

## Music Therapy: Creating Harmony Amidst the Dissonance of Cancer

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Received date: January 18, 2017; Accepted date: January 31, 2017; Published date: February 02, 2017

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### Abstract

Cancer diagnoses often carry with them a range of emotional distress. The evidence based, complimentary medicine practice of music therapy may improve patient symptoms, care and quality of life. This paper will present 3 case studies to illustrate the effect music therapy can potentially have on the lives of cancer patients. Music therapy may serve as a beneficial and cost-effective adjunct to standard oncology care and it is suggested that music therapy practices be considered at hospitals and oncology centers nationally.

**Keywords:** Music Therapy; Cancer

### Introduction

Cancer, chemotherapy, radiation, hospitalization, surgery, prognosis, terminal...words all rich in their ability to make the strongest among us shudder. As a music therapist at Seidman Cancer Center in Cleveland, Ohio, I have had the privilege of joining the journey of men and women to whom these terms become not only fears, but the very core of their existence. While medical experiences become a succession of needles, medication, appointments and test results, there is a complimentary and enjoyable healthcare modality, which is worthy of consideration. Music therapy, on an oncology unit, can be a welcome and beneficial addition to patient care, assisting with anxiety reduction [1], pain management [2], quality of life improvement [3] and surgical/procedural support [4]. This evidence-based profession, which facilitates the clinical use of music, within a therapeutic patient-therapist relationship, led by a board certified music therapist, addresses physical, psychological, social, and medical issues in an individualized manner [5,6].

While an abundance of research and many clinical trials reveal compelling statistics in support of music therapy with oncology patients, there are many incredible and unquantifiable moments, which often remain unpublished. Such instances can be as subtle as a change in perspective, or as important as the ability to leave a lasting legacy. While each intervention facilitated with an oncology patient holds the potential for gold, I'd like to share three experiences, which characterize the kind of care music therapy can provide. Some regard such instances as miracles; others call them stories of exceptional patient care. Regardless of the label, I believe it's the type of treatment every human is deserving of at a crucial time and something that an alternative and Integrative practice, such as music therapy, can provide.

### Case Study 1: A Bone Marrow Recipient Composes a Song for His Donor

A stem cell transplant can be an unpleasant and fearful process, but it can also be the only avenue toward necessary healing. For a man at University Hospital's Seidman Cancer Center, it was a voyage toward not only restored health, but also connection and gratitude. I was

referred to the 62-year-old man for coping and normalization. A retired physician, he was also a music hobbyist who enjoyed playing several instruments. He expressed that he had once loved playing guitar and piano, yet had "lost it" as his health declined. I introduced several songs and soon, the patient was singing and playing along, his energy, strength and finger dexterity improving throughout the session. With renewed confidence, the patient and his wife were beaming. Seeing his joy and wanting it to continue, I left the patient with an assignment. I requested that he spend the weekend writing a song of gratitude to someone who had been supportive of him in his time of need. Perhaps his family or a friend. I lent him my guitar and expressed that I'd look forward to hearing his composition when I returned on Monday.

The following week, I entered the room to hear the patient's wife exclaiming, "I told him you'd come back... he wrote a whole song and has been so excited to share it with you!" The patient expressed that he had written the song for his stem cell donor, an anonymous 20-year-old man who was about to save his life. The patient sang and played guitar, crying as he shared the beautiful melody. The lyrics expressed that although the mature, elder patient might be able to teach the youthful donor about life, it was actually the young man who was granting the older patient the gift of life itself. The patient revealed that he had worked on the song each day of the weekend until bedtime and had fallen asleep effortlessly each night, surprisingly and unusually without medication. After several practices, I helped him to make a recording of the song and he asked if we might send it to his donor. He was elated when social work and donor services assured him that his song would be delivered to his 20-year-old hero.

Throughout his hospitalization and procedure, I was able to support the patient through music therapy every step of the way, adapting interventions to fit his changing needs until discharge. I facilitated personalized relaxation scripts to quiet music when he was tired or in pain; I introduced group instrument play of favorite tunes to increase his mood and support his family; and I delivered celebratory songs of accomplishment as he reached milestones. His original song of gratitude, however, became an anthem, driving him toward strength, optimism and recovery. Although intended as a gift to another, the greatest reward came to the patient who was afforded expression and autonomy at a time he needed it most. The recording was indeed

delivered to the life-saving stranger, and a year later, the two were able to meet in person, already connected in song.

### Case study 2: Physical healing, emotional healing and “Sexual Healing” during surgical biopsy

During a randomized controlled trial with surgical breast biopsy patients [4], I met a 67-year-old woman who was extremely nervous to experience the procedure. In fact, with her first attempt, she passed out during needle localization and had to be sent home, consequently having her surgery rescheduled. When I finally met her in the preoperative unit during her second effort, she had braved needle localization, yet due to difficult veins, had received multiple IV insertion attempts and pricks, the needle now finally having to be inserted in her foot. It wasn't difficult to assess that she was still visibly terrified frightened and uneasy.

During a preoperative phone call, I had asked her (and each of our 207 female participants) to name a song that would help her feel calm and supported if she were to hear before surgery. Without hesitation, she exclaimed: “Sexual Healing” by Marvin Gaye. I happily learned the soulful tune and met the patient early on surgery day. At first glimpse of my guitar, the patient's daughter, overcome with concern for her mother, asked if I was really going to sing the song her mother chose. “Couldn't you just play ‘My Girl’ instead?” the daughter asked. The patient, however, lifted her head and addressed both of us, adamantly confirming her original song choice.

I stood at her bedside and began to quietly play. Immediately, the patient began to smile. Her foot, which was once in pain from needle pricks, started to dance gently in rhythm to the music. The patient's daughter also began to laugh and move to the beat. Overhearing the exceptional song choice, the surgeon, residents and nurses gathered around the patient's preoperative suite. All at once, the patient was transformed from the terrified lady who couldn't endure surgery to the fun lady with incredible musical taste. The patient began to sing along, smiling the entire duration of the tune. As the song finished, she exclaimed “you got me in another mood,” and for the remainder of her surgical experience, she was lighthearted, her affect bright. The power of one preferred, preoperative song not only rallied the staff around her, but also allowed for her to successfully complete surgery with diminished anxiety and improved strength. A bond had also been created between participant and caregivers, ultimately benefiting all parties and improving patient care.

Interventions, such as this, simply ensure that a patient receives personalized care, has her emotional needs met, and is recognized as much more than a number. In this instance, a once-scared woman, facing potential cancer, in a situation with limited self-government, was transformed into a strong being who was free to make bold, beautiful choices that positively affected everyone around her. It was a profound and immediate metamorphosis.

### Case study 3: A lasting legacy from a mother to her daughter

For some, music therapy is an enjoyable addition, a therapeutic adjunct. Yet for others, music therapy can become a vital means of fulfilling a lasting legacy. I learned this when I met a 41-year-old woman with pancreatic cancer. She knew that her time was running short and was desperate to leave something special behind for her 3-year-old daughter. We began her treatment by discussing a song called

“Beautiful Baby” which she had listened to while she was pregnant- a song she also sang to her newborn child. She didn't have much strength, so singing and composing were not options, yet I knew the patient had much she needed to say. Knowing this, we quickly prepared to create a legacy video, which I let the patient direct. The project began with the meaningful song, “Beautiful Baby,” which played as a succession of special photographs, sent to me by family, appeared on the screen. After the photo presentation, the patient decided that she wanted to be filmed. As I prepared the camera, the patient sat up proudly with renewed vitality. In one take, surrounded by loved ones, she delivered a powerful speech to her daughter. Her words were heartfelt and specific. She spoke of her daughter's future: school, a graduation, a wedding. The patient relayed humor too, instructing her daughter to dress modestly as a teenager and to share the TV remote control with her father. In just 30-minutes of filming, the patient released decades worth of love and sentiment that her daughter could watch, hold onto, and remember her by. After our session, I edited the video, photographs and songs into a movie and had it delivered to hospice where the patient was able to review her film. She passed away soon after, but not without the comfort in knowing that her child would not forget her.

### Discussion

Music therapy often provides a form of comfort, a means of coping, and a mode of expression. Through singing, listening, instrument play, songwriting, music assisted relaxation, and lyric discussion, oncology patients can gain inspiration, expression, independence and strength. Sometimes a session is filled with favorite songs and laughter. At other times, the mere topic of music can be the key to allowing a therapist in the room to unlock the deepest of feelings. The beauty of music therapy is that the modality can be tailored to suit the needs of the individual, based on the professional assessments of a board certified music therapist (MT-BC). Referred by physicians and nurses, one music therapist can serve many patrons on an oncology floor or unit, aiding in the comprehensive care of a patient and working as a part of the interdisciplinary medical team. While much of the staff must focus on the physical and medical needs of a person, music therapy can address the many emotional and psychological needs that arise, integrating with medical colleagues to care for the totality of a patient.

The addition of a staff music therapist is also cost effective [7], with a medical music therapist's annual salary averaging \$50, 211 per year [8]. With a staff music therapist, this affordable means of improved care can be provided to patients, through individual and group sessions, on a daily basis. While it is suggested that further research be conducted in this area of medicine, current evidence suggests that music therapy may enhance medical experiences and significantly improve patient outcomes. Music therapy may serve as a useful adjunct to standard oncology care and it is suggested that music therapy practices be considered at hospitals and oncology centers nationally.

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