

## Music Therapy as Complementary Medicine

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### *Abstract*

*This presentation discusses the recent inclusion of music therapy into centers for alternative, complementary, and integrative medicine. In particular, it deals with the application of music therapy to oncology patients at a well-known medical center for cancer treatment. Further, it identifies some strategies which might be useful in developing music therapy programs and complementary medical programs at facilities where these treatments have not been accepted.*

In the United States, the bastions of traditional medicine are being flooded with consumers demanding access to non-standardized forms of therapy to help cope with various types of physical illnesses. This presentation discusses the recent inclusion of music therapy into centers for alternative, complementary, and integrative medicine. In particular, it deals with the application of music therapy to oncology patients at a well-known medical center for cancer treatment. Further, it identifies some strategies which might be useful in developing music therapy programs and complementary medical programs at facilities where these treatments have not been accepted.

As the body of scientific research builds to support the effect of the mind on the body, the use of music therapy as complementary medicine is becoming more widespread. Complementary medicine, formerly known as alternative medicine, is the application of nontraditional treatments to aid in the healing process as a “complement” to more standardized med-

ical practice. These therapeutic modalities are now achieving greater acceptance as an adjunct to medical treatment in the United States. Ironically, these “new” practices harken back to ancient healing methods and treatments which have been practiced in other countries for many centuries.

The inclusion of music therapy as a form of complementary medicine is currently being researched in medical centers and training institutions as they seek the most effective services for their patients. It is noteworthy that the National Institutes of Health have established an Alternative Medicine Panel to sponsor research studies of these nontraditional therapies in the United States. As research evidence builds, acceptance increases and music therapy programs achieve greater recognition and prevalence.

The effectiveness of music therapy for oncology patients has been documented in numerous descriptive and experimental studies (Standley, 1986; 2000; Stan-

dley & Hanser, 1998). Jane Standley's meta-analysis of research in medical and dental settings (1986) offers effect sizes for experimental studies which test the impact of music therapy. Her data offer objective documentation of the effectiveness of music therapy in a variety of settings. Her analysis enables clinicians to benefit from research performed around the world. In her summary of the evidence, the following findings have tremendous implications for clinical music therapy:

*"Women respond to music with greater effect than do men... Children and adolescents respond with somewhat greater effect than do adults... Music has slightly greater effect when some pain is present... Music seems to become less effective as the pain increases... The least conservative measure of music's effect is patient self-report, while systematic behavioral observation and physiological measures result in similar, but slightly more conservative effect sizes... Live music presented by a trained music therapist has a much greater effect than does recorded music. Preferred music has the greatest effect..."*

(Standley, 1986).

Deforia Lane's psychoimmunology study (1991) is another landmark piece of research, identifying significant changes in salivary immunoglobulin A (said to be a measure of immune function) for oncology patients as a function of music therapy. This study led the way in its identification of an important physiological marker which could discriminate the changes which

occur in music therapy.

The presenter has been delivering music therapy services to adult oncology inpatients at Dana-Farber Cancer Institute and Brigham and Women's Hospital since the summer of 2000. This pilot program paved the way for its inclusion in the Leonard P. Zakim Center for Integrated Therapies, established in November, 2001. The Zakim Center currently offers the following clinical services:

- A Qi Gong research protocol
- Therapeutic touch
- Creative arts therapies
- Acupuncture
- Music therapy

Individual music therapy was available at bedside to patients who were referred by their physicians, nurses, social workers, psychologists and other medical personnel. Patients were referred for pain management or stress reduction. In addition, patients who were having difficulty coping with their illnesses or treatment and required a way to express themselves and communicate their feelings were also good candidates. Patients who lacked sources of social support also benefited from the individualized nature of this service. The only contraindication for music therapy was a major hearing deficit. Musical skills or background were not prerequisite. However, people who listened to music regularly and were able to identify concomitant changes in their moods found music therapy particularly appealing. They were also able to apply the coping strategies learned in music therapy sessions easily to their daily lives. Family members

and significant others also participated in the music therapy sessions, finding a way to share a creative, positive experience with a loved one while feeling better themselves.

In the fall of 2000, as part of their field work requirement, Berklee College of Music music therapy students assisted the music therapist in leading groups of outpatients. These weekly sessions were designed to teach patients relaxation and coping strategies through listening to live music and engaging in improvisation.

At the first meeting, the music therapist greeted each patient and introduced ways in which music therapy could be helpful. The patient's musical interests and background were explored, and the Music Therapy Initial Assessment was completed as the therapist observed and questioned the patient. In discussion with the patient, objectives were set and music therapy techniques were sampled. When appropriate, family members were consulted and invited to participate in sessions.

The therapist selected from the following basic techniques to meet the established objectives:

I. Music-facilitated stress or pain management

This was performed with live music, primarily on lyre, recorder or keyboard. The therapist followed a stress reduction protocol and offered assistance to the patient in selecting music which help them cope with pain or anxiety when the therapist was not present.

II. Music listening and expression of feel-

ings

This technique offered patients an opportunity to talk about what was happening in their lives, experience the pleasure of listening to music, reminisce, or discuss the memories and ideas elicited by the music.

III. Making music

This incorporated singing, simple accompaniment and other opportunities to communicate, express and engage in familiar, comforting and creative activities.

IV. Improvisation

Playing simple tuned and percussive instruments enabled individuals to use expressive media to communicate nonverbally.

V. Composing

Song-writing and musical improvising helped communicate and express thoughts and feelings.

The duration of each session varied, dependent upon the patient's stamina, interest, attention and desires. The therapist asked patients how they felt at the conclusion of the session, using a visual analogue scale for pain and comfort.

In this way, patient satisfaction and improvement in anxiety and locus of control were evaluated by self-report. These data will be useful in developing clinical music therapy protocols for future research. The goals of music therapy were threefold: to improve patient care, to educate future therapists, and to document the outcomes of music therapy, eventually through controlled clinical trials.

A significant concomitant to music therapy services was in-service presentations to medical staff to acquaint them with the service and instruct them in the criteria

for identifying potential referrals. The music therapist attended hospital rounds and other activities to inform and educate staff. Music therapy groups were offered to staff to reduce stress and enhance their working environment.

Out of this experience, the presenter developed some guidelines for clinicians who are interested in establishing music therapy services at medical institutions

#### I. Know the Lingo

Read brochures about current services being offered.

Learn the system in order to determine the role of music therapy amongst existing services.

Identify the decision-makers who would determine whether or not music therapy is a viable service at this institution.

#### II. Know the Research

Quote Standley's findings

Refer to Lane's psychoimmunology research

Know the music therapy and medicine literature

#### III. Know Your Community

What services exist in your community?

What services are needed in your community? Is there access to music therapy?

What services are sought by patients in their recovery?

#### IV. Inform Others

Volunteer to educate patients by offering classes in some music therapy

techniques which they can use with consultation from a music therapist.

Deliver staff rounds to educate service providers about how music therapy can assist them in meeting patient goals

Visit support groups to understand patient needs and to inform them about services like music therapy which hold many benefits.

Donate library resources, such as publications which demonstrate the effectiveness of music therapy techniques.

#### V. Find Support

In the United States, the American Music Therapy Association publishes several materials which present ways in which music therapy services may be reimbursed by insurance companies.

Grants, available through foundations, corporations, individual sponsors and other funding mechanisms, may support the establishment of new services, such as music therapy.

#### VI. Write a proposal which meets the following criteria:

Succinct

Speaks to needs

Addresses cost-effectiveness

Identifies outcomes

#### VII. The following Proposal Outline is standard:

Introduction

Service

Provider  
Rationale  
Background research  
Service description  
Referral criteria  
Assessment  
Overview of treatment strategies  
Evaluation

is great. As the medical arena across the globe opens to new “old” forms of treatment, the challenge is placed on music therapists to document the effectiveness of our services. We have an opportunity to become integrated into established and nontraditional medical practices in centers worldwide. We can take on this challenge with confidence and data in our pockets along with hundreds of years of experience using music to aid the ill.

Clearly, the potential for developing music therapy services in centers for alternative, complementary and integrative medicine

#### Short biography

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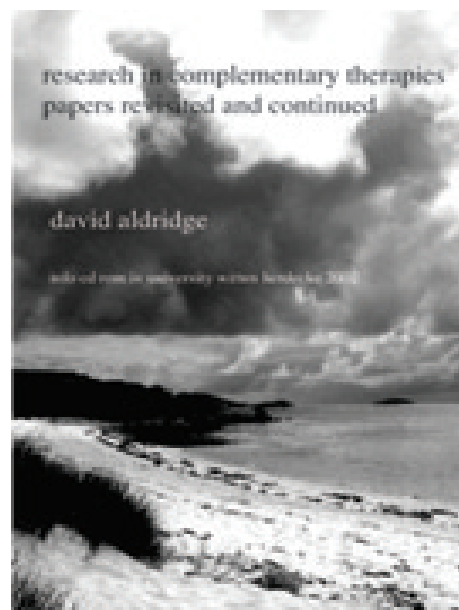


secretary/treasurer World Federation of Music Therapy

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to be presented at the Music Therapy World  
Congress in Oxford, 2002.



Hanser, S (2002) *Music therapy as complementary medicine*, Music Therapy Today (online), March, available at <http://musictherapyworld.net>

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