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Listening to music as part of treatment for breast cancer: A qualitative content analysis of patients' listening logs☆

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ABSTRACT

A qualitative content analysis was undertaken of music listening logs and songs selected by women participating in a project that provided music therapy for people receiving treatment for breast cancer. Research questions were: (a) What themes emerged from patients as they listened to music that was associated with music therapy sessions that were held during their treatment for breast cancer? (b) What unforeseen information was presented in the listening logs? The following themes were found through the analysis: Relaxation, Memories, Emotions, Spirituality, Beauty, Strength, Energy/Fatigue, Pain Relief, Family, and Physical Problems/Illness. These are discussed with examples from the logs. Implications for understanding patients' experience of cancer and suggestions for using music therapy are included.

Songs are important in our lives and, perhaps because of this importance, can be very powerful when used in music therapy. Bruscia (2012) articulates this when he says:

> Songs and song experiences are rich in therapeutic potential. They serve myriad psychological, social, cultural, and spiritual functions. They are an integral aspect of individual development and collective evolution. They emanate from and become attached to important events, people, and periods in our lives, and as such become an integral part of our life story.
> Songs are also unifying. They marry music with word, and voice with instrument. They unite sound and image in the world of symbols—personal, cultural, and archetypal. They bring together nonverbal and verbal ways of being in the world, musically and personally. They form a special union between singer and listener, and they unite all members in their presence. And ultimately, songs unite the mind, body, and spirit—which in itself is a healing experience.
>
> (Bruscia, 2012, p. 21)

Music is recognized as having the capacity to reach people at levels beyond their conscious awareness. The psychoanalytic literature provides insights into these aspects. Isenberg related information from a series of articles on the contributions of psychoanalytic theory to the understanding of music as relaying "the ability of music to weaken censors, thereby facilitating the expression of unconscious fantasies and to be perceived as non-threatening, thereby facilitating involvement in the therapeutic process" (Noy, 1966, 1967; in Isenberg, 2015, p. 139). Hannett (1964) and Diaz de Chumaceiro (1998), among others, explore how song content of which a person may initially be unaware can lead to awareness of feelings and thoughts. The music therapy literature includes numerous examples of how the music that one makes or recalls reflects a person's conscious or unconscious thoughts and feelings. How this phenomena occurs, as well as how a music therapist can utilize song to encourage clients' growth, is also examined (see, for example, Bruscia, 1998; Hadley, 2003) with some of it focusing on the use and capacity of songs (see Diaz de Chumaceiro, 1998; Montello, 1998). This literature gives a sense of what music and songs may contribute to clients' self-awareness and growth.

Music therapists working in oncology use a variety of methods, including listening to and recreating music, two of the methods described by Bruscia (2014).[1] Two types of receptive music therapy that involve songs, music listening and song communication, are used with adults with cancer according to Allen (2013, p. 272). Concerning music listening, she says:

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[1] Songwriting is a related technique that is used in music therapy in oncology; see O'Callaghan (1996) for an early grounded theory study of themes created by patients in palliative care and Baker (2015) for current information on the use of songwriting in music therapy.

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> Listening to self-selected music during treatment and/or medically necessary procedures is a relatively common application of music for cancer care. The goal of this method is to decrease any treatment-related distress as well as diminish hospital-related noises. Treatment related distress might include anxiety levels before and during radiation therapy as well as effects of chemotherapy-related nausea and emesis.
>
> (Allen, 2013, p. 273)

Allen (2013) references Dileo (1999) for a technique that Allen labels "song communication," which she describes as focusing on patient-selected songs that the therapist and patient play and sing together. Allen suggests that this method can promote a sense of control, enhance decision-making opportunities, or provide an outlet for self-expression. It can also be used as a means of communicating feelings or emotions to others.

Songs are frequently used with patients with cancer to address emotional, social, and spiritual needs. Dileo (1999), in describing the technique mentioned above as song communication, outlined the use of songs throughout the experience of cancer, suggesting that song choice can be a useful tool for assessing patient feelings, attitudes, identity, and coping styles. Porchet-Munro (1995) reported using songs to address coping, withdrawal, expression, anxiety, fear, anguish, confusion, boredom, loneliness, and a search for meaning in those who had cancer. McDougal-Miller and O'Callaghan (2010) used songs in a variety of interventions for those with cancer and suggest music therapy goals and interventions to address physical, emotional, social, cognitive, and spiritual needs at various points in the experience of dealing with the cancer.

Bailey (1984) articulated some reasons for using songs in music therapy for people with cancer. She spoke of how songs could help to stimulate emotion and cognition and help people to experience or re-experience events and feelings and of the importance of the human voice, the medium through which words are expressed in song, in providing intimate contact with the listener. She spoke of the significance of song content and how people choose songs that support their needs and convey moods and messages that are important, and she pointed out that the content of song choices often reflects significant wishes or memories. She emphasized that information about the physical, emotional, and spiritual needs of patients and families can be gained by paying attention to the songs they choose and the reasons for their choices.

In addition to research on the effectiveness of music therapy for people with cancer (see, e.g., Bradt, Dileo, Grocke, & Magill, 2011; Pothoulaki, MacDonald, & Flowers, 2005), researchers have investigated the experience of people who have cancer and receive treatment with music therapy from different viewpoints and using different methods. Several qualitative research studies were found relating to experiences of people with cancer and music therapy, each focusing on a different aspect of the experience. In a study that attempted to gain an understanding of the impact of music therapy in cancer care, Daykin, McClean, and Bunt (2007) interviewed people who had participated in a single group music therapy session about their experience of the music therapy. They found the following themes: (a) creativity and cancer, highlighting the value of personal creativity within participants' accounts of healing, with subthemes of choice and enrichment, power and release, music and healing, and balance; (b) musical meaning and esthetics, with a subtheme of musical meaning and personalization: the importance of identity; (c) musical meaning and the group process; and (d) emergent musical identity, with subthemes of latent creativity, individuation: beyond music therapy, and creativity and loss.

Also employing qualitative research methods, Leow, Drury, and Poon (2010) explored the experiences and expectations of patients who received music therapy in a palliative care setting, their perception of music therapy, and their feelings about the music therapy. They found four themes: (a) mirror of the inner feelings, describing how music acts as a mirror to reflect positive feelings and deflect negative feelings; (b) bridge of connection, explaining how music therapy acts as a bridge to facilitate connection to the inner self; (c) music as a therapeutic medium, identifying how music acted as a therapeutic medium during music therapy; and (d) barriers to music therapy, representing the various barriers to using music therapy.

Using another qualitative method, phenomenological research, Hogan (1998) investigated how nine people with terminal illnesses experienced music therapy. Her summary of their experiences, following the analysis of interviews with the patients, was: "Music therapy was an emotional experience. It evoked feelings ranging from foolishness, frustration, nervousness, inadequacy, and/or embarrassment, to feelings of sadness, pleasure, enjoyment, happiness, nostalgia, hope, and/or love. Some participants described the music therapy as an uplifting experience" (p. 249).

In a final qualitative research example, Rykov (2008) used an arts-based research approach to investigate the experiences of 10 individuals who participated in eight weekly music therapy cancer support groups, being primarily interested in the meaning of the group for the participants. She also looked at the meaning of music for the participants, how the music-oriented group differed from verbal support groups, what participants said about their cancer experience, and what they said before and after music making. The main findings are not presented verbally but rather are an "arts-informed research representation of phenomenological music therapy inquiry rooted in human science theory and the interpretive research paradigm" (p. 199) in which she uses "alternative ways of representation to communicate more directly and convey the ineffable quality of music and other non-verbal therapeutic experiences" (p. 199). In this way, Rykov says that she "expand[s] the notion of reporting health-related research outcomes, including ways of knowing, what can be known and how this can be represented" (p. 199).

Bunt and Marston-Wyld (1995) conducted a quantitative study aimed at discovering how music therapy was viewed within the context of a cancer center and whether and how the sessions related to patients' experiences in counseling. Before and after each of six music therapy sessions, the counselor brainstormed with the group on the subject "music and us." She invited the members of each self-contained group to give words and phrases that described their view of music, both positive and negative. The counselor took part in each session and compiled her own observations immediately after each session and also collected impressions of the processes and effects of the music therapy from the residents and the music therapist. They found a shift from words describing the effect of music on individuals to those describing the effects on the group, from passive to more active feelings and experiences, and a shift of energy to more dynamic words after the sessions.

Focusing on a different group of people who had experienced cancer in relation to music therapy, Lee (2014) examined the experience of music therapists who had survived cancer and then worked as music therapists in hospital settings with people with cancer. Lee conducted interviews with five music therapists, asking: What is the nature and impact of personal experience with cancer on music therapists who work in medical or hospice settings? His sub-questions were: (a) What is the nature of the lived experience with cancer for music therapists who work in medical or hospice settings? (b) What is the personal impact of experience with cancer on music therapists who work in medical or hospice settings? and (c) What is the clinical impact of experience with cancer on music therapists who work in medical or hospice settings? Lee performed an inductive analysis of the data and found five major themes, concerning: (a) the experience of diagnosis and