

Case Study

## Music Therapy on Cancer Patient: A Case Study

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### ABSTRACT

The present investigation evaluated the utility of music therapy on cancer patient who met diagnostic criteria of medical science. Music therapy, as an adjunct to traditional therapies and treatment for those with mental health needs, has been demonstrated to be an effective intervention. It can allow individuals to explore personal feelings, to make positive changes in mood and emotional states, to practice problem solving, and to develop the skills required for wellbeing. Empirical studies of the use of music with oncology patients have demonstrated that music can reduce anxiety, stress and physical symptoms, can help to manage pain, can encourage a reflective awareness of emotion, and can enhance communication and quality of life. The participant of the present study is a forty years old professional detected blood cancer in 2013 having severe depression. The intervention was to use standard procedures of music therapy in order to design interventions that would be effective in reducing depression and stress of the individual. The treatment consisted of 10 sessions. The treatment was evaluated qualitatively by means of interviews with the participant and his family and quantitatively by means of repeated applications of depression scale. The results showed a decrease in the client's depression, stress and an increase in pro social behavior. The client ultimately ceased from maximum depressive behavior and this outcome was sustained during his last two months in therapy.

**Keywords:** *Oncology, Music Therapy, Depression and Stress.*

Environment, family and depending on an individual patient's interest and ability to participate, music can be relevant in the preventive, treatment, recovery, and palliative stages of cancer. With the rising levels of stress and lifestyle becoming hectic and unhealthy, more and more people are falling prey to life threatening diseases. One of these fatal diseases is cancer. Needless to say, the psychological impact of cancer is tremendous, on both the patient as well as his or her family. In research, the need of the hour is to devise, explore and prove the effectiveness of novel intervention strategies which help the oncology patients to manage their stress, thus promoting their well-being.

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As per the empirical studies, the use of music with oncology patients have demonstrated that music can reduce anxiety and physical symptoms, can help to manage pain and nausea Musical Connections Survey (2010), can encourage a reflective awareness of emotion, and can enhance communication and quality of life.

In case of cancer care, music therapy has been indicated to be clearly effective. According to the Canadian Association for Music Therapy, music has the characteristics to facilitate self-awareness, learning, expression, as well as personal development. It is thus, used extensively in preventive, curative and palliative cancer care (Stanczyk, 2011).

### **Music Therapy**

Music Therapy is essentially the usage of intervention through the medium of music in order to bring about therapeutic changes in individuals. These changes inevitably promote physical and mental well being. There has been extensive research in this field to suggest that music therapy can actually be quite effective in helping a wide range of conditions (Fernández et al, 2014, Hatampour et al., 2011, Rusinek 2004, Hemsy de Gainza, 2002).

As per the studies music activates and shapes the human brain, sharpening the mind.'s ability to hear and interpret speech, awakening emotion, and encoding memory. Music has been an element in the survival and development of the human species and musical instinct has its basis in biology.

According to Bailey (1984) the music therapy comprises three stages. These differ in content and time according to the needs of the patient and family. The first stage is analogous to what is termed as rapport formation. The therapist essentially develops contact with the patient and/or family and the main objective is to make the individual focus on others rather than on self. The second stage beings about awareness of feelings, desires and the needs of individuals as they are guided into creative self-expression. The focus is, thus on self.

In the third stage, the patient and/or family begin to experience the results of the therapy in the form of self-fulfillment. As the thought and feelings are processed, a sense of relief is brought upon and the individual is able to 'let go' the stress. They are then more connected with their inner self as well as the world around them.

Music stimulates the mind and body in such a way as to elicit energy. It has been found to be successful in minimizing social, emotional and communicative disabilities in patients with Alzheimer's Parkinson's disease as well as dementia (Kneafsey, 1997).

It includes, but not limited to, the following music activities (Bunt & Hoskyns, 2002)

- Individual and group listening,
- Guided imagery
- Music and improvised individual and group music making.

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Hilliard (2003) found that music therapy is effective in improving the quality of life in patients diagnosed with terminal cancer. In this study, the researcher discovered that the subject reported improvement in the quality of their life increasing as they attended more and more sessions of therapy. These developments can be attributed to the fact that through this therapy, patients are better able to communicate their feelings of fear, sadness, thus liberated from physical pain and discomfort (Richardson et al, 2008).

Research also suggests that it influences psychological variables consistently in a positive manner (Biley, 2000). Considered to be a part of complementary and alternative therapies (CAM), patients seeking CAM, or the music therapy are basically looking for psychological support in order to negate the psychological effects of cancer treatment. This helps them to be more confident of being capable to handle the situations which they go through (Sollner et al, 2000; Sparber et all 2000).

Greco (2013) in her study found the evidence of music therapy reducing pain as well as anxiety in patients with breast cancer and suggested that is has the latent potential to help breast cancer patients as a key non-pharmacological tool.

Studies have shown that music therapy as a psychological intervention in patients diagnosed with cancer is fast emerging. However, there is a need to bring the therapeutic framework to a standard at all levels so that the right kind of techniques, content, medium etc. can be used to enhance the effectiveness of this therapy, generalized to national and/or international populace (Daykin et al, 2006).

### CASE STUDY

A 40 years old man who is in his usual state of health until he began experiencing fatigue, bleeding of gums and low immunity, after his initial visit to doctor, he was noted to have a white blood cell (WBC) count of 40,000 cells/mm<sup>3</sup>, with 50% blasts, hemoglobin (hgb) of 5g/dl, and a platelet count of 110x 10<sup>9</sup>/L. He was diagnosed with M4 acute myeloid leukemia with normal cytogenetic and received standard leukemia therapy. Acute myeloid leukemia (Blood Cancer) is the most common type of blood cancer among many adults. After one year, he developed depression where cancer treatment was going on. As per the psychiatrist report, he developed moderate depression and was hospitalized for one month for the same problem.

Beck's Depression Inventory and Anxiety inventory was used to assess the participant. The client who has not had successful musical experiences in the past chooses to participate in a receptive music intervention, such as music imagery, music relaxation, or music listening. In the present study the therapeutic experience of the client took many forms: the music was live and pre-recorded, and the client took many roles, on a spectrum from passive to active listening (including activities like music visualization or music-assisted relaxation) to improvising his own song or score. Receptive music experiences were involved in the study where client was listening live and recorded music and responded with a nonmusical behavior. The experience relies on the real-time relationship between a clinician and client.

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There was a concentrated focus on the client's evolving affect and expression and a concomitant adjustment in therapy in sessions. Initially choice of music was very complicated. Physical condition plays a role in patients' choices about whether and how to participate in music but in this case the client said about his choice of music is soft folk music. After the first session he was very relaxed and less stressed and very happy with the session. After completion of last session he mentioned that he would continue with music and he would like to learn music as he had been very relaxed and not depressed while taking the therapy. So it was a great help for him to overcome the trauma he was feeling and same time helpful for the family.

### CONCLUSION

It is recommended that the client should continue with music therapy because he has made so many nice changes already. Since he is so receptive to these techniques and interested for changes, so continuation is recommended.

The client's participation in music was definitely a rewarding experience for him and his family. Family members and friends recognized notable improvements in his behaviour in a relative short amount of time. He has made gains in managing stress and depression and focusing as well. Because of his positive involvement in this process, he will benefit from continued work with the program to help maintain his gains and assist with continued positive change.

In case of music, as in many other areas, professional energy has been directed into research, and research has focused away from the global (is music good for patients feeling of well-being?) and toward the highly particular (can a hypothesized stress reduction outcome be proven in a statistically valid way for oncology patients before chemotherapy?).

But there are limitations. Research into music in cancer patient has generally been performed on limited populations (small numbers make statistical validity much more difficult), and analysis rarely factors in the implications of the demographic sample and often does not control for other factors in the environment. There are limited scopes in India for further study and research in music therapy.

In sum, the background and feelings of patients are central to how they respond to any music, but especially so in a health care setting. These findings suggest another area where professional musicians going into health care settings can learn the way in which music therapy takes the self and the state of the patient as a point of origin.

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