

# Music Therapy: A Valuable Adjunct in the Oncology Setting

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Music therapy is the supervised and therapeutic use of music by a credentialed therapist to promote positive clinical outcomes. It can be a valuable form of complementary medicine in the oncology setting to decrease patient stress and anxiety, relieve pain and nausea, provide distraction, alleviate depression, and promote the expression of feelings. The music therapist assesses the patient and consults other members of the multidisciplinary team to create a therapeutic treatment plan. Music therapists design music sessions based on patients' needs and their intended therapeutic goals. Patients can participate actively or passively in individual or group sessions. Only a credentialed music therapist can provide safe and beneficial music therapy interventions.

M.S., a 37-year-old single mother of two grade-school children, recently was diagnosed with stage III Hodgkin disease. She was scheduled to begin her first course of chemotherapy, consisting of cyclophosphamide, vincristine, procarbazine, prednisone, doxorubicin, bleomycin, vinblastine, and dacarbazine (COPP/ABVD). At the chemotherapy clinic, M.S. reported feeling completely overwhelmed by the diagnosis and the planned course of therapy. She was worried about side effects, particularly nausea.

In response to her reports of feeling very anxious and overwhelmed, the nurse decided to assess M.S.'s level of distress. After being provided instructions about the Distress Thermometer (National Comprehensive Cancer Network, 2011), M.S. was asked to rate her current feeling of distress. She rated her distress as an 8 on a scale of 0 (not at all) to 10 (the worst). M.S. also had difficulty remembering much of the information that she had been given regarding the proposed treatment schedule.

## Music Therapy Defined

One complementary therapy that can be of value to decrease psychosocial distress in the oncology setting is music therapy. Incorporating music therapy in oncology is not a new idea. In 1992,

Deforia Lane described the power and positive impact that music therapy can have for patients with cancer and their families (Lane, 1992). Music therapy is a science that uses clinical and evidence-based music interventions to accomplish individualized goals (see Figure 1). Those goals are attained in the context of a therapeutic relationship by a credentialed professional who has completed an approved music therapy program (American Music Therapy Association [AMTA], 2010) (see Figure 2). Music therapy also provides avenues for communication that can be helpful to those who find it difficult to express themselves in words. Music therapists encounter patients with cancer and their families in all phases of the disease trajectory and the therapeutic aim varies according to individual needs and goals (Clair & Memmott, 2008).

Music therapy can be active or passive (see Table 1). Active music therapy is based on improvisation between the therapist and the patient or group of

- Promotes wellness
- Manages stress
- Provides distraction
- Alleviates pain
- Enhances expression of feelings
- Stimulates memory
- Improves communication
- Promotes physical rehabilitation

### Figure 1. Goals of Music Therapy

Note. Based on information from Clair & Memmott, 2008.

patients, and it requires the patient's direct participation in creating sounds, lyrics, or other music; no music talent or experience is needed. In passive music therapy, patients, individually or in a group, listen to recorded music or to sounds made with musical instruments by a therapist.

Patients do not need any music ability to benefit from music therapy (Clair & Memmott, 2008). Almost all types of

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## Patient Assessment

Like a nurse, the music therapist began with a careful assessment of M.S. to identify her individual therapeutic needs and goals. The assessment included input from other members of the multidisciplinary team, including oncology nurses, as well as a review of M.S.'s chart to determine her needs and develop treatment goals. In meeting with M.S., the music therapist asked several assessment questions to determine her preferences in music, including the genre, the style of music (i.e., instrumental or vocal), her musical skills, and whether she preferred to take an active or passive role in the music therapy sessions. Her levels of anxiety and stress were assessed and other psychosocial needs were identified. At the meeting, the music therapist learned that M.S. enjoyed listening to soft rock and jazz, liked instrumental and vocal music, and was open to active and passive music therapy. M.S. also was quite anxious about the upcoming chemotherapy treatments, as validated by her score on the Distress Thermometer.

### Education

- Earn a bachelor's degree or higher in music therapy from one of more than 70 American Music Therapy Association–approved college and university programs.
- The bachelor's degree will include 120 hours that focus on musical foundations, clinical foundations, and music therapy foundations and principles.
- Complete at least 160 hours of clinical experience with a board-certified music therapist.

### Internship

- Complete a supervised internship of 1,040 hours.

### Examination

- Sit for the independently administered national examination, offered by the Certification Board for Music Therapists.
- Successful completion results in the board-certified music therapist credential

### Renewal

- Renew the certification credential every five years.
- Complete 100 hours of recertification credits or retake the examination in the fourth year of a five-year cycle.
- Pay all maintenance fees, agree to participate in an annual audit of recertification credits if asked, and complete the application for recertification.

## Figure 2. Educational Requirements for a Certified Music Therapist

Note. Based on information from American Music Therapy Association, 2010; Certification Board for Music Therapists, 2011.

music can be useful in affecting change or having a therapeutic effect when implemented in the correct manner. Music therapy is more than simply playing CDs that patients have enjoyed in the past (Davis, Gfeller, & Thaut, 2008). The physiologic effects of music in a therapeutic context should not be un-

derestimated; music therapy can lower heart rate, blood pressure, and breathing rate. Music can neutralize and decrease negative feelings, leading to a decreased stress level and, ultimately, an enhanced immune system (Shabanloei, Golchin, Esfahani, Dolatkah, & Rasoulian, 2010).

**Table 1. Music Therapy Techniques for the Oncology Setting**

INTERVENTION	EXAMPLES	GOALS
<b>ACTIVE ROLE</b>		
Chime circle	A group of patients is gathered and each patient holds a chime with a specific note; the music therapist directs the group on when to play.	Social interaction; diversion; promotes self-esteem; reduces stress; movement
Drum circle	A group of patients uses drums or rhythm instruments to create music with direction from a music therapist.	Social interaction; diversion; promotes self-esteem; reduces stress; movement
Meditation or relaxation class	An individual or group of patients is guided through and taught a meditation or relaxation technique by the music therapist.	Diversion; promotes self-esteem, self-control, and relaxation; reduces stress; symptom management
Sing-along	An individual or group of patients sings a set of songs selected and directed by the music therapist. The music therapist may accompany the group or individual. This can be appropriate when leading a session around a theme or holiday. Movement may be included.	Social interaction; diversion; promotes self-esteem; reduces stress; movement
Song writing or lyric analysis	An individual or group of patients is led by the music therapist in a discussion about a particular song's lyrics or a creation of new lyrics.	Diversion; promotes self-esteem, self-control, and self-expression; reduces stress; alleviates depression
<b>PASSIVE ROLE</b>		
Live performance	The music therapist performs the patient's favorite genre of music using a guitar, keyboard, or other instrument, including voice.	Diversion; promotes relaxation; reduces stress; symptom management; movement
Recorded music	Individuals or groups listen to music that was produced by another artist or music therapist at another time. This can be useful when access to a therapist is limited.	Diversion; promotes relaxation; reduces stress; symptom management

Note. Drum circles and chime circles are conducted with a group of individuals. All other interventions can occur with one or more individuals.

Note. Based on information from Clair & Memmott, 2008; Davis et al., 2008.

## Developing a Music Therapy Plan

A number of considerations exist in developing an individual music therapy plan. The plan must take into account not only the therapeutic goal, but the individual's musical preferences and circumstances. The music therapist needs to determine if it will be a group or a one-on-one session, and also will look at other factors, including whether instruments such as guitars, keyboards, or drums can be accommodated. In some cases, the therapist might decide a need exists to bring in recorded music. That might be helpful, for example, when an individual is receiving radiation therapy; similarly, it can be used at home or in other circumstances when the music therapist cannot be readily available. Recorded music also may provide a safe means of providing access to music therapy to patients in isolation. Depending on the patient's mood, abilities, and preferences, which are noted in the assessment, the music therapist will decide whether to choose an active or passive music therapy session.

Just as a diagnosis of cancer is individual and personal for each patient and family, music is a unique experience, and preference is influenced by gender, age, culture, present mood, and attitude (Olofsson & Fossum, 2009). The therapist must help the patient find music that is acceptable and pleasant. Slower music with 60–70 beats per minute typically is restful, whereas faster beats can stimulate and give energy to depressive and melancholic people or promote movement (Lane, 1992). When promoting relaxation, a music therapist would most likely select music without vocalization, usually with strings or woodwind instruments. The tempo of the music would not be slower or faster, but would match the patient's average rate of respiration, and would promote calmness and not stimulate physical movement. Using a patient's preferred music can help to increase participation and commitment to music therapy (Clair & Memmott, 2008).

Based on the assessment of M.S.'s music preferences and the proposed course of therapy, the music therapist invited her to join a chime circle—a group in which each individual plays

one or two hand-held chimes as directed by a music therapist, in such a way as to make music—for patients undergoing chemotherapy in the infusion room. The music therapist also met with her for three individual sessions, where M.S. was taught deep-breathing techniques and how to use progressive muscle relaxation at home while listening to the instrumental music she had selected.

## Patient Outcome

In their sessions together, the music therapist led M.S. through a 30-minute time of progressive relaxation that involved the tensing and releasing of muscle groups followed by time spent listening to her preferred music while practicing deep-breathing techniques. Before she left, the music therapist would ask M.S. about how the session affected her levels of stress and anxiety. In this way, they could work together to decide the techniques that worked best for M.S. and use aspects of the interventions to help manage other symptoms, such as pain, nausea, and anxiety (Hart, 2009). Following these sessions, a nurse assessed M.S.'s heart rate and blood pressure for an objective measure of her response, and assessed her subjective level of distress on the Distress Thermometer. After deep breathing and progressive relaxation, M.S. reported feeling less stress and anxiety on the Distress Thermometer (i.e., her score dropped from an eight to a four), and her blood pressure and heart rate also decreased.

Once M.S. learned that singing, moving, or playing an instrument to a particular song or genre of music provided distraction, she had a tool to use when she experienced distress, pain, or nausea. In time, M.S. reported that she was able to use these techniques at home as well as in the infusion area when a music therapist was not readily available, and that her anxiety was decreased. As M.S. developed a relationship with the music therapist, she became open to discussing what certain song lyrics meant to her, which created a deeper communication between them and allowed M.S. to share her feelings and concerns in a therapeutic, nonjudgmental context. A session of music-making or song-writing can help patients not only to express their emotions but also to feel a greater sense of

Music therapy has been identified as a reimbursable service since 1994 under benefits for partial hospitalization programs.

- To be reimbursed, music therapy must be considered
  - An active treatment
  - Prescribed by a physician
  - A reasonable treatment for the individual's illness
  - Goal directed
  - To have a documented treatment plan focusing on improving function.
- Medicaid coverage for music therapy varies from state to state.
- Private insurance coverage is variable and usually requires preauthorization.
- Many institutions will try to fund the position of a music therapist through a grant or make the financial commitment to fund the service for all patients who would benefit regardless of their ability to pay for the service. The institution then may market this to the community as a valuable asset at the institution.

### Figure 3. Reimbursement Considerations for Music Therapy

Note. Based on information from American Music Therapy Association, 2010.

self-worth, self-confidence, and some sense of control (Hart, 2009).

In some treatment settings, the music therapist might work with an entire group, such as with the chime circle. In the group setting, individual therapeutic goals and objectives might not be possible to attain; instead, the music therapist sets goals that are relevant to the entire group. M.S. reported that she enjoyed the chime circle and that it provided a good diversion from her anxieties and the side effects she experienced from her chemotherapy treatments.

## Conclusion

Music therapy provided by a professionally trained therapist can be a safe and useful form of complementary medicine in oncology to decrease patient stress and anxiety, relieve pain, provide distraction, and promote the expression of feelings. Institutional support and education can be a critical determining factor in whether music therapy is implemented and how nursing staff, patients, and families receive it (Kwekkeboom, Bumpus,

Wanta, & Serlin, 2008). Allocating financial resources to reimburse a credentialed music therapist can be challenging; however, musical intervention by untrained individuals can be ineffective or even cause increased stress and discomfort (Bulfone, Quattrin, Zanotti, Regattin, & Brusafarro, 2009). Many institutions look for creative means to fund this valuable service (see Figure 3). Nurses are responsible for assessing, identifying, and referring patients and families who are most likely to benefit from music therapy and can help assure that these sessions are effective and therapeutic by making referrals to appropriately credentialed music therapists.

For a state-by-state directory of music therapists, visit [www.musictherapists.org/music-therapy-directory.php](http://www.musictherapists.org/music-therapy-directory.php).

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