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Perspectives

Ethical Playlist Curation: A dynamic and evolving process asking not only what works, but for whom, in what contexts, and why

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Introduction

Music playlists and music-based interventions have emerged as promising approaches to promoting positive mood and well-being in various populations, including persons living with dementia. However, the ethical curation of playlists has received relatively little attention in clinical practice, potentially reducing the effectiveness of this modality and increasing the risk of adverse events in listeners.

Objective

The objective of this perspective paper is to explore how musical playlist curation can be ethically and effectively considered using practices such as musical humility.

Methods

We explore the ethical and effective employment of musical playlist curation through the concept of musical humility. We apply our perspective to the care of persons living with dementia and their care partners. A framework outlining theoretical aspects of music-based interventions structures subsequent discussion tying musical humility to the ethical curation of a playlist. The model is based on: 1) music's ties to identity; 2) music's inherent relationality; and 3) music's cultural embeddedness.

Results

The framework is applied in the context of care or caring (*i.e.,* formal/informal care partner-recipient interactions) to consider the significance of using playlists to achieve the desired health outcomes in care recipients. The importance of flexible, adaptable, and evolving playlist creation and curation is highlighted to encourage positive outcomes, with consideration for those that may have experienced past traumas.

Discussion

Our perspective on playlist curation challenges transactional models by emphasizing personalized, relational, and culturally informed co-curation, evolving through trust, individual history, and interdisciplinary collaboration. Within this framework, ethical playlist curation honors the lived experiences of individuals, asking not only what works, but for whom, in what contexts, and why.

INTRODUCTION

Music-based interventions (MBIs) use music, or music-related experiences, to achieve specific health-related and therapeutic goals, including enhancing listeners' moods, supporting well-being, and improving listener's quality of life.[1] An example of an MBI is the creation, application, and evaluation of a music playlist's effects on an individual or social group. As MBIs become more widespread, playlist curation can benefit from thoughtful consideration of the listener's full experience of the playlist, including before, during, and after listening, while engaging with the ethical dimensions involved. This not only unlocks music's full potential as an intervention, but also helps mitigate negative outcomes, such as increased anxiety and worry, and in severe cases, triggering trauma and adverse behaviors.[2] Consideration of ethical curation raises important questions: who decides what music comprises the playlist? In what contexts might playlists work best and why?

To address these questions, this paper explores how playlists can be ethically and intentionally designed through the concept of musical humility, with particular fo-

cus on their application in dementia care. Dementia care is a significant issue, particularly because of the increasing number of persons living with dementia (PLWD) around the world. PLWD represent a growing subset of older adults – 57 million in 2019 with anticipated increases to 153 million by 2050 – increasing burden on care partners and society at large.[3] A primary reason for our focus on PLWD is due to our expertise in this area, the relatively recent focus on MBIs and aging-related neurodegenerative diseases, and the possible neuroscientific basis behind musical memory preservation in certain neurodegenerative diseases.[4,5] In doing so, this paper explores how ethical playlist curation can honor the lived experiences of care recipients and foster a relational environment that embraces music's wide spectrum of therapeutic possibilities.

To identify the elements that contribute to ethical playlist curation, this paper presents a reference clinical vignettte and examines the theoretical foundations of music-based interventions using a three-pronged approach, followed by an introduction of the concept of musical humility. The theoretical aspects of music-based interventions introduce core features of ethical curation of a playlist based on music's: 1) ties to identity; 2) inherent relationality; and 3) culturally embeddedness. Following this discussion, this paper establishes music's influence within care contexts and examines which elements of music are most salient for the curation process, including contexts in which playlist curation are appropriate, outcomes to consider, and prior work in music-based care. Based on these considerations, we propose a guiding set of questions, considerations, and actions for ethical playlist curation.

CLINICAL VIGNETTE

Imagine you are a care partner or provider for a person living with dementia. You recently learned of the benefits of MBIs and decide to create a playlist containing songs that you believe are meaningful to the person's cultural heritage, generation, and experiences. Upon playing one of the songs, your care recipient has an intense negative response to the music. What happened? What can you learn from this experience to limit the possibility of it happening again?

THEORETICAL ASPECTS OF MUSIC-BASED INTERVENTIONS

How is it that music can provide such a uniquely powerful and compelling intervention? To answer this, it is helpful to examine the elements of playlist curation that stand out against traditional and clinical approaches to care; characteristics that, for this very reason, cannot be reduced to hypothesis-driven science.[6-8]

Music is deeply tied to one's identity. Identity can be defined as a complex alignment of one's perception of self, history, body image, attitudes, temporality, gender, authenticity, and ethnicity.[9] Disturbance of identity is a part of both psychopathology and cognitive disorders and thus impacts clinical interventions and considerations of care.[9] In relation to music, Volgsten and Pripp propose that engagement with long-known familiar music can be a binding agent for diasporic identity formation.[10] Embedded in this notion is the idea that music reflects the richness of every individual, which is why considerations such as personal preference should not be overlooked in ethical playlist curation. In the context of MBIs, music's unique ability to harmonize aspects of personhood not only encourages identity reformation but—especially in individuals with dementia—can reduce the risk of losing one's sense of self.

Music is inherently relational.[11] Nielsen and Cobussen suggest, "music contributes to a better understanding of one's place within the world, and thus, to an ethical sensibility."[12] In a similar vein, according to Palazzolo, music is conceived as a *moral endeavor*, where care extends not only to music itself but also to the individuals involved in its creation and performance: "the continuity of musical tradition and its aesthetic value depend on the care and responsibility each generation shows toward both the participants and the evolving cultural products of this process."[12] Music curation can thus be understood as a participatory ethical responsibility, where interventions serve not only as a form of care, but also as a deliberate and conscientious act of enhancing interpersonal connection and participating in co-creation.

Music is culturally embedded. Its temporal and generational nature enable it to bridge communities, cultures, and personal narratives over time. Ethnomusicology is one discipline which traces musical embeddedness in cultural and ethnic identities. Ethnomusicological methods (*e.g.*, participant observation and fieldwork) are helpful tools to account for an individual's cultural backgrounds and associated musical tastes, making it a valuable disciplinary orientation for the co-curation process to progress humanistically. Jennie Gubner and Theresa Allison have made substantive contributions to the development and understanding of MBIs in dementia care through ethnomusicological methods. Their work demonstrates how MBIs support the well-being and quality of life for PLWD, their informal care partners, and youths engaging in the selection of music that best aligns with the individual's social and cultural context.[13,14]

MUSICAL HUMILITY

In 2018, William J. Coppola performed an ethnographic study examining the role of humility in a high-school jazz band. After witnessing the band's pride result in an unexpected rejection from a major competition, Coppola coined the term "musical humility" to describe the balance between personal ego and collective musical growth.[15] The concept of musical humility bridges these features of music's relationality with how they can be enacted in musical practice. Musical humility more specifically refers to a mindful approach of musical engagement, attempting to emphasize the collective over the individual, creating a supportive and collaborative environment where all contributors to the engagement can do so equitably.[15] Coppola writes, "[Musical humility's] classification is generated by the interactions between interpersonal, intrapersonal, so-

Table 1. Six-step process to manage negative responses to music in persons living with dementia.

Managing negative responses to music in PLWD	
Step	Process
1	Identify most vulnerable individuals
2	Monitor and support strategies in case of adverse events before music plays
3	Be ready to stop the music at any time
4	Keep tabs of what music was played, for how long, where, when, and the individual's response
5	Try different music and strategies that have previously cheered someone up after an adverse event
6	Modify the existing playlist based on observed effects

Adapted from Music Playlists for People with Dementia: A Guide for Healthworkers, Carers, and Family.[2]

cial, and musical domains: (a) purposeful musical engagement and collaboration, (b) a lack of superiority, (c) the acknowledgement of shortcomings and learnability, (d) other-orientedness, and (e) healthy pride." Musical humility abstracts any ego-centric narrative from one's engagement with another's musical identities, and thus provides a holistic map in which music shifts from unilateral narratives to prosocial interactions between two or more individuals.

MUSIC IN THE CARE CONTEXT

Music's inherent ties to identity, relationality, culture, and individual experiences moderate music's associations with emotional wellbeing and quality of life, shared experiences and community building, and cognitive health.[1,16-19] In addition to the genre or style of music played, varying ways of music participation, *e.g.*, active or receptive, can have significant impacts on the intended health outcomes.[20] Additionally, severity of psychiatric or cognitive symptoms can influence the co-creation of what is played, when, and for how long.[21,22] To inform care staff on differences in disease severity, music involvement, and health outcomes, technological training modalities such as The Music Attuned Technology Care via eHealth (MATCH), are exploring how playlist curation is beneficial when tailored to the individual.[23]

In reverence for an individual's identities and experiences, co-curation is essential to ethical playlist design and requires ongoing iterative refinement to assess what works, what doesn't, when, for how long, and why. Practicing such reverence may lead to greater musical humility, which in turn may lead to more effective ethical curation. Frustration and liminality (*i.e.* transient states) can be natural parts of the process.[24] An individual's responses "to the same piece of music can fluctuate" depending on the circumstances of the moment, beckoning a "dynamic evolving process." (Baker F, Email communication with A. Colverson, B. McEachen, and D. Cohen regarding ethical playlist curation. August 14, 2025.)

Importantly, MBIs require sensitivity to notice and adapt to the needs of the intended listener. Inappropriate musical selection can disregard one's lived experiences, and in doing so, may not only reduce therapeutic effectiveness but also alienate the listener. Trauma-informed qualitative research is an important frame from which to base ethical playlist curation through ongoing processes of consent, choice, and trustworthiness, "especially when introducing music"[25] – a point further emphasized in personal communication (Baker F, Email communication, August 14, 2025). Prior work in individualized trauma-informed music listening has demonstrated the possible benefits of music on emotion regulation and emotional healing in middle school students, specifically to address toxic stress.[26] Researchers from Western Sydney University suggest a six-step process to manage the negative responses to music, particularly with PLWD.[2] See Table 1.

While extreme negative reactions are rare, occurring in perhaps as few as 1 in 50 cases, according to an expert, the purpose of carefully curated playlists is twofold: 1) to minimize the risk of such outcomes, and 2) to maximize the many positive benefits that can emerge when music is used consistently, deliberately, and with intention (Cohen D. Zoom conversation with the authors. September 29, 2025). Importantly, negative reactions to a given song or playlist may require careful attention from the facilitator to determine whether any benefit may be present for a recipient. In some music therapy work, for example, music therapists have demonstrated the possible benefits of participation in music activities, specifically how crying may yield personal discoveries about oneself, including an acceptance of repressed feelings and a cathartic release.[27]

PRACTICING PLAYLIST CURATION

A program that has successfully demonstrated playlist curation is *Music and Memory* (*M&M*).[28] *M&M* is linked to the documentary "Alive Inside," which chronicles the lives of PLWD as they listen to personalized playlists.[29] Research on *M&M* supports its efficacy in momentarily lowering verbal agitation in PLWD,[30] however more studies are needed.

M&M has provided a step-by-step how to guide for creating a personalized music playlist. The guide suggests making music part of daily care, supporting mealtimes, creating or enabling calming moments, and encouraging regular movement for both the care recipient and partner. *M&M* suggests evaluating when and for how long the playlist attains the desired effect from the perspective of the care partner. Create two or more playlists, including calming and upbeat options. Integrate music listening at mealtimes,

Table 2. Guiding Considerations for Creating a Personalized Playlist.

Who...	What...	Where...	When...	How...
Consider: - How does the listener(s) identify? What music might be most significant for the person? - Are friends and family present who know the recipient's preferences? - What is the individual's cognitive and emotional state?	**Consider:** - What is the playlist's purpose (for rehabilitation, anxiety reduction, catharsis, etc.)?	**Consider:** - Is the playlist being played in private or public spaces; indoors or outdoors; through headphones or speakers? - Consider resources, such as the "Music for the Dementia Journey" PDF[31]	**Consider:** - Is the playlist being played at specific times of the day (during meals, bathing, waking, or sleeping) or at moments of transition (going to appointments, waking up, into or out of the bath or shower)?	**Consider:** - How can the playlist continue to evolve through co-curation?
Act: -Ask the listener, family members, and loved ones. Co-curate the playlist based on music relevant to who they are.	**Act:** - Adapt the playlist based on its purpose; notice what works, what doesn't, and evolve as needed.	**Act:** - Adjust the volume, placement of headphones or speakers depending on the physical surroundings	**Act:** -Test the playlist's efficacy across different time points and pay attention to its adaptation accordingly	**Act:** -Practice musical humility and intention while co-curating the playlist

Playlist curation is an ever-evolving process. Take time, be patient with yourself and with your care recipient.

transitional moments (*e.g.*, getting out of bed, bathing, and transportation to/from medical appointments), and other moments of sustained attention to the care recipient. Following these steps can lead to sustained effects and positive outcomes for both the care partner and recipient.

DISCUSSION

Music is central to one's identity. Therefore, music that is *individually, culturally, and historically meaningful* may be the most beneficial in formal and informal care settings. While numerous studies, as outlined in this paper, have demonstrated music's benefits on physical, mental, and emotional health, ethically co-curated playlists with a focus on the individual have the added potential of preserving one's identity. Personalized music also increases the likelihood of improved adherence and engagement, preserving individual autonomy and agency, and fostering connection between the music facilitator and recipient. Together, these impacts on both the individual and music facilitator suggest a low-cost and equitable approach to patient care.

Ultimately, ethical playlist curation is applied with intention and mindful purpose—guided by principles such as musical humility—and evolves with consideration for individual differences present when applying and evaluating a playlist using qualitative methods (*e.g.*, ethnomusicological). Above all, we recommend enjoying the journey of playlist curation. It can lead to ongoing self and collective growth, enriching the lives of all involved.

The following table provides a set of guiding questions, considerations, and actions for the ethical co-curation of a playlist with your loved one or care recipient.

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REFERENCES

1. McCrary JM, Altenmüller E, Kretschmer C, Scholz DS. Association of Music Interventions With Health-Related Quality of Life A Systematic Review and Meta-analysis. *Jama Netw Open*. 2022;5(3). doi:10.1001/jamanetworkopen.2022.3236

2. Garrido S, Dunne L, Stevens C, Chang E, Perez J. *Music Playlists for People with Dementia: A Guide for Carers, Health Workers and Family*. Version 2.1; 2019. https://musicfordementia.github.io/pdf/Guide%20for%20Music%20Use%20in%20People%20with%20Dementia.pdf

3. Livingston G, Huntley J, Liu KY, et al. Dementia prevention, intervention, and care: 2024 report of the Lancet standing Commission. *Lancet*. 2024;404(10452):572-628. doi:10.1016/S0140-6736(24)01296-0

4. Edwards E, St Hillaire-Clarke C, Frankowski DW, et al. NIH Music-Based Intervention Toolkit Music-Based Interventions for Brain Disorders of Aging. *Neurology*. 2023;100(18):868-878. doi:10.1212/Wnl.0000000000206797

5. Jacobsen JH, Stelzer J, Fritz TH, Chételat G, La Joie R, Turner R. Why musical memory can be preserved in advanced Alzheimer's disease. *Brain*. 2015;138(Pt 8):2438-2450. doi:10.1093/brain/awv135

6. Honing H, ed. *The Origins of Musicality*. The MIT Press; 2018. doi:10.7551/mitpress/10636.001.0001

7. Wallin NL, Merker B, Brown S, eds. *The Origins of Music*. The MIT Press; 2000. doi:10.7551/mitpress/5190.001.0001

8. Mithen S. *The Singing Neanderthals: The Origins of Music, Language, Mind, and Body*. Harvard University Press; 2006. doi:10.1017/S0959774306000060

9. Akthar S, Samuel S. The concept of identity: developmental origins, phenomenology, clinical relevance, and measurement. *Harvard Review of Psychiatry*. 1996;3(5):254-267. doi:10.3109/10673229609017193

10. Volgsten U, Pripp O. Music, memory, and affect attunement: Connecting Kurdish Diaspora in Stockholm. doi:10.3384/cu.2000.1525.1608144

11. Palazzolo C. Philosophy of Musical Relationships: Care Ethics and Moral Responsibility of Musical Agency. *Philosophies*. 2024;9(6). doi:10.3390/philosophies9060183

12. Cobussen M, Nielsen N. Music and Ethics. *Music and Ethics*. Published online 2012:1-180. doi:10.4324/9781315596594

13. Gubner J. The Music and Memory Project: Understanding Music and Dementia through Applied Ethnomusicology and Experiential Filmmaking. *Yearbook for Traditional Music*. 2018;50:15-40. doi:10.5921/yeartradmusi.50.2018.0015

14. Allison TA, Gubner JM, Harrison KL, et al. Music Engagement as Part of Everyday Life in Dementia Caregiving Relationships at Home. *Gerontologist*. 2024;64(7). doi:10.1093/geront/gnad174

15. Coppola WJ. Musical Humility: An Ethnographic Case Study of a Competitive High School Jazz Band. *Bulletin of the Council for Research in Music Education*. 2019;(222):7-26. doi:10.5406/bulcouresmusedu.222.0007

16. Caló F, Steiner A, Millar S, Teasdale S. The impact of a community-based music intervention on the health and well-being of young people: A realist evaluation. *Health Soc Care Community*. 2020;28(3):988-997. doi:10.1111/hsc.12931

17. MacGlone U, Vamvakaris J, Wilson G, MacDonald R. Understanding the Wellbeing Effects of a Community Music Program for People With Disabilities: A Mixed Methods, Person-Centered Study. *Frontiers in Psychology*. 2020;11. doi:10.3389/fpsyg.2020.588734

18. Shirsat A, Jha RK, Verma P. Music Therapy in the Treatment of Dementia: A Review Article. *Cureus J Med Science*. 2023;15(3). doi:10.7759/cureus.36954

19. Viola E, Martorana M, Airoldi C, et al. The role of music in promoting health and wellbeing: a systematic review and meta-analysis. *European Journal of Public Health*. 2023;33(4):738-745. doi:10.1093/eurpub/ckad063

20. Clare A. *Experiences of Group Musical Intervention for People with Dementia*. D.Clin.Psy. Canterbury Christ Church University (United Kingdom); 2019. https://repository.canterbury.ac.uk/item/88zxw/experiences-of-group-musical-intervention-for-people-with-dementia

21. Gaviola MA, Inder KJ, Dilworth S, Holiday EG, Higgins I. Impact of individualised music listening intervention on persons with dementia: A systematic review of randomised controlled trials. *Australian Journal on Ageing*. 2019;39(1):10-20. doi:10.1111/ajag.12642

22. Thomas K, Baier R, Kosar C, Ogarek J, Trepman A, Mor V. Individualized Music Program is Associated with Improved Outcomes for U.S. Nursing Home Residents with Dementia. *The American journal of geriatric psychiatry*. 2017;25(9):931-938. doi:10.1016/j.jagp.2017.04.008

23. Castelino A, Dawson S, Li PX, et al. Mixed methods feasibility study of Music Attuned Technology Care via eHealth (MATCH) for people with complex behavioral and psychological symptoms of dementia within an acute psychogeriatric ward. *Alzheimers Dement*. 2025;21(5):e70124. doi:10.1002/alz.70124

24. Little M, Vincent P. The liminal world of dementia. *J Bioethic Inq*. 2019;16(2):193-194. doi:10.1007/s11673-019-09917-1

25. Alessi EJ, Kahn S. Toward a trauma-informed qualitative research approach: Guidelines for ensuring the safety and promoting the resilience of research participants. *Qual Res Psychol*. 2023;20(1):121-154. doi:10.1080/14780887.2022.2107967

26. Walker C. *Trauma, Music, and Healing: The Power of Music to Transform a Classroom*. The Teachers Institute; 2023.

27. Albornoz Y. CRYING IN MUSIC THERAPY: AN EXPLORATORY STUDY. *Qualitative Inquiries in Music Therapy*. 2013;8:31-50. https://www.academia.edu/68308709/Crying_in_Music_Therapy_An_Exploratory_Study

28. Music & Memory. About us. Music & Memory. Accessed January 9, 2026. https://musicandmemory.org/

29. *Alive Inside: A Story of Music and Memory.*; 2014. https://www.aliveinside.org

30. Sisti A, Gutman R, Mor V, et al. Using Structured Observations to Evaluate the Effects of a Personalized Music Intervention on Agitated Behaviors and Mood in Nursing Home Residents With Dementia: Results From an Embedded, Pragmatic Randomized Controlled Trial. *Am J Geriat Psychiat*. 2024;32(3):300-311. doi:10.1016/j.jagp.2023.10.016

31. AARP. Music for the Dementia Journey Infographic. Accessed August 25, 2025. https://www.aarp.org/brain-health-action/music-arts-and-design/