



Effects of music therapy on spirituality with patients on a medical oncology/hematology unit: A mixed-methods approach



Erin Lane Cook, MA, MT-BC*, Michael J. Silverman, PhD, MT-BC

University of Minnesota, United States

ARTICLE INFO

Keywords:

Cancer
Faith
Mixed-methods
Music therapy
Oncology
Peace
Spirituality
Randomized

ABSTRACT

Despite considerable interest in the potential relationship between oncology and spirituality, it remains unclear how the spiritual wellbeing of patients is best addressed in health care environments. The purpose of this study was to determine the effect of three music therapy doses on spirituality in patients on a medical oncology/hematology unit ($N = 17$). The researchers measured participants' faith, peace, and meaning by using the FACIT-Sp. tool (Brady, Peterman, Fitchett, Mo, & Cella, 1999) at pre- and posttest during a randomized controlled design. The researchers also incorporated interviews from patients concerning potential effects of music therapy and spirituality. Quantitative results indicated significant between-group differences in peace and faith subscales, with participants in the music therapy condition having higher posttest means than participants in the control condition. Qualitative data tended to support the importance of music therapy in meeting spiritual needs: Results of a thematic analysis indicated music therapy helped participants feel closer to God and elevated their moods. Consistent with the literature base, participants noted that that spiritual needs should indeed be addressed during a person's time at the hospital. Limitations of the study, areas for future investigation, and implications for clinical practice are provided.

© 2013 Elsevier Inc. All rights reserved.

Literature review

While many people have used the terms spirituality and religion interchangeably, scholars have articulated differences between the two terms. Chappel and Mckee (1992) note that through spirituality, individuals search for meaning and purpose in life and attempt to promote virtues such as love, wisdom, and truth. Other definitions of spirituality can include relationships with the universe, people, and the self (Walker, 1995). However, religion can refer to a specific belief system by which an individual abides (Larson, 2003). Religion can involve particular rituals and practices and many people can find spirituality through religion (Anandarajah & Hight, 2001). However, not everyone is religious nor is religion a requirement for spirituality.

In 2009, a Consensus Conference took place in Pasadena, CA. The conference was based on the belief that spiritual care is an integral component in quality palliative care (Puchalski et al., 2009) and conference attendees agreed upon the following definition: "Spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others,

to nature, and to the significant or sacred" (Puchalski et al., 2009, p. 3). For the purpose of the current study, the researchers operationally defined spirituality in the same way as Puchalski and colleagues.

The experience of living with cancer may increase an individual's awareness of her or his spirituality (Brady et al., 1999; Olver, Peteron, & Whitford, 2008; Ramondetta & Sills, 2004; Hess, McDonald, & Stefanek, 2005; Taylor, 2003). Anandarajah and Hight (2001) found oncology patients requested that physicians and hospitals would address their spiritual needs. However, within health care environments, it remains unclear how patients' spiritual wellbeing should be best met. Traditionally, physicians and staff have often avoided spirituality because they may consider it too personal a topic to address. Hospital staff may only discuss personal spiritual issues if the patient first initiates these concerns (Cadge, 2009). Scholars have recommended that additional research is warranted to determine how best to approach the topic of spirituality in cancer care (Anandarajah & Hight, 2001; Hilliard, 2005; Lipe, 2002; Hess et al., 2005; Taylor, 2003).

Addressing spiritual needs in healthcare environments can yield positive results. Bredle, Salsman, Debb, Arnold, and Cella (2011) concluded that there were significant and positive psychosocial outcomes when spiritual wellbeing needs were met in health care settings: Patients were better able to cope with their illnesses and gained more hope in their recovery processes. As most physicians

* Corresponding author. Tel.: +1 5072615317.

E-mail addresses: eelaners@gmail.com, erincookmt@gmail.com (E.L. Cook).

and hospitals fail to adequately address spiritual needs, these potential benefits are often unavailable to oncology patients.

Psycho-oncology is based on the psychological, social, and behavioral aspects of cancer (Holland, 2002). Psycho-oncology may address psychological dimensions of cancer including a patient's reaction to cancer and the behavioral, social, and psychological aspects that may impact the disease process. Music therapy is a complementary and alternative treatment that may improve psycho-oncological care. Robb (2003) found positive outcomes with hospitalized children when using a music therapy model based on Skinner and Wellborn's (1994) motivational theory of coping. Practitioners utilizing this model focus on reducing the effects of psychological distress in children and attempt to influence how a child copes with stress (Robb, 2003). Robb (2003) proposed music therapy interventions based from three elements of contextual support: structure (session planning), autonomy support (music choices), and active involvement (development of the client-therapist relationship). Though this model was developed for pediatric oncology patients, it may be useful and beneficial in treating adult oncology patients.

Music therapy can improve relaxation (Ferrer, 2007), mood (Burns, 2001), quality of life (Burns, 2001; Hilliard, 2003), and decrease anxiety (Ferrer, 2007) in patients diagnosed with cancer. Researchers have consistently found positive outcomes when music therapists incorporate patient-preferred live music in oncology settings (Standley, 1986). Standley (1986) concluded that patient preferred live music can express a person's individuality and can function as a method of reviewing particular events in distinctive ways.

Hilliard (2003) studied the effects of long-term music therapy care on the quality of life of terminally ill cancer patients. The experimental group demonstrated a significantly higher quality of life than the control group. Likewise, Ferrer (2007) examined psychological and physiological effects of live preferred music on patients receiving chemotherapy treatment. Ferrer found a significant improvement for participants in the experimental music therapy group concerning measures of anxiety, fear, fatigue, and relaxation. In a recent systematic review and meta-analysis, Bradt and colleagues (2011) reviewed 30 music-based therapeutic studies that included 1891 patients with cancer. Control participants who received standardized treatment showed no significant differences in mood, anxiety, or quality of life. The researchers found that participants who had received music therapy had reduced anxiety levels and improved quality of life.

Aldridge (2003) emphasized that spirituality should comprise an integral element in music therapy. As music has an ancient connection with spirituality and religion (Davis & Gfeller, 2008), it would seem that music therapists may be uniquely equipped to address spiritual wellbeing using non-verbal and non-threatening techniques including active or passive listening, singing, songwriting, and analyzing song lyrics (Baker & Wigram, 2005; Bauer, 2010). Music therapists might even receive treatment referrals for services based on patients' spiritual needs.

Oncology nurses have utilized recorded music to enhance spiritual wellbeing among patients at the end of life (Halstead & Roscoe, 2002). With assistance from the nurses, music therapists developed music therapy programs for cancer patients. Halstead and Roscoe (2002) reported that "music enables patients to connect with God, themselves, others, nature, or religions" (p. 2). One patient, who could no longer speak, began singing "Alleluia, Alleluia" and reciting short prayers with a music therapist (Halstead & Roscoe, 2002).

Cerny, Renz, and Mao (2005) focused on the clinical relevance of spiritual experiences in illness and affliction in cancer care. These researchers found that music therapy was an important approach in the oncology medical setting that enhanced spiritual care. In

their study, the researchers contacted 251 terminally ill cancer patients and found that 135 patients had spiritual experiences either in the music therapist's care or later during their hospitalization. Authors reported that spiritual experiences in music therapy sessions improved patient's moods, relaxed them, and broke depressive cycles and suicidal thoughts.

Music therapy can cater to the idiosyncratic spiritual needs of patients when they are nearing the end of life. Patients at this stage often report a lack of spiritual connection and have noted the need for spiritually based rituals (Hilliard, 2005; Houck, 2007). Włodarczyk (2007) investigated the effect of music therapy on spirituality of 10 people newly admitted to a hospice unit. The researcher utilized a counterbalanced complete reversal research design wherein condition A consisted of cognitive behavioral music therapy for 30-min and condition B consisted of a 30-min non-music session. The researcher found there was a significant difference in spiritual wellbeing on the days that music therapy was provided (Włodarczyk, 2007). These results supported the consensus that music therapy can increase spirituality and provide comfort for those who have terminal illnesses.

In a literature review concerning music, spirituality, and health, Lipe (2002) reviewed published manuscripts from 1973 to 2000 and identified 52 reports. Lipe discussed seven dominant patterns that emerged in this literature:

1. Music's structure provided patients with comfort, peace, and reassurance.
2. Music opens up avenues of communication between people and with the 'divine.'
3. Music facilitates altered states of consciousness and transpersonal experiences (through GIM research).
4. Music experiences provide access into the deeper, inner nature of being.
5. Experiences with music enable one to risk the experience of openness within a safe, structured environment.
6. Engagement with music provides ways to access and energize the imagination, leading to new ways of listening, thinking, and being.
7. As individuals engage with music, concepts such as hope, meaning, and purpose emerge and open up paths to growth and healing (p. 233).

Music therapists can tailor patient-preferred live music therapy sessions to directly engage patients concerning their spiritual wellbeing. Although Bradt and colleagues (2011) found that oncology patients receiving music therapy had reduced anxiety and increased quality of life, there is a lack of randomized controlled literature concerning music therapy and spirituality in oncology care. Therefore, the purpose of this study was to determine the effect of music therapy sessions on a patient's spirituality in a medical oncology/hematology unit. Specific research questions were as follows:

1. Quantitatively, how might three music therapy sessions affect meaning in life, peace, and faith in oncology patients?
2. Qualitatively, what are oncology patients' perspectives concerning how music therapy might affect spirituality?

Methods

Research participants

Participants were inpatients at an oncology-hematology unit in a Midwestern hospital. All patients on the unit were eligible for the study if they could read and understand English, were an inpatient

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات