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Expectations of hospitalized cancer and cardiac patients regarding the medical and psychotherapeutic benefits of music therapy

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ABSTRACT

Cancer and cardiac patients were surveyed to determine if their expectations regarding the potential medical and psychotherapeutic benefits of music therapy and the relative effectiveness of different musical activities and styles would vary according to diagnostic group, and musical background. A total of 182 patients participated, 55 with various forms of cancer, and 127 with various cardiac conditions. The mean age was 59.8 years. The results showed that their expectations varied in certain benefit areas, music activities, and musical styles, according to: whether the patient had cancer or a cardiac condition, whether the patient had received music therapy previously, and whether the patient had studied music previously. Implications are drawn for introducing music therapy to cancer and cardiac patients.

Introduction

Research on the effects of music listening and music therapy on cancer patients with various diagnoses has revealed numerous benefits. Relaxed music listening has been effective in reducing anxiety (Smith, Casey, Johnson, Gwede, & Riggin, 2001), lowering treatment-related distress (Clark et al., 2006), increasing comfort and relaxation (Ferrer, 2007), relieving self-reported pain (Beck, 1991; Zimmerman, Pozehl, Duncan, & Schmitz, 1989), and decreasing nausea and vomiting (Frank, 1985; Standley, 1992). Interactive music therapy experiences (e.g., live music-making or improvisation with therapist, song-writing, lyric analysis) have been effective in evoking positive emotions and memories, expanding consciousness, improving sense of self (O'Callaghan & McDermott, 2004), improving mood (Burns, 2001; Waldon, 2001), improving quality of life (Hilliard, 2003), decreasing psychological symptoms during treatment (Xie et al., 2001), enhancing psychological well-being (Boldt, 1996; Burns, Harbuz, Hucklebridge, & Bunt, 2001), and decreasing anxiety, fear, fatigue, worry, and diastolic blood pressure (Ferrer, 2007). The efficacy of music therapy in providing these benefits has also been confirmed by cancer patients (O'Brien, 1999).

Research on cardiac patients has revealed benefits with regard to anxiety, stress, pain, mood, quality of life, and psychological well-being (Dileo & Bradt, 2005). In addition, music can reduce heart rate, respiratory rate, systolic and diastolic blood pressure, myocardial oxygen demand, and skin temperature (Barnason, Zimmerman, & Nieveen, 1995; Guzzetta, 1989; White, 1999).

A comparison of documented outcomes of music therapy with cancer and cardiac patients is especially relevant to the music therapist working in a general hospital who is attempting to meet the individual needs of patients on different units. The above research shows that while the medical goals are clearly different because of the differences in physical symptoms experienced by cancer and cardiac patients, the psychotherapeutic goals seem similar, at least at first glance. Concurrent research by the present authors (Bruscia, Shultis, & Dennery, 2007), however, shows that, based on a projective mandala preference test, some of the psychological concerns of hospitalized cancer and cardiac patients are different. Specifically, while a main concern for both groups is to preserve what they have accomplished in all areas of their life (or hanging on to what they have), cancer patients are more fearful of falling apart and the cancer worsening, whereas cardiac patients are more fearful of death itself. Cancer patients struggle cognitively with whether they should hang on or let go while seeking some kind of transcendence; cardiac patients struggle emotionally with depression, and cognitively avoid dealing with existential, spiritual issues. Cancer patients seek creative, non-traditional, and alternative approaches to emotional and physical healing, while cardiac patients rely upon traditional and established ways of coping with the disease. Both groups struggle with dependency issues and anger; however, cardiac patients maintain greater interpersonal boundaries.

Given the different medical and psychotherapeutic concerns of cancer and cardiac patients, an important question that arises is whether these groups have different expectations of music therapy

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and its benefits, and whether these expectations affect their willingness to participate fully in treatment. The willingness of patients to accept music therapy services is an everyday challenge facing the music therapist in a general hospital. How can patients benefit from music therapy if they are unwilling to participate? Lack of information about music therapy and reluctance to engage in music activities can be significant barriers to accepting the services of a music therapist during hospitalization (Burns, Sledge, Fuller, Daggy, & Monahan, 2005). Based on the results of a qualitative study, O'Callaghan and Colegrove (1998) suggested that music therapists might increase the willingness of cancer patients to engage in music therapy by: allowing patients to hear or witness music therapy before inviting them to participate, discussing their music preferences in the first session, and initially offering to play and sing for them rather than actively engaging them in music-making. Taking a somewhat different approach with cardiac patients, Metzger (2004) surveyed patients in a rehabilitation program on how frequently they themselves used music for various purposes. Patients gave the following mean ratings (out of 5) for using music for each purpose: 4.0 for pleasure, 3.6 for distraction during exercise, 3.2 for motivation to exercise, and 3.3 to reduce stress. Metzger concluded that cardiac patients should be consulted about current needs and uses of music before designing music therapy interventions for them.

Honoring the patient's preferences and informing them of the nature and outcome of the services being offered are central to a "patient-centered" model of health care and psychotherapy. In contrast to the "disease-centered" model where clinicians make most treatment decisions based on their expertise in interpreting diagnostic information, in the patient-centered model, patients play a vital role in all decision-making, based not only on the admonitions of their clinicians but also on their own perceived needs and treatment preferences, which in turn comprise their "expectations" (Agency for Healthcare Research and Quality [AHRQ], 2002). Such expectations may include what a patient expects from the clinician, the treatment protocol, and the actual outcomes of the illness and the treatment protocol selected. Peck et al. (2004) point out that patient expectations are varied and often vague, and that it is essential for clinicians to identify and respond to patient expectations when designing and implementing their services.

Research has shown that patient expectations can affect many aspects of health care (Marschall-Kehrel, Roberts, & Brubaker, 2006), such as the amount of improvement in the patient's condition (Iversen, Daltroy, Fossel, & Katz, 1998), the outcome of treatment independent of the type of treatment (Kalauokalani, Cherkin, Sherman, Koepsell, & Deyo, 2001), satisfaction with treatment (Marschall-Kehrel et al., 2006), and the number of grievances filed (Spratt & Spratt, 1990). In cancer and cardiac care, only a few studies have been located. Knopf and Stahl (1991) found that patient expectation determined which method of breast reconstruction breast cancer patients chose. Corizzo, Baker, and Henkelmann (2000) found that cancer patients who expected high levels of pain experienced high levels of pain; however, those who expected significant relief did not experience that relief. In cardiac care, Staniszewska and Ahmed (1998) found that patients' expectations of nursing before treatment were predictive of their satisfaction with the nurse's knowledge of their progress, the nurse's ability to explain treatment, the competence and consistency of care, and the nurse's personal touch. Sears et al. (2004) found that patients with cardioverter defibrillators who had high positive expectations of health reported better general health 14 months after implantation.

Very little is known about what cancer and cardiac patients expect of music and/or music therapy. Specifically, we do not know what types of music experiences they expect when offered music services as part of their treatment; nor do we know what therapeutic benefits, medical or psychotherapeutic, they expect from these music experiences. Yet, these expectations may affect patients' willingness to engage in music therapy, their agreement to various treatment objectives, the efficacy of various music interventions, and their level of satisfaction. In their comprehensive meta-analysis of outcome studies in medical music therapy, Dileo and Bradt (2005) concluded that much research is still needed to identify subject variables that affect the efficacy of various music therapy interventions, and that patient expectation is an important subject variable that has been inadequately researched.

The purpose of the present study was to identify expectations of hospitalized cancer and cardiac patients with regard to the potential medical and psychotherapeutic benefits of music therapy, using various activities and styles of music, and to determine whether these expectations vary according to diagnostic group and musical background. Alternative hypotheses were adopted: expectations of potential benefits of music therapy and the effectiveness of various activities and styles of music will vary according to diagnostic group (cancer versus cardiac) and according to whether the patient has had music therapy or previous music study.

Method

Participants

Participants were inpatients at an urban university hospital in the northeast USA. Criteria for inclusion in the study were: (1) hospitalized with a diagnosis of cancer or cardiac condition; (2) sufficient physical and mental stamina to undergo testing; (3) English-speaking; and (4) willingness to participate in the research as demonstrated by giving informed consent. Participants were not paid for their participation. The study was approved by the University Institutional Review Board for the Protection of Human Subjects.

Participants were recruited based on weekly admission to the hospital and referrals by cardiac and cancer nursing staff. A total of 182 patients participated with informed consent, 55 with cancer (30%), and 127 with a cardiac condition (70%). This represented 25% of the cancer patients recruited and 66% of the cardiac patients recruited. Some patients were unwilling, and others did not feel well enough to participate. Seventeen forms of cancer were represented, including undifferentiated, lymphoma, lung, uterine, liver, ovarian, and 11 other forms. Cardiac conditions included congestive heart failure, coronary artery disease, post-transplant complications, arrhythmia, valve disorder, myocardial infarction, and various others.

Table 1
Demographics and musical background in percentages.

Dichotomized variables	Patient groups		
	Cardiac, n = 127	Cancer, n = 55	All, n = 182
Gender			
Male	43%	66%	51%
Female	57%	34%	49%
Race			
African-American	60%	65%	62%
Non-African-American	40%	35%	38%
Education			
High school or less	61%	63%	60%
College	39%	37%	40%
Prior music therapy			
Yes	10%	20%	13%
No	90%	80%	87%
Previous music study			
Yes	55%	49%	52%
No	45%	51%	48%