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[Back Issues](#)

[Guidelines](#)

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## Music Therapy and Oncology at the National Institute of Cancer

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Music therapy in hospitals aims "to use music as a complementary resource in the care" (Leão, 2002) of inpatients, promoting "the resolution of emotional questions" (Chagas, 2004, p.18) in the encounter with the illness and treatment, contributing, "in many cases, [to] the magnifying of consciousness (...) in the health-illness process" (Leão, 2002).

There are several definitions of music therapy. Amongst them are:

Music Therapy is an interpersonal process..., guided by objectives, in which the therapist... uses music and all its facets—physical, emotional, mental, social, aesthetic and spiritual—to help the client to improve, to regain or to keep his/her well-being "(Bruscia 1987,1991, as cited in Bruscia, 2000, pp. 275-276.)

Music Therapy is the use of music as an assistant to the physical, psychological and emotional integration of the individual... [and].... it enables a humanist approach which recognizes and develops ...generally restrained internal resources in the client... and helps the individual to move towards a larger self-conscious.. [ and]... to his/her greater potential" (Canadian Association for Music Therapy, as cited in Bruscia, 2000, p. 276). I

Music Therapy is the use of music and/or its elements as an intermediate object of a relationship, which allows the development of a therapeutical process, mobilizing bio-psychosocial aspects in the individual with the intention to minimize specific problems and to facilitate his/her integration... in the normal social environment"(Barcellos, 1982, as cited in Bruscia, 2000, p. 274).

Music Therapy is the use of music and/or its musical elements (sound, rhythm, melody and harmony) by a qualified music therapist, with a client or group, in a process designed to facilitate and to promote communication, relationships ... mobilization, expression, organization ... in order to meet physical, emotional, mental, social ... needs ...to develop potentials and/or restore functions of the individual so he/she can achieve better intrapersonal and/or interpersonal integration and, consequently, a better quality of life"(World Federation of Music Therapy, 1996, as cited in Bruscia, 2000, p. 286).

Because music is an expressive language, it can facilitate the non-verbal communication of internal issues, without the necessity of naming feelings in words. Many times, the simple act of singing a song evoked by memory, results in a deeper and more significant contact than words can reach because music can associate emotion and pleasure.

Amongst the physical and psychological benefits of music, Gross and Swartz (1986) point out the increase or reduction of muscular energy, alterations of blood pressure and pulse, mood,

heart rate, respiratory capacity and skin temperature, besides stimulating the emotions. Roskan and Reuer (1999) suggest the decrease of anxiety and stress, a space for the expression of feelings, a non-pharmacological way to remediate pain and discomfort. minimizes the unpleasant effects of chemotherapy.

Much scientific research has shown that pain and music are felt and processed by the same region of the brain—the thalamus and limbic system—considered as the center of emotions, sensations and feelings. The production of neurotransmitters is stimulated, especially of endorphins and serotonin. Refocusing attention from oncological pain to music, the distraction enabled by music-making helps the patient in the reminiscence processes associated to the songs brought up during the sessions, as well as promoting fantasy and provoking physiological alterations like the ones previously mentioned.

McCaffery (1990) indicates the use of music as an effective non-pharmacological approach and to be one the most efficient for the control of pain, showing great acceptance by the patients.

In addition, music encourages social integration and respect for cultural and racial differences possible when patients and their family members participate jointly in the hospital, as well as in the infirmaries, ambulatory and other units. Music therapy brings a relaxing environment into a context of pain and uncertainties. At the same time it becomes a channel of expression for the same pain, until then restrained. It also addresses the questions related to spirituality and the meaning of life and death.

There are many references regarding the benefits of music in the treatment of cancer. For Bunt and Marston-Wyld (1995, as cited in Abrams, 2001), listening and making music can reduce the severity of cancer symptoms; it can reduce the harmful effects of the treatment (Boldt, 1996, as cited in Abrams, 2001; Frank, 1985, as cited in Abrams, 2001; Standley, 1992, as cited in Abrams, 2001); and the pain and malaise related to cancer can be reduced by music listening (Bailey, 1983, as cited in Abrams, 2001; Beck, 1991, as cited in Abrams, 2001; Zimmerman, Pzehl, Duncan and Schmitz, 1989, as cited in Abrams, 2001).

Clive Robbins, from the Nordoff-Robbins Center of the University of New York, suggests that "in a non-verbal level, music activates our minds, integrates our attention and seems to help to regulate certain functions of the body." (as cited in Harrar, 2002).

The song chosen by the patient makes it possible for him/her to work with specific aspects of hospitalization and treatment: the distraction from pain, the improvement of his/her mood, the reestablishment of old memories as well as inciting his/her body to follow the proposed rhythms, in accordance with his/her physical possibilities.

## The Treatment

Treatment is characterized by brief, prompt approaches to the patients in beds (infirmaries and Intensive Care Unit - ICU), in clinical or ambulatory interventions. Many times, the contact with the patient happens only once. The music therapist is the one who goes to the patient. In the majority of sessions, daily pre-composed songs are used (popular or religious), chosen by the patient amongst his/her preferred repertoire, so they can be sung and followed with percussion instruments (and guitar) in an interactive music-making - patient/music therapist, patient/other patients/music therapist, patient/family/music therapist, patient/health staff/music therapists.



Bailey (1983, 1984) points out the importance of the use of songs with cancer patients as a means to alleviate anxiety and to reduce the fear of hospitalizations, facilitating the expression of emotions, and also helping to solve family conflicts.

The therapeutic action of music therapy in the treatment of cancer strives to take care, to receive, to listen to, to respect and to value the musical expression of the patients during their treatment, while staying at the hospital over a long term or in clinics where they receive short-term treatments.

## Characteristics of the Approach

Quality of life is an important aspect of the oncological treatment of chronic patients for both maintenance and progress.

The intervention of the music therapist consists of offering musical experiences that can develop the capacity of the patient to deal with the situation, improving self-esteem and contribute to his/her general well-being. The psychological and emotional aspects affected by music are significant.

Music therapists at the hospital seek to take care of the patients' needs and demands, their families and visitors at the moment of the session, as well as consultation with the medical team. Music provides comfort and provides a pleasant experience.

Because the music therapist can offer brief sessions, the support approach is the most frequent, but does not exclude a deepening of the internal aspects that could be worked with the patients if there were a longer time available in the sessions. Music therapy could bring the patients to a possible re-construction and re-meaning-making of these deeper aspects.

In a general way, music therapists request that patients choose songs from their own repertoire, independent of genre, to sing and to play (or not) together. The chosen music (generally popular songs and/or religious hymns) transmit emotion and, invariably, the message that these patients need to hear—hope, spiritual force, memories of love or familiar relationships, religious necessities and desires, feelings, losses, life, love, death, peace. Frequently important memories are associated with the songs (pleasant or not, happy or sad). Emotional aspects of the illness can be worked and experiences of the treatment in the hospital and pain are shared. Often, the sharing of these feelings provide comfort and alleviate the anguish.

Music therapists act as facilitators of these expressions, making possible the exploration (even if briefly) of the unspoken thoughts and feelings through the use of the verbal messages of the songs, or playing music that reflects the mood of the moment, or improvising short songs with the requested themes or situations lived deeply at that moment.

The topic of the illness can appear or not, depending on the need of the patients to verbalize their concerns at a phase when they learn about the process of falling ill and contact with pain. Sometimes the need of the patient to elaborate his/her fears, express repentances and blame something that "would justify" the appearance of the illness, and what they have learned from what they are going through occurs in the music therapy sessions.

A music therapist uses music differently than a professional musician because, in music therapy, generally, the patient is in an interaction with the music therapist. The patient is not a passive listener to which the music therapist will execute a specific repertoire of his own for a presentation at the many surroundings of the hospital. Also, it is not the music therapist who determines which is the best music to be sung or played by both—therapist and patients. A music therapy approach, such as the one presented here, is initiated by the presentation of the objectives of the work in this place—a hospital and place of illness and pain. Patients and music therapist sing and play together.

Music is considered by the patients and their family members, almost always, as entertainment, joy, amusement, partying, and, not rarely, a considerable percentage of patients (and familiar and/or staff) immediately answer: "I'm fine with any song you'd like to sing..." (sic).

Music therapy, "where music therapist and patients [are] active in the process of making music" is defined by Barcellos, as interactive. (1992, pp. 20-21). The same author defines the use of music as therapy, or "alive music" [when] "the patient [is] involved in the process of 'making music' with the music therapist".

The music therapist is careful to know beforehand, in this first and brief contact, the musical preferences of each patient—even if the performance takes place in an infirmary with many beds. Value for the cultural and the sonorous/musical histories of each one of the patients is taken into consideration at the moment of the attendance.

There is no good or bad music. There is only music that is important to the patient. It occupies a place in his/her life and history, since birth (or since before birth)! This can be lullabies, children's songs, popular music of many genres (country, bossa nova, rock, samba, ballads) and religious hymns.

When the session takes place in the infirmaries with many patients, we can easily observe the variety of musical taste. And the role of the music therapist is to receive these differences and to make their sharing possible by the entire group.

It is possible to work the same way, with the mobilization provoked by certain songs that are suggested by the patients (and/or family members). Music, in our culture, has always been associated with the daily situations of our people. When they are remembered and sung, these songs bring with them all of the memories associated with them—other people of the social/familiar circle, situations of happiness or misfortune, feelings of happiness, sadness, bitterness or joy. And in this contact with music many of these situations and feelings are revived, facts brought up from memory are narrated and often the patient has a chance to give new meaning *through* the songs.

The use of music, in this context, makes possible the expression of the feelings elicited by the illness; it is very common to hear patients and family members say that "I just want happy music, I don't want to cry" (sic). As music is suggested by the patient, and not by music therapist, there is no previous control of the feelings that will emerge when it is sung, of what it

can provoke, sometimes crying, and, thus, helping the unblocking of accumulated energy and repressed and unspoken feelings.

This way, the use of live songs, where music therapists and patients sing and play together, have proven to be efficient for offering a favorable structure to the release of tension and thus provide a larger contact between the many participants in the therapeutic setting, either at an infirmary, ambulatory, reception, waiting room or even the ICU.



The patients, in interaction with their family members and hospital staff (doctors, nurses, psychologists), enrich the music when singing and playing instruments (of percussion). At these shared moments, music therapists suggest that the participants mutually offer songs, increasing the bonds between family and friends who are visiting or accompanying them as well as with the team responsible for the medical procedures during the period of hospitalization.

This approach, where every opportunity is an advantage to work with these bonds, mainly with the team, assists the perception that—at that moment of joint music making—patients and staff become "equal". It is possible, this way, to access healthy aspects of the patients.

The experience of the group fortifies the ego of the participants. When expressing their abilities, when remembering and sharing the history of their families, work and other parts of their daily activities and circles, the patients retrieve themselves as actors in their own lives..

### **The Music Therapist and the Interdisciplinary Team**

Working with the teams show another aspect to be taken into consideration: those who take care, need to be taken care of. The music sung during clinical procedures favors another form of music therapy—also brief and prompt—but necessary for the maintenance of a healthy balance when dealing with the illness, pain, life and the death. Many times the music therapists are the ones who offer a song (amongst the musical preferences of the participants of the team) or musically improvise, while the professional activity is being developed. It is also possible, on other occasions, to promote a gathering among various professionals—a break to enjoy the benefits of music, decrease agitation, and to alleviate anxieties and tensions connected to the hospital work.

The music at the hospital establishes a subtle difference, a certain softness in the hardness of dealing with illness and the human being that suffers from it. It humanizes relations, offers a chance for both—patients and professionals—to perceive the human being they are dealing with and who is right there, separate from the illness.

As a member of a therapeutical team, the music therapist participates in the evaluation of the necessities of the client, of the formulation of the approach and of the therapeutical program, developing then specific musical activities to reach the objectives, and systematic evaluations that assure the effectiveness of the program" (Canadian Association for Music Therapy, as cited in Bruscia, 2000, p. 276).

The music therapist is a professional who becomes more and more necessary in the composition of the interdisciplinary teams, alongside psychologists, social workers, doctors and other professionals, contributing with another view, with another reading, where rhythms, melodies and harmonies interplay to disclose the best form in helping to offer a better quality of life. Music helps to say the unspeakable.

#### ***A Song Gives Form to Time***

Music creates order in chaos;  
because rhythm imposes unanimity on divergence;  
melody imposes continuity on the discontinuous;  
and harmony imposes compatibility on the incompatible.  
(Yehudi Menuhin)

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