool. Narratives are relatable, inspiring, and easier to understand than logical-scientific language. By adding music, it is possible that these narratives will evoke deeper emotions, and improve retention of the topic being discussed. Musical narratives could be a powerful tool for presenting bioethical issues in plain language, in a way that increases awareness, inspires reflection, and encourages productive discussions.

## **ACKNOWLEDGMENTS**

I would like to acknowledge the tremendous debt I owe to the North Philadelphia community. You hosted me in your home for the four years I spent as a medical and graduate student. It was thanks to your generosity that I was able to learn as much as I have. Your resilience is outstanding. Your willingness to share your struggles and victories was a kindness you did not owe me, yet you gave. You largely inspired this project, and I will forever hold immense gratitude to you all.

# TABLE OF CONTENTS

	Page
ABSTRACT.....	ii
ACKNOWLEDGMENTS .....	iii
PREFACE.....	1
CHAPTERS	
1. INTRODUCTION .....	3
What is Bioethics? .....	3
The Role of Society .....	5
Communicating Bioethics to the Nonexpert.....	7
The Intersection of Narratives and Science .....	9
Exploring the Potential Role of Musical Narratives .....	12
A Summary of the Introduction .....	15
2. MUSICAL NARRATIVES .....	17
Compassionate Care Release .....	17
Harm Reduction .....	20
Single-Payer Healthcare.....	23
BIBLIOGRAPHY.....	26

## PREFACE

Throughout history, humans have attempted to divide logic and reason from creativity and emotion. We separated them as if they were opposing factions of intellect that could not coexist in the same individual. We even devised theories to justify this division, such as attributing this duality to the two brain hemispheres. One could either be a creative and intuitive right-brain thinker, or a rational and analytical left-brain thinker.

This idea that one hemisphere of the brain was dominant and determined one's personality emerged as early as the mid-19<sup>th</sup> century<sup>i</sup>. In 1844, Arthur Ladbroke Wigan's book, "A New View of Insanity: Duality of the Mind," suggested that the hemispheres of the brain acted as two separate entities with their own independent will and way of thinking. As this theory gained momentum, stories like "The strange case of Dr. Jekyll and Mr. Hyde" (Robert Louis Stevenson, 1886) became increasingly popular, spreading the idea that the hemispheres of the brain had opposing personalities, with the creative right-brain being primitive and out of control.

Although the left-brain/right-brain myth has long since been debunked, echoes still ripple through our current timeline<sup>ii</sup>. Some characteristics of the "right-brain" have gained acceptance in the "left-brain" community. For example, innovation is highly valued within the scientific community because it breeds novel ideas and experiments that lead to major discoveries. However, there are elements of the former "right-brain" that have continued

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<sup>i</sup> *Neuromyth 6*. (n.d.). Organisation for Economic Co-operation and Development. <https://www.oecd.org/education/ceri/neuromyth6.htm>

<sup>ii</sup> Corballis, M. C. (2014). Left brain, right brain: Facts and fantasies. *PLOS Biology*, 12(1), e1001767. <https://doi.org/10.1371/journal.pbio.1001767>

to hold stigma amongst the scientific community. This has led to the ongoing separation of creative efforts, like art, from scientific spaces.

I've always found this division to be complicated. Certainly, it is understandable that scientific information must be gathered and presented under a particular set of rules or standards that maximize its validity and generalizability. In this way, the “left-brain” characteristics must take the forefront, so as to minimize the potential for inevitable human bias. However, I believe there is a space where creativity can benefit the scientific community, and I don't mean via the already-accepted concept of innovation.

Creative endeavors such as music and art have served a great purpose in my life, and do the same in many others' lives. There is emotion and meaning in these works that moves people and inspires action. Consider how rock 'n' roll became a symbol of counterculture in the 1960s, which inspired a generation to question authority and strive for societal transformation<sup>iii</sup>. There is power in creativity. It is a power that should be used cautiously, but should be used, nevertheless.

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<sup>iii</sup> Beatrice, B. (2023, October 30). *Sounds of Change: Music as Catalyst for Social Change throughout the Ages*. <https://www.linkedin.com/pulse/sounds-change-music-catalyst-social-throughout-ages-beatrice-beatrice-wr1ke>

# CHAPTER 1

## INTRODUCTION

### What is Bioethics?

Whenever we discuss what I am doing in my Urban Bioethics Master's program, my family always has the same question: "So, what is bioethics again?" Every time, I must refrain from responding, "It's complicated."

Various definitions of bioethics have risen over time. In the mid-20<sup>th</sup> century, bioethics existed to resolve simple problems based on Hippocrates ideology. By the end of the 20<sup>th</sup> century, bioethics had grown to encompass "the systematic study of human behavior in life sciences, based on moral principles<sup>iv</sup>." By the 21<sup>st</sup> century, a new definition was needed. Scientific advancements had reached new heights in biomedicine, and with each advancement came new ethical implications. In 2017, Mandal et al described bioethics as "a philosophical discipline encompassing social, legal, cultural, epidemiological, and ethical issues arising due to advance in healthcare and life science research<sup>v</sup>." It is a broad definition that adequately embraces the expansive and ever-growing nature of the field. However, as broad as it is, it is difficult for anyone to understand exactly what, then, counts as bioethics.

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<sup>iv</sup> Cruz Coke, R. (1995, March 1). [Introduction to bioethics in contemporary medicine]. *Rev Med Chil.* 123(3):363-7. PubMed.  
<https://pubmed.ncbi.nlm.nih.gov/8525178/#:~:text=The%20bioethical%20methods%20at%20tempt%20to,by%20the%20new%20medical%20technology>

<sup>v</sup> Mandal, J., Ponnambath, D.K., Parija, S.C. (2017). Bioethics: A brief review. *Trop Parasitol.* 7(1): 5-7. Doi: 10.4103/tp.TP\_4\_17  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5369276>

A narrower definition of bioethics provided by Benatar is that bioethics is “itself only an area of philosophical inquiry” under the greater umbrella of ethics<sup>vi</sup>. This, however, still begs the question of “what are we inquiring about?” There is little agreement on how to define bioethics, as it truly encompasses a wide breadth of topics and possibilities that have yet to be uncovered by scientific advancement.

Some would argue that the definition of bioethics itself is less important than the principles that guide the field. Perhaps the most popular and ubiquitously accepted publication in bioethics, Beauchamp and Childress’s book, “Principles of Biomedical Ethics,” elaborates on four essential ethical principles: autonomy, beneficence, nonmaleficence, and justice<sup>vii</sup>. Simply put, autonomy involves the empowerment of an individual to make meaningful choices without interference or limitations. Beneficence requires us to make choices that produce the most benefit, and, in turn, nonmaleficence requires us to avoid choices that would knowingly produce harm. Justice emphasizes the importance of treating all persons fairly and with equal respect.

It is from these four principles that we guide moral decision-making and action within biomedicine. However, the lines between principles can become blurred. For example, vaccinations introduce a conflict between autonomy and beneficence. Autonomy would grant an individual the right to decline a vaccination, however, beneficence would suppose that public health on the community level demands all people should be

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<sup>vi</sup> Benatar, D. (2006). Bioethics and health and human rights: a critical review. *J Med Ethics*, 32(1), 17–20. <https://doi.org/10.1136/jme.2005.011775>

<sup>vii</sup> Beauchamp, T. L., & Childress, J. F. (2001). *Principles of biomedical ethics* (5th ed.). Oxford University Press.

vaccinated<sup>viii</sup>. For this reason, it is important that we as a society are able to openly discuss bioethical issues to determine the best collective way forward.

Bioethics is by no means clear cut. Therefore, I believe it best to have a working definition for the purpose of this paper, and I will base the definition on the above guiding principles. Bioethics is the discipline of empowering people with knowledge, maximizing moral right, minimizing moral wrong, and advocating for equity within the field of biomedicine. This is how I have come to experience the field during my studies, and how I will carry it forward in practice.

### **The Role of Society**

One of the dilemmas presented in my chosen definition of bioethics is that it includes the use of moral right and moral wrong, as if they are as clearly divided as a right-brain thinker from a left-brain thinker. In reality, one's morality is blurry and subjective. It varies based on a number of personal beliefs and life experiences that are not commonly shared by everyone else. Therefore, it is important for people to have open conversations about what they believe to be "right" or "wrong" in order to determine which values are largely shared within a society. The shared values can then be utilized as a base for finding solutions to ethical dilemmas that arise in biomedicine.

In this way, bioethics inherently depends on the public's capacity to understand the circumstances and background of a bioethical issue when it arises. Furthermore, the public must be able to deliberate openly with others about their concerns in order to find the best

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<sup>viii</sup> Sween, L. K., Ekeoduru, R. A., & Mann, D. E. (2022). Ethics and pitfalls of vaccine mandates. *ASA Monitor*, 86(2), 24–25.  
<https://doi.org/10.1097/01.asm.0000820408.65886.28>

collective way forward<sup>ix</sup>. Many factors could hinder one's ability to participate in these societal conversations. A few of these include one's awareness of an issue, one's understanding of an issue (or lack thereof), and one's desire to participate in broader conversations. If the people are not aware, do not understand, or do not discuss these issues, it is impossible to find the way forward that best represents the true collective opinion on what is morally right and wrong.

If the solution for a bioethical issue is not representative of the true collective, it is likely the result of sampling bias. Sampling bias occurs when some members of a population are systematically more likely to be included in a sample than others. In this case, the sample is the group of people who participate in broader conversations about the moral right and wrong of a bioethical issue. The sampling bias, then, is that people are more likely to participate in these conversations if they are aware of the issue, they understand the issue, and they care to discuss the issue.

However, bioethics can be incredibly inaccessible to the nonexpert. Despite inherently depending on societal involvement, many people don't even know what bioethics is. Moreover, it is a study under the umbrella of philosophy, which is notoriously riddled with complex jargon that can be difficult for a nonexpert to understand. These limitations can lead to major implications in the form of sampling bias when finding solutions for bioethical issues. If only a small group is aware of an issue or can understand the relevant jargon, then a biased sample of voices (ie, only those with high ethical literacy)

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<sup>ix</sup> Lee, L. M., Solomon, M. Z., & Gutmann, A. (2014). Teaching bioethics. *Hastings Center Report*, 44(5), 10–11. <https://doi.org/10.1002/hast.352>

would be responsible for deciding the way forward for the collective. In this way, the solution may not truly reflect the shared values of the general public.

### **Communicating Bioethics to the Nonexpert**

It is important, then, to find ways to communicate bioethical issues to society. No matter what level of expertise an individual may have, they should have the capacity to participate in these conversations. If we as bioethicists can find ways to communicate to any audience what bioethics and its related issues are, we can minimize the amount of sampling bias that occurs when seeking solutions to these issues.

This is not a new topic of discussion in bioethics. Ongoing efforts are being made to address the challenges of bioethical pedagogy. For example, Lee et al describes several strategies in their publication “Teaching Bioethics<sup>x</sup>.” These include implementing bioethical training programs for healthcare professionals, using hands-on experiences to supplement theoretical classroom teachings, and encouraging interdisciplinary conversations between bioethicists and healthcare providers about the reality of current bioethical issues.

There remains a great amount of room, however, to explore how bioethicists can communicate directly with the public to improve general ethical literacy and promote these important conversations about moral right and wrong. Many existing efforts, including those in the example above, utilize healthcare providers as intermediaries between bioethicists and the public. However, there are limited discussions exploring how bioethicists can communicate directly with nonexperts.

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<sup>x</sup> Lee, L. M., Solomon, M. Z., & Gutmann, A. (2014). Teaching bioethics. *Hastings Center Report*, 44(5), 10–11. <https://doi.org/10.1002/hast.352>

It seems advertising and promotion are the most widely utilized strategies for communicating directly to a nonexpert. Fortunately, there exist a set of ethical rules of healthcare marketing, which were created to ensure that medical information, including that related to bioethical issues, is shared with the public in an ethical way<sup>xi</sup>. For instance, promotional messages must be truthful and consistent with reality. Despite the existence of this ruleset, advertising and promotion can be misleading to various vulnerable groups. One can imagine how a patient with serious suffering may be more likely to trust any promise more easily in an attempt to ease their suffering. Thus, advertising and promotion must be used with caution in biomedicine and bioethics, and we should continue exploring alternative strategies for communicating these topics to the nonexpert.

So what if we considered marrying the right-brain and left-brain, so to speak? Perhaps it is possible for bioethicists to use a more creativity-based form of communication when corresponding with nonexperts. Art in many forms has empowered people for decades and inspired them to use their voice<sup>xii</sup>. It has potential as a useful tool that bioethicists can use to improve understanding of what bioethics and its related issues are, and to inspire people to partake in necessary conversations about moral right and wrong.

Before we continue, it is important to mention the context of the current times. We are currently navigating the lingering effects of a global pandemic. During this time,

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<sup>xi</sup> Solomon, M., Radu, G., Hostiuc, M., Margan, M.M., Bulescu, I.A., Purcarea, V.L. (2016). Ethical issues in advertising and promotion of medical units. *Rom J Ophthalmol*, 60(4): 216-218. PMC5711284. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5711284/>

<sup>xii</sup> Jago, M. (2023, June 28). *Creativity and Social Justice: How Creatives Can Make a Difference — The Creativity Conference*. The Creativity Conference. <https://www.creativityconference.is/blog/creativity-and-social-justice-how-creatives-can-make-a-difference>

various bioethical issues such as vaccinations came to the forefront of societal conversations. However, these conversations became politically charged topics that spiraled into whether or not scientist-advisors are reliable and trustworthy sources of information. We have seen the effects of spreading misinformation and are still trying to understand the full impact of these recent issues on the future of the field of bioethics. As we acclimate to the new normal of our times, we must continue to find ways to encourage the general public to have open conversations about shared values despite the rising social controversy.

### **The Intersection of Narratives and Science**

Storytelling is a creative means in which one uses a narrative to communicate a message. Throughout this paper, I will use the term “narratives” to describe such stories. Narratives can be understood as stories of events related by cause-and-effect, occurring over a particular period of time, with an impact on particular characters. Although they can be nonfiction, they are often contrasted with logical-scientific communication. Additionally, they have been historically frowned upon by the scientific community for their lack of generalizability and potential for bias and misinformation<sup>xiii</sup>.

Despite these hesitations, there is growing momentum for exploring the potential role of narratives in science and health communication. In their article “Using narratives and storytelling to communicate science with nonexpert audiences,” Dahlstrom extensively

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<sup>xiii</sup> Dahlstrom, M.F. (2021, Apr 13) The narrative truth about scientific misinformation. *Proc Natl Acad Sci U.S.A.*, 118(15): e1914085117. <https://doi.org/10.1073/pnas.1914085117>

explores the intersection of science communication and narratives<sup>xiv</sup>. They discuss how most people engage with science information through mass media, given that we live in an age where technological advancements have given more people direct access to large amounts of information on the internet. Mass media is already biased towards the use of narratives, which are easier to understand than logical-scientific communication. Additionally, they note how narratives are intrinsically persuasive and more engaging to the nonexpert. The element of personification that is present in a narrative makes them more relatable and trustworthy than the abstractness of logical-scientific communication<sup>xiv</sup>.

Unfortunately, the narrative bias of personification contributes largely to the hesitation held by the scientific community, as this bias carries an increased risk of spreading misinformation. While someone's narrative about their own personal experiences certainly constitutes truth in one form, it is a different type of truth than science communication. Typically, scientific inquiries identify non-specific patterns that can be generalized to a variety of circumstances, leading to a sort of greater conclusion, or truth, being drawn. In this way, both narratives and scientific communication speak "truth" in some way, which can lead to confusion over what truth really is and lead to spreading misinformation<sup>xv</sup>.

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<sup>xiv</sup> Dahlstrom, M. F. (2014). Using narratives and storytelling to communicate science with nonexpert audiences. *Proceedings of the National Academy of Sciences of the United States of America*, 111(supplement\_4), 13614–13620. <https://doi.org/10.1073/pnas.1320645111>

<sup>xv</sup> Dahlstrom, M.F. (2021, Apr 13) The narrative truth about scientific misinformation. *Proc Natl Acad Sci U.S.A.*, 118(15): e1914085117. <https://doi.org/10.1073/pnas.1914085117>

Unlike advertising and promotion, narratives do not yet have a general set of ethical rules to which they must conform. However, anyone considering the use of narratives to communicate bioethics to nonexperts should conform to similar guidelines. Information should never be dishonest, nor should it intentionally mislead the consumer. Though a narrative need not be nonfiction, it should never be inaccurate nor misrepresent an issue.

Ultimately, narratives pose similar risks as advertising and promotion, and caution should be taken when using them to communicate bioethics and related issues to nonexperts. However, narratives have many potential additional benefits, such as their ability to connect with people's humanity. It's important to recognize that bioethics is inherently value-loaded<sup>xvi</sup>. As opposed to other scientific disciplines that attempt to remain value-free in order to yield an objective truth, bioethics can benefit from creative and emotional narratives that inspire people to reflect more deeply on their values.

As discussed above, personification in a narrative comes with risk. However, it may also lend itself to bioethics communication more than it would in logic-based sciences. Bioethics is inherently dependent on society's ability to identify their values in relation to bioethical issues. If a bioethicist were to communicate a bioethical issue to a nonexpert using a narrative, the personification within that narrative would likely allow a reader to connect more deeply with the information. It might enhance the nonexpert's ability to engage with the bioethical issue and encourage them to participate in societal conversations to find the best way forward.

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<sup>xvi</sup> Azariah, J. (2009). Bioethics Science: Is it? *J Med Ethics Hist Med*, 2:18.  
PMC3713923  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3713923/#:~:text=Bioethics%20is%20a%20bridge%20between,as%20another%20discipline%20of%20science>

Another consideration for the power in a narrative is that they are intrinsically persuasive<sup>xvii</sup>. This can lead to situations like the previously mentioned vaccination dilemma, where the four principles of bioethics are not always in agreement with each other. Take a situation where there is a clear moral right regarding public health. In this instance, the principle of beneficence would encourage the use of persuasion in a narrative to encourage the nonexpert towards a particular moral stance. Despite breaking the principle of autonomy, this would be the more ethical option<sup>xvii</sup>.

Worth mentioning, too, is the growing field of Narrative Medicine, which is “an international discipline at the intersection of humanities, the arts, clinical practice, and health care justice<sup>xviii</sup>.” Narrative Medicine is often utilized to assist health care providers with many concepts rooted in bioethics. It was integrated within my own medical school curriculum, and allowed me to deepen my understanding of bioethics as a future healthcare provider. If narratives can hold a role in training our healthcare providers, then it can be argued that they hold a role in teaching the rest of the population too.

### **Exploring the Potential Role of Musical Narratives**

Suppose we take the creative process one step further and add music to the narrative we tell. The addition of music to a narrative has the potential to compound certain benefits. Music and song has long been used to amplify marginalized voices and inspire people to

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<sup>xvii</sup> Dahlstrom, M. F. (2014). Using narratives and storytelling to communicate science with nonexpert audiences. *Proceedings of the National Academy of Sciences of the United States of America*, 111(supplement\_4), 13614–13620. <https://doi.org/10.1073/pnas.1320645111>

<sup>xviii</sup> *Division of narrative medicine*. (2022, March 21). Department of Medical Humanities and Ethics. <https://www.mhe.cuimc.columbia.edu/division-narrative-medicine#:~:text=Narrative%20medicine%20is%20an%20international,phenomenology%2C%20and%20liberatory%20social%20theory>

act<sup>xix</sup>. This is the type of behavior that we should encourage in bioethics. By engaging in conversations about bioethical issues, we can drive forward positive changes based on shared societal values.

One of the ways in which music can add value to a narrative is through emotion. As neuroscientists continue to unravel the connection between music and emotion, they have found the relationship to be complex. However, it is widely accepted that music evokes strong emotion in the listener, and various neural substrates have been linked to these emotions<sup>xx</sup>.

Although a narrative on its own may have emotional impact, it is possible that the addition of music could deepen this emotion. For example, consider a film without background music. Would your heart race as fast during the intense action scene? Would your eyes fill with tears when the family says goodbye to their beloved pet? Would you feel the same eeriness and suspense in a horror film? The background music in film has also been shown to increase attention levels in viewers<sup>xxi</sup>, making it an even more indispensable part of this example.

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<sup>xix</sup> Jago, M. (2023, June 28). *Creativity and Social Justice: How Creatives Can Make a Difference — The Creativity Conference*. The Creativity Conference. <https://www.creativityconference.is/blog/creativity-and-social-justice-how-creatives-can-make-a-difference>

<sup>xx</sup> Vuilleumier, P., & Trost, W. (2015). Music and emotions: from enchantment to entrainment. *Annals of the New York Academy of Sciences*, 1337(1), 212–222. <https://doi.org/10.1111/nyas.12676>

<sup>xxi</sup> Kwon, Y., Lee, J., & Lee, S. (2022). The impact of background music on film audience's attentional processes: Electroencephalography alpha-rhythm and event-related potential analyses. *Frontiers in Psychology*, 13. <https://doi.org/10.3389/fpsyg.2022.933497>

Another way in which music can add value to a narrative is by enhancing memory. Music has been shown to enhance memory processes<sup>xxii</sup> and has been studied extensively regarding its potential to support people with memory loss such as dementia<sup>xxiii</sup>. The addition of music to a narrative may improve the attention of the nonexpert and facilitate retention of the information they gained from the musical narrative.

Both the stronger emotions and increased retention of a musical narrative may encourage a nonexpert listener to reflect on their own beliefs as they relate to the narrative. If a bioethical issue were presented in a musical narrative, a nonexpert listener may be inspired to identify their own moral stance on the topic. Furthermore, they might have more capacity to engage in future discussions about the issue if they have retained more of the relevant information.

Lastly, although the interdisciplinary relationship between art and science has not always been strong, music serves as a sort of bridge between disciplines. It holds a well-established place in the biomedical community through its therapeutic role in psychiatric and behavioral disorders<sup>xxiv,xxv</sup>, memory disorders<sup>xxiii,xxv</sup>, autism spectrum disorders<sup>xxv</sup>,

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<sup>xxii</sup> Jäncke, L. (2008). Music, memory and emotion. *Journal of Biology*, 7(6), 21. <https://doi.org/10.1186/jbiol82>

<sup>xxiii</sup> Matziorinis, A. M., & Koelsch, S. (2022). The promise of music therapy for Alzheimer's disease: A review. *Ann. N.Y. Acad. Sci.*, 1516(1), 11–17. <https://doi.org/10.1111/nyas.14864>

<sup>xxiv</sup> *Music therapy as a complementary form of therapy for mental disorders*. (2019, December 27). PubMed. <https://pubmed.ncbi.nlm.nih.gov/31945027/#:~:text=The%20analyzed%20data%20demostrated%20good,the%20quality%20of%20their%20life>

<sup>xxv</sup> Gassner, L., Geretsegger, M., & Mayer-Ferbas, J. (2021). Effectiveness of music therapy for autism spectrum disorder, dementia, depression, insomnia and schizophrenia:

pain and anxiety<sup>xxvi</sup>, and more. It has been considered for use in pedagogy, such as using songs to teach ethics to rising healthcare professionals<sup>xxvii</sup>. However, the use of musical narratives in communicating bioethics to nonexpert audiences has yet to be explored to my knowledge at the time of writing. Perhaps, then, musical narratives can be used as a bridge to the nonexpert as well.

### **A Summary of the Introduction**

In summary of the above, the field of bioethics relies on the voices of nonexperts when finding solutions for bioethical issues. However, there are many factors that influence an individual's capacity to participate in bioethics. These include one's understanding of bioethics or the relevant jargon, one's awareness of an issue, one's ability to relate to an issue, and one's desire to participate with an issue. Therefore, it is imperative that bioethicists communicate directly with nonexperts to minimize these barriers. After all, if discussions surrounding bioethical issues only include people with high ethical literacy, our solutions will be tainted by sampling bias.

There are currently few strategies aimed at communicating bioethics directly to nonexperts. I propose that musical narratives might serve as a useful communication tool. Narratives are relatable, inspiring, and easier to understand than logical-scientific language. By adding music, it is possible that these narratives will evoke deeper emotions, and

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update of systematic reviews. *European Journal of Public Health*, 32(1), 27–34.  
<https://doi.org/10.1093/eurpub/ckab042>

<sup>xxvi</sup> Santiváñez-Acosta, R., De Las Nieves Tapia-López, E., & Santero, M. (2020). Music Therapy in Pain and Anxiety Management during Labor: A Systematic Review and Meta-Analysis. *Medicina-lithuania*, 56(10), 526.  
<https://doi.org/10.3390/medicina56100526>

<sup>xxvii</sup> O'Mathúna, D. P. (2022). Nursing ethics education. *Nursing Clinics of North America*, 57(4), 613–625. <https://doi.org/10.1016/j.cnur.2022.06.009>

improve retention of the topic being discussed. Musical narratives could be a powerful tool for presenting bioethical issues in plain language, in a way that increases awareness, inspires reflection, and encourages productive discussions.

## CHAPTER 2

### MUSICAL NARRATIVES

To begin exploring the role that musical narratives might be able to play in communicating bioethics to the nonexpert, I wrote three songs on various topics under the umbrella of bioethics. These musical narratives are based on my own experiences as a medical student and in my Urban Bioethics Master's program. These musical narratives are not meant to be absolute truths, but rather introduce various topics in bioethics. My goal was to create something accessible that would inspire folks to engage in respectful conversations with each other related to these issues.

I'll allow the works to speak for themselves, as explaining them further would defeat the purpose of exploring their potential on their own. The following musical narratives may be found on various music streaming platforms under their listed title, the artist name Brianna Zenk, and the album name "Power in Creativity." The lyrics for each musical narrative are included below.

#### **Compassionate Care Release**

[Operator]

Hello, this is a prepaid collect call from an inmate at a federal correctional facility. This call is subject to recording and monitoring. To accept this call, press 1 now.

[Her - spoken]

Hey!

I'm good, how are you?

Okay

Yeah, just tell me

What's going on?

[Her]

Wait a second please, I don't understand

Do you mean to say you're a dying man?

How can it be so fast?

There has to be a chance

This cannot be the last goodbye

I cannot tell you how but I'll find a way

I promise I won't rest until I reach that day

I know that you're confined

But maybe I can try –

[Operator]

We're sorry, your call has been disconnected.

[Him]

Doctor sent a note that I'm out of time

But I can't even search the web to verify

The bias that I face

For being in this place

Won't send me to an early grave

Pen and paper seems to be the only route

But every minute matters when you're running out

Could check in with the guards

Or ask around the yard

But that would never get me far

So I'll write a letter in hopes that I can find

Something to make better what I have to leave behind

I'm stuck inside these prison walls

And all I have are her phone calls

So I'll find whatever I can from the inside

[Him – spoken]

Dear Prison Health News,

I was recently told I have a terminal illness and don't have long to live. Can you please tell me if this is accurate? I didn't really understand what the doctor said. Also, is there any chance I can get released early? I'm out of time to pay.

Sincerely

[Her]

Disadvantaged, overcrowded, understaffed

Realistically this was a death sentence

No specialists to care

And resources are rare

A broken system everywhere

Wonder where to go, don't know who to trust

Politicians have the power but for what?

They represent our voice

And so we have a choice

The only way to make some noise

Is to write a letter in hopes that we can find

something to make better the world he'll leave behind

He's stuck inside those prison walls

And yet they make him take the fall

So I'll try whatever I can from the outside

### **Harm Reduction**

They call me an addict like it's the only thing I am.

They think I'm dramatic, that my pain is just a scam.

So they lock me up and break me down until I leave without their help,  
because I'm an addict and nothing else.

I try to quit but I feel like I am drowning.

Not using would be like telling me to not go up for air  
and just give into it, let me drown to live again.

Because I'm an addict, I'm already dead.

It all started when I got the script of Xanax from the doctor,  
all the deals above the table 'til it wasn't hitting hard enough.

I started getting extra from the guy around the corner,  
trading anything and everything to keep from being sober.

I tried quitting, I tried rehab, been to detox to get clean but  
every time I hit the streets again I wind up sinking deeper.

Wish I knew my bars were laced with dope, I'm not sure I'da bought 'em  
cuz the drugs have been my anchor and I'm bout to hit rock bottom.

Once I started shooting up I thought it couldn't go much further,  
but I didn't know that dope was moving on to tranquilizer.

Then my flesh began to rot away, my skin becoming liquid.

I was living as a zombie but it wasn't science fiction.

So I found a new supplier but my tolerance was low,  
and when I overdosed I had to go back to the hospital  
and face the people, face the system that had sent me down this path.

Would they call me just an addict, or help to bring me back? (back, back)

(back, back, back)

(back, back, back)

(back, back, back, back, back)

Don't call me an addict like it's the only thing I am.

Its problematic. My identity is more than that.

I'm a person, just like you, with a disorder of substance use.

I don't wanna die. Help me survive.

Until I quit, I'll take all the help I can,

and even then, I'll need help to not relapse.

It's a lifelong thing I have. The fight will never have an end.

I don't wanna die. Can I survive?

I'll take every step I can to make it safer, I won't waiver.

Call it harm reduction while I reconstruct my own behavior.

I'll exchange all of my needles at the program down the street,

and keep 'em sterile. I won't share 'em so infection's less likely.

Won't inject into my neck because the risks with that are higher,

and I'll check my drugs with test strips when I get a new supplier.

I'll never use alone and I'll have Narcan at the ready.

I'll take it day by day recovery is slow and steady. (steady)

(steady, steady, steady)

(steady, steady)

(steady, steady, steady)

### **Single-Payer Healthcare**

Hi mama,

I need to tell you a story.

You're not gonna like it,

for that I am sorry.

I went to the doctor

like you told me I should do.

Are you sitting down yet?

Are you ready for the news?

Well I, I didn't know that time

was limited for sure.

If only I had known before,

then I, I would have tried to find

a reason for the bruise

to make sure it was better news,

But now it's gone too far,

so far beyond

past the point of curing,

now it's just a ticking bomb.

I put off going to the doctor  
because I didn't have health insurance.

I couldn't afford what  
my employer was offering.

The monthly cost and deductible  
were too high for me to make,  
so all of my screening tests  
were delayed 'til I could pay.

Well I, I didn't know that time  
was limited for sure.

If only I had known before,  
then I, I would have tried to find  
a reason for the bruise

to make sure it was better news,

But now it's gone too far,

so far beyond

past the point of curing,

now it's just a ticking bomb.

(oh no)

When will it explode,

nobody knows.

(Oh oh)

Mama I am sorry.

Hi mama,

can I ask you a favor?

The system is broken.

It needs major changes.

Polls show that people,

we want something different,

but politicians need money

and insurance companies can pay.

They pay,

and politicians take,

and then they win the race,

and there's no change.

But have we gone too far

so far beyond

past the point of curing?

Are we lost?

Let's fight the ticking bomb.

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