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**Title: The Healing and Spiritual Properties of Music Therapy at a Cancer Care
Centre**

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The Healing and Spiritual Properties of Music Therapy at a Cancer Care Centre

Abstract

Background: This article explores the theme of spirituality, health, and wellbeing, in relation to an emerging body of research on the impact of music therapy in cancer care. The focus of the article is a music therapy service established as part of a residential 5-day retreat program at a cancer care center.

Aims: The aim of the study was to explore the experiences of patients with cancer with one-off group music therapy at a cancer care centre. Central emphasis is given to exploring a range of themes relating to the healing and spiritual properties of music therapy group work.

Methods: This is a qualitative study, following a modified grounded theory approach. Twenty-three (23) in-depth tape-recorded telephone interviews were conducted with people who had taken part in the music therapy sessions.

Results: The results focus on those findings relevant to notions of spirituality and healing, drawing on four overarching spirituality themes of transcendence, connectedness, search for meaning, and faith and hope.

Conclusions: The authors consider the applicability of broader schemas that attempt to define and explore the role and significance of spirituality.

Introduction

This article highlights some of the findings of a qualitative study that sought to explore cancer patients' experiences of one-time group music therapy, undertaken as part of their

week-long residential treatment at a cancer support centre in the United Kingdom. The ways in which individuals' accounts of their experiences of music therapy evoke meanings and themes connected to spirituality are explored. Spirituality emerged as a cross-cutting theme in the analysis of the qualitative study, and it resonates in the writings of other music therapists.¹

Music therapy is increasingly used in cancer and palliative care in many countries, including China and Japan as well as Australia, Canada, Europe and the United States.² It has been defined as 'the use of sounds and music within an evolving relationship between client/patient and therapist to support and develop physical, mental, social and spiritual well-being' (p.11).³ This broad use of music ranges from free group and individual improvising on tuned and un-tuned percussion instruments to the use of pre-composed material, songwriting and listening to music.^{4,5,6} Even more flexibility is required in the field of cancer care, with music therapists needing to be adept at using a wide range of musical approaches as well as being prepared to work within different services that might include both supporting people living with cancer and their caregivers. Such contextual as well as cultural flexibility is illustrated in the 'Special Issue in Music and Medicine' dedicated to 'Music Therapy and Supportive Cancer Care' with contributions from leading practitioners in the field including Lucy Forrest, Joanne Loewy, Lucanne Magill and Clare O'Callaghan.⁷

There is a developing inter-disciplinary literature that explores how music therapy can address the physiological and psycho-social needs of people living with cancer. Such

needs arise from both the nature and stage of the disease in addition to the various medical treatment interventions.^{2,8,9} Reviews of the literature have been published in 2005 by Russell Hilliard ('Music Therapy in Hospice and Palliative Care'¹⁰), in 2006 by Suzanne Hanser ('Music therapy in adult oncology'¹¹), and in 2010 within a systematic literature review for the Cochrane Foundation by Jode Bradt and Cheryl Dileo on 'Music therapy for end-of-life care' that included as one of the five reviewed studies that met the inclusion criteria Hilliard's (2003) study of how music therapy positively affected the quality of life of 80 patients with terminal cancer and Włodarczyk's (2007) study on the positive contributions of music therapy to the 'spiritual well-being' for hospice patients.^{12,13,14}

Cancer for some becomes a chronic illness and can involve pain and challenges to the self at all levels. Also, there is an established and burgeoning literature on the role of spirituality in the field of psycho-oncology,¹⁵ which includes discussion of some of the methodological challenges present in the evaluation of its role.¹⁶

The healing and spiritual properties of music therapy were embraced within one of the three over-arching themes of the 2002 World Congress of Music Therapy, with the late Michael Mayne giving a presentation that linked over 800 therapists from around the world and with different spiritual backgrounds and traditions to the transformative, life-enhancing, aesthetic and meaningful potential of music.¹⁷ Lucanne Magill, the music therapist invited to respond to Michael Mayne at the Oxford conference, has noted the following:

Music therapy enhances spirituality in those contending with advanced illness through facilitation of four primary aspects of spirituality: transcendence, faith and hope, sense of meaning and purpose and search for connectedness (p.174).¹

Magill's four over-arching themes are relevant to this study: transcendence (rising above everyday experience); connectedness; the search for meaning; and faith and hope. This article draws on these themes in order to explore spirituality in participants' accounts. However, these themes are not static: their presence and the meanings we can attach to them are situated and contextual. Here we discuss the themes of music and spirituality for individuals with cancer engaging with a program of complementary therapies, within which music therapy is a core component.

Music therapy, spirituality, and well-being

Since the early 1980s the term spirituality has permeated the discourse on health and well-being, although there has been little consensus over a definition of the term.¹⁸ Spirituality differs to the concept of religion and the linked emotional and psychological state of 'religiosity', and it encompasses a broader set of meanings.^{19,20} Moreover, spirituality is a more qualitative concept than religion and 'religiosity',²¹ and is associated primarily with coping in the event of life crises and 'biographical disruption'.²² Clearly the study of spirituality requires a wider set of descriptive metaphors and explanatory models that extend beyond the more institutionalized, de-personalized and orthodox

concept of religiosity and consider, amongst other things, the ‘...search for meaning and existential purpose in life’ (p.1572).²³

From this we can identify obvious similarities with Magill’s four aspects of spirituality. All four themes are central, although due to connotations with religiosity, we should acknowledge that faith arises less commonly in the literature. In contrast, the search for meaning emerges in the literature on spirituality and health as a recurring leitmotif.^{18,20,23,24,25,26} Thus, for Tanyi, ‘...spirituality involves an individual’s search for meaning in life, wholeness, peace, individuality and harmony’ (p.502).²⁵

Spirituality is also related to notions such as ‘making the most of life now’ (p.411).¹⁸ The issue of finding meaning in life is therefore perceived as crucial:

‘...because the illness itself causes permanent changes in life that force a re-evaluation in any previously assumed meaning’ (p.20).²⁰

Meaning-making provides a notably less sacred notion of spirituality in which people can creatively take control of their circumstances.²⁴ This ‘value-guidance’ approach to spirituality (ibid) takes meaning to refer to the individual’s adoption of a broader set of value orientations, incorporating art, poetry, music as well as the ideals that people choose to live by. It is perhaps no surprise that in Chiu et al’s summary of the literature on spirituality and health it was discovered that the most common and burgeoning area of substantive study was cancer.¹⁸

Another central theme in relation to spirituality was hope. Hope symbolizes a future and personal outcomes that may become increasingly important to the individual, such as ‘...expanding or revitalizing interests, extending the self to others, and altering personal outlook’ (p.595).²⁴ Other key themes are that of spirituality as an ‘energizing force’,²⁵ the importance of relationships and ‘connectedness’,^{18,25} and transcendence (rising above the everyday and the mundane). The present research findings are related to these overarching themes to show how spirituality may be better understood *in situ*.

Methods

The focus of this article is a music therapy service established in the early 1990s as part of a residential five-day retreat program at an independent charity-run cancer care centre in the UK. The residential group is made up of on average between 8 to 10 people living with cancer who attend alongside their supporters. Music therapy is offered as a single-time group session that takes place in the middle of the week and lasts for approximately one-and-a-half hours. On arrival in a well-lit group room the participants are met with an attractive display of tuned and un-tuned percussion instruments that are placed at the centre of a circle of comfortable relaxation chairs. The instruments originate from around the world and include drums, xylophones, bells and gongs and shakers, amongst others.

The music therapist’s (LB) approach is music-centered, framed within perspectives drawn from humanistic and transpersonal therapeutic points of reference.^{3,27} A typical session might begin with individual explorations of an instrument, for example passing

an Indian bell or South American rainstick around the group, with opportunities for personal associations evoked by the sounds to be verbally articulated and shared. As participants become more comfortable with the instruments, the session moves into whole or small group improvisations. Often these start with a musical focus (for example, evolving from a sustained heart-beat pulse) to contribute to a sense of group security and cohesion. Participants might be invited to play to one another, a musical gesture with the form of a call and response. The central part of the session provides opportunities for more improvised exploration of the instruments, sometimes relating to a title chosen by the participants. Verbal discussion of personal and group themes developing during the week often occur, and these are articulated through playing, for example, the many occasions at which the music is used to express the transition from one feeling to another, such as from chaos to cohesion, from despair to hope, anger to joy. As the session draws towards the close, there are opportunities for some relaxed listening to short pieces of music, mostly drawn from the classical repertoire and chosen by the therapist after checking-out with the participants the general mood and individual musical preferences.

Two researchers (SM and ND) conducted 23 in-depth tape-recorded telephone interviews with people who had taken part in the music therapy sessions; interviews were transcribed verbatim and in full prior to analysis. The interviews took place approximately 2 weeks after the music therapy sessions. The music therapist facilitator did not take part in either the interviews or the data analysis. Written informed consent to take part in the research was obtained before and during the residential week. The study

did not seek to establish clinical outcomes and the small sample did not allow systematic evaluation of issues such as the relationship between cancer diagnosis, sociodemographic background, and music therapy. Rather, an exploratory approach was taken in order to understand the subjective impact of a one-off group music therapy session; a number of themes emerged from the participants' accounts of relating to notions of spirituality and healing.

The methodology followed a modified grounded theory approach outline by Charmaz: constructivist grounded theory.²⁸ A qualitative coding process was adopted in order to make analytic interpretations of the interview data. Coding data involved a two-stage process. The first stage of the process involved coding each line or 'segment' of data with an initial descriptive or in-vivo (i.e., participants' phrase or descriptor) code. In the second stage, the researchers repeatedly went over the data and codes in an iterative process, honing the codes and where necessary, using more selective and analytical (in-vitro) codes that more appropriately captured that line or segment of data. In line with Silverman's suggestions,²⁹ the data analysis process involved the constant comparison treatment of data in that all of the interview transcripts were coded and all data was included in the analytic observations. In the process of constant comparison of interviews, data and interpretation, thematic and analytic codes were developed and honed. The computer software package Atlas helped us develop this thematic coding framework.

Due attention in the research process and data analysis was given to enhancing the trustworthiness of the data, which has been seen as addressing issues such as credibility and dependability.³⁰ For example, in order to address credibility the qualitative researchers conducted coding of a preliminary number of transcripts independently of each other in order arrive at a suitable coding framework. The form and process of analysis, and the techniques used, were derived from those that have been used successfully in previous research projects by the authors. Negative case analysis, otherwise known as deviant case analysis,²⁹ was also conducted; this involves some refining of a conceptual and theoretical framework until it addresses all cases with the data (Box).

Findings

A thematic overview of the results of this study is provided in a previous article.³¹ Here we focus on those findings relevant to notions of spirituality and healing, drawing on Magill's four overarching themes of transcendence, connectedness, search for meaning, and faith and hope.

a) Transcendence

An immediate effect of the music therapy was to offer an opportunity for relaxation and fun:

I definitely think that music relaxes you and music that makes you happy does have healing benefits. (Interview 10, female)

Many of the participants claimed to find playing music to be a joyful experience:

...it was just the laughter itself and the laughter it [the music] promoted that was incredibly healing. It just changes the whole mood and whole atmosphere.

(Interview 14, female)

These comments linked joy to healing, and participants commented that the healing impact of the therapy seemed to last beyond the session:

I would say that it [the music therapy] was a healing experience because...I think that it was one of those uplifting experiences that you carried with you that continued to work after the event...(Interview 12, female)

The experience of music therapy was also described as uplifting and powerful:

...it was the power of it all, it just made you feel alive again somehow, and just from that point of view it was just wonderful... (Interview 12, female)

These comments often linked the ‘energizing’ experience of music therapy with notions of the life force:

Music is symbolic of life and energy and all things. (Interview 3, female)

Linked to this was the notion of ‘authenticity’:

It represents the life force and it’s something that you can’t fake, you can’t fake music. (Interview 3, female)

Other impacts were described. For example, for one individual the freedom of being able to improvise with musical instruments provided relief, presumably from the burden of the cancer diagnosis:

That sense of joy and freedom and being able to express a lot was fantastic, it was almost a sense of relief. (Interview 13, female)

As well as being relaxing, the session distracted some participants from worries:

There was a sense of positive energy and feeling and it was relaxing and took your mind off other things. (Interview 18, female)

This last respondent had previously discussed how long-term illness creates complete emotional inertia, which contrasted with the powerful and positive aspects of making music. Taken together, the data point towards the transcendent nature of music playing and listening as well as engagement through music with spirituality as an energizing force. Participants were able to take their minds off current preoccupations and to experience the vital life force that has the potential while the music lasted to transcend pain and difficulties.

b) Connectedness

Many participants saw the chance to play instruments together with other people experiencing cancer as a 'good communication exercise,' enabling a bonding and socialising experience. Participants reported feelings of closeness and connectedness:

I suppose the togetherness of it, ...so it brought a closeness between individuals because you sort of, you picked up on their rhythms, or whatever, and then it would move you along...and you'd have a look and see what they were doing and you'd change your rhythm to suit theirs. (Interview 14, female)

Comments related to the development of co-operation as well as closeness and harmony.

I think [the] group had a very good spirit and harmony and I think that came through that session. (Interview 1, female)

Participants highlighted two specific activities that occurred in the sessions, one in which they explored an individual instrument such as a rainstick and described to the group any associations, and another where they played an individual musical message to another member in the room. One respondent describes his initial private connections with the sound of the rainstick:

Automatically the one that came to mind was waves lapping on the shore because I was brought up on an island ... and there was a very strong water affiliation and connection and not only that, when he did it the second time but faster it

sounded more like monsoon rain hammering on the corrugated iron roofs on the island, that was very evocative with the eyes closed. (Interview 2, male)

Some described the way in which a sense of trust and deep communication developed as individuals explored personal and musical connections to the range of instruments.

...I think it was a terrific way to communicate across the room, one with the other., (Interview 2, male)

Hence through musical communication a sense of connectedness can develop.

I wanted to give something to one of the people and it was just a peaceful thing and [it was] picked up and it was good you were able to express yourself through the music....Sometimes you can't express yourself in words, you want to say something special and you can't do that and just playing something to someone can be very special. (Interview 23, female)

The musical message exercise was introduced as a way of giving or receiving a 'gift,' and participants were generally receptive to this idea:

...that was an amazing experience, being played to by someone else, it was like a gift...we were a very close group anyway and it was quite amazing to be able to receive a message from someone... (Interview 21, female)

The participant reflected on how playing music encourages reciprocity, and the spiritual emphasis that this form of exchange may warrant. The ‘gift’ of music is set in contrast to the imposition of cancer and its lack of flexibility as both a metaphor and a disease.

Other respondents commented on this way of communicating, providing opportunities for

... very positive, very healing messages that people wanted to pass to one another,...getting musical instruments and music to get people to start communicating beyond superficial, at deeper levels. (Interview 2, male)

Both the group improvisation and the ‘musical message’ exercise contained elements of hope and meaning making, key themes identified by Magill and others.

c) Meaning-making

Many of the participants reflected on the ways in which playing and listening to music evoked particular memories. Some of these memories were heightened by their feelings of regret and anxiety towards the past, clearly exacerbated by a cancer diagnosis.

Music also brings back memories...I've got memories of happier times and also sad times as well, so if it makes you happy then it has to be beneficial in healing. (Interview 10, female)

This prompted some self-reflection about their experience of cancer, as well as a range of issues that related mostly to their feelings of regret. The music therapy contributed to a search for meaning and re-evaluation of what was important:

I think music is definitely fundamental in one's search for one's self. As far as cancer patients or any other illnesses [are] concerned, listening to music or communicating through music or making music even plays a very crucial role.

(Interview 2, male)

The group improvisations allowed participants to enact more complex themes that seemed important to them, such as chaos and acceptance. They had the opportunity to add layers of meaning and interpretation to the listening and playing process:

We'd talked about what we'd like to get over in the piece, so we decided amongst the group that we'd like to go for something like chaos and anger at the beginning, move through joy and end with calm and peace. And it was very interesting because what happened was we all went furiously at it and then suddenly it went very quiet and we just finished off very, very quietly and peacefully. (Interview 7, female)

The participants reflected on how music can contain multidimensional meanings, having experienced the unfolding and transformative flow and narrative within the organic form of the improvisations.

d) Faith and hope

Few participants spoke explicitly about faith, but even those who had a poor prognosis spoke deeply about a reason for being and a hope towards the future. Interviews typically took place about 2 weeks after the session, and participants were asked about what they had been doing since that time. An important theme emerged here relating to a re-engagement with notions of creativity. Many had embarked on new ventures, ones that symbolized a future, some of which were perceived as a result of the music therapy:

I've always been interested in drumming and rhythms...and going and having the music therapy, I thought well I've really enjoyed this... then at evening classes I got on the list to join the steel band because I thought yes that's for me...

(Interview 11, female)

This sense of fostering hope also occurred when the participants used the musical improvisations as metaphors to explore the shift of energies and emotions from when the group first met until the point of the music session. One respondent recalled how the group:

...laughed about the fact [that] the music started off quite gloomy but very quickly changed and there was much more joyous music for ages and ages...We didn't stick with the miserable bit for too long. (Interview 12, female)

Several participants commented on the way music touches people at very deep levels, which brought into focus some of the broader definitions of spirituality which people hold.

I mean clearly music of various types...sort of touches the soul...or it can do...people's moods and people's outlook can be affected by music and obviously tailored by music. (Interview 9, male)

The overall impression was that playing music often contributed to moments of reflection that provided some comfort and insight. Also, even though the music often evoked powerful emotions, this was perceived as a positive force for the good.

Discussion and Conclusions

For the majority of the participants, improvising music together in this way was a novel experience, providing opportunities to explore meaningful ways of connecting to the creativity at the root of musical expression. At the start of sessions, this invariably took the form of personal connections (comments relating to responses to the sounds made by the range of instruments available). Gradually participants began to make personal and musical connections to other group members. This emerging sense of group connectedness and harmony was a key theme. This unfolding group process provided opportunities to explore feelings that may have been lying unexpressed, dormant or had been difficult to articulate in a more verbal medium during earlier sessions in the week.

The notion of spirituality is a complex one, sometimes contested because of its associations with religion and religiosity. In this article, a broad notion of spirituality has been adopted as a metaphor for discussing a range of issues associated with coping with life's challenges. This article highlighted the importance of this notion of spirituality as a broad and cross-cutting theme in the qualitative study. Such an approach to spirituality resonates particularly with the writings of other music therapists,¹ and this article largely confirms the importance of Magill's schema for understanding spirituality. Additionally, the situated and contextual nature of spirituality for individuals with cancer has been highlighted, in that their discussion of their experiences of music therapy was framed by both their individual biographies, as well as by their perceptions of the impact of cancer diagnosis and treatment.

Even accounting for the limitations of single-occasion group work, evidence has been presented that links to Magill's four over-arching themes. The music therapy session holds a pivotal position within the whole week's retreat experience, with colleagues often commenting anecdotally on the transformative nature of the session for participants. Playing music together engenders for many a sense of hope. It can provide a sense of meaning and connectedness where it helps participants to discover or re-discover their sense of musical creativity and identity. It was found that re-connections with music were re-kindled, resulting in future plans being made to take up a musical instrument, join a band or a local community group or choir; music fostered this sense of hope and looking-forward. Being immersed in music, with the attendant support and witness of the music

therapist, provided opportunities to allow the imagination to flow and to transcend the more earth-bound boundaries of time and space.

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