

The potential health benefits of community based singing groups for adults with cancer

Les bénéfices potentiels de groupes communautaires de chant sur la santé d'adultes atteints de cancer

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Abstract

This article demonstrates the potential efficacy of community based singing groups to improve the health and quality of life of adults diagnosed with cancer. An overview on music therapy practices utilized in adult cancer care is presented. Publications related to the health benefits of singing in both therapeutic and community contexts are reviewed. Information pertaining to the role of psychosocial support groups in the treatment processes of persons with cancer is used to establish the relevance of community based group singing experiences for this population. Initial guidelines on how to effectively facilitate a community based singing group for persons with cancer are outlined and discussed within the context of the author's clinical experiences. Implications for research are presented. It is hoped that this article will inspire music therapists to develop community based singing groups for persons with cancer, and to conduct much needed research in this area.

Keywords: singing, cancer, community, health, biopsychosocial, groups, music therapy

Résumé

Cet article démontre l'efficacité potentielle de groupes de chant en milieu communautaire en vue d'améliorer la santé et la qualité de vie d'adultes souffrant de cancer. L'auteure donne un aperçu des pratiques de musicothérapie utilisées dans le cadre de soins apportés aux cancéreux adultes. Elle passe en revue divers documents publiés sur les bénéfices du chant pour la santé, dans des contextes tant thérapeutiques que communautaires. Elle utilise l'information concernant le rôle des groupes de soutien psychosociaux dans le

processus de traitement des personnes cancéreuses pour établir la pertinence de l'expérience des groupes de chant en milieu communautaire pour ce type de clientèle. Elle présente des lignes directrices initiales pour animer efficacement un groupe de chant en milieu communautaire formé de personnes atteintes de cancer et aborde une discussion dans le contexte de son expérience clinique. Elle mentionne les implications de cette approche pour la recherche. Enfin, elle espère que cet article inspirera des musicothérapeutes à développer des groupes de chant communautaire pour personnes cancéreuses et les incitera à mener de la recherche qui est plus de nécessaire dans ce domaine.

Mots clés : chant, cancer, communautaire, santé biopsychosociale, groupes, musicothérapie

Introduction

When one is faced with a potentially life threatening diagnosis such as cancer, you might think that the last thing anyone would want to do is sing. It seems logical for one to invest as much time and energy as possible into medical treatment. However, treatment regimes are becoming more complex and longer in duration. Although this means that survival rates are increasing, so is the need for psychosocial support and quality of life initiatives (Weis, 2003).

Historically, music has been utilized in many cultures as an integral part of traditional healing processes (Gouk, 2000). Since the establishment of music therapy as a formalized profession in the 1950s (American Music Therapy Association, 1999), music therapists have been using a range of musical interventions to address the physiological, psychological, spiritual and social needs of a variety of clinical populations. Research and anecdotal reports indicate that singing has positive effects on perceived emotional states, immunological responses, breathing capacity, muscle tension, body movement, self-identity, interpersonal relationships, responsiveness of the senses, and aural awareness of one's environment (Stacy, Brittain & Kerr, 2002; Gregory, 2007). The current author has facilitated several community based singing groups for persons with cancer that have been positively received. Therefore, the purpose of this paper is twofold: (a) to demonstrate the potential efficacy of community based singing groups to improve the health and quality of life of adults diagnosed with cancer, and (b) to present a set of initial guidelines

to help music therapists understand and effectively lead this type of group. The term “health” is being viewed from a holistic biopsychosocial perspective that encompasses body, mind, spirit, society, culture, and environment, and proposes that these elements interact in complex ways which as a whole affect individuals’ overall state of health and well-being (Engel, 1977; Bruscia, 1998).

An overview on past and present practices of music therapy in adult cancer care will be presented.¹ Publications regarding the health benefits of singing in therapeutic and community contexts will be reviewed. Information pertaining to the role of psychosocial support groups in the treatment processes of persons with cancer will be used to establish the relevance of community based group singing experiences for this population. Implications for practice will be addressed through the presentation of initial guidelines on how to effectively facilitate a community based singing group for persons with cancer. These guidelines will be discussed within the context of the author’s clinical experiences. Finally, implications for research will be presented.

An Overview on Music Therapy in Adult Cancer Care

The majority of work done with cancer patients by music therapists has traditionally occurred in palliative care settings (Aldridge, 2003). This work often includes family members and caregivers in the music therapy process. The inclusion of music therapy intervention in end of life care has been shown to help clients experience reduced perception of pain and decreased anxiety (Taylor, 1997), feelings of empowerment (Bunt, Burns & Turton, 2000), a sense of feeling more “alive” (O’Callaghan & McDermott, 2004), and enhanced communication with others (Hanser, 2005). It also assists them to find meaning in their experience (Aldridge, 2003). Hillard (2003) conducted a study on the effects of music therapy on the quality and length of life of patients with terminal cancer. Although he found no significant effect on length of life, subjects who received music therapy intervention experienced higher quality of life than control group subjects. The treatment group’s quality of life scores also increased over time as they continued to have music therapy sessions whereas the control group’s quality of life scores decreased over time. It is essential that this invaluable work and research in palliative care continue for as long as cancer patients and their families need this service.

1 Literature pertaining to child and adolescent cancer care are beyond the scope of this paper and are therefore not included in the literature review.

However, music therapy approaches utilized in cancer care have begun to expand out of necessity. Advances in treatment and changes in healthcare systems have resulted in shorter hospitalizations, and an increase in outpatient treatment. In addition to more home based hospice care for palliative patients (Horne-Thompson, 2007), longer survival rates have necessitated an increase in chronic treatment approaches (Petersen, 2005). Kruse (2003) investigated recent practice trends in the United States and found that music therapists are working more frequently in outpatient cancer treatment settings, and that their methods are being adjusted in order to accommodate the change in context. She suggested that more research is needed on the effectiveness of short term music therapy interventions, and recommended that music therapists teach patients techniques to use at home. The emergence of centers for complementary cancer care such as the Bristol Cancer Help Centre in the United Kingdom (Bunt et al., 2000), and the Leonard P. Zakim Center for Integrated Therapies at the Dana-Farber Institute in Boston (Hanser, 2005) could potentially support and promote the development of new and innovative music therapy approaches. Although music therapy is an integral part of these particular programs, no literature was found to indicate that music therapy is being utilized consistently in similar holistic contexts. There is much potential for research and clinical development in this area.

Some authors have written specifically about particular music therapy techniques or methods utilized with persons who have cancer. Aldridge (1999) suggested that improvised melodies created by breast cancer patients can aid in the process of emotional recovery and self acceptance. He believes that this creative expression helps clients "...to cope with their crisis and maintain coherence throughout the illness" (p.153). Short (1990) proposed that the Bonny Method of Guided Imagery and Music (GIM)² has potential diagnostic implications for persons with physical illness, and presented relevant case material of a client with cancer. In a study conducted on the effect of GIM on the mood and life quality of cancer patients, Burns (2001) found that subjects who participated in GIM sessions had better mood and quality of life posttest

2 The Bonny Method of Guided Imagery and Music (GIM) is a method of music psychotherapy developed in the 1970's by American music therapist Helen Bonny. GIM is designed to facilitate an individual's exploration of consciousness through imagery experiences evoked through specially designed recorded Western classical music listening programs. Imagery experiences may include visions, thoughts, feelings, memories, fantasies, and/or body sensations (Grocke, 2005).

scores than those in the control group. These scores continued to improve even after the intervention period. The current author has also facilitated GIM sessions for several individuals with cancer, and anecdotal data have suggested similar positive results (Young, 2008).

Music therapy researchers have explored the use of group music therapy intervention for persons with cancer. Burns, Harbuz, Hucklebridge et al. (2001) conducted a pilot study with 29 cancer patients who participated in group music therapy. They compared the therapeutic, emotional, and immunological effects of listening to music in a relaxed state versus active participation in music improvisation. Psychological data showed increased sense of well-being, relaxation, and altered energy levels after both interventions. Physiological data showed increases in salivary immunoglobulin A (a measure of immunity) after the music listening experience, and decreases in cortisol levels (stress response) after both interventions. The authors suggested that this pilot study strongly indicated that there is a link between the effects of music therapy on positive emotions, and the immune system of cancer patients. Rykov (2008) conducted a phenomenological arts-based inquiry with 10 cancer patients and survivors who participated in an eight-week music therapy support group. Music therapy interventions included singing, vocal and instrumental improvisation, music listening, adaptations of GIM, art processing of the music-evoked imagery, collective imagery and music, and journal writing. Results indicated that participants were able to discover and express their inherent creativity, and also experienced feelings of empowerment and control during a time when most felt a loss of control due to their disease.

Although the use of voice and singing is a common music therapy practice in general, a review of the literature revealed that very little has been written specifically about the use of vocal interventions in cancer care. Bailey (1984) suggested that the use of songs with cancer patients and their families can help to alleviate their suffering, but the act of singing itself is only addressed in a general manner. O'Callaghan (1996) investigated the use of song writing and lyrical themes, but did not examine singing. Dileo (1999) and Dileo and Parker (2005) explored the use of songs with oncology patients, but concentrated on the roles that the songs themselves played in the treatment process. In a narrative co-written by client and therapist (Logis & Turry, 1999), a client diagnosed with non-Hodgkin's lymphoma described how vocally improvised songs accompanied by the therapist on piano allowed her to "sing her way

through” the fear and anguish surrounding her cancer, and find her voice after years of feeling silenced.

Obviously there is great potential for the use of voice and singing in music therapy for persons with cancer but the research and literature is lacking. A review of the health benefits attributed to singing in therapeutic and general contexts will now be presented in order to provide additional evidence to support the use of singing for persons with cancer.

Health Benefits of Singing

The idea of the deliberate use of singing or vocalization for the purpose of improving or maintaining health is not a new one. Chanting, which involves the use of sustained, repeated vowel sounds, is an ancient art form practiced by various cultures to promote internal awareness and increased concentration (McClellan, 1988). Prior to the establishment of music therapy as a formalized profession, a total of 13 articles on the health benefits of singing were published in *The Etude* music magazine during its publication run from 1883 to 1957. These ideas helped to shape the early practice of the field of music therapy (Hunter, 1999). Over time, specialized therapeutic techniques utilizing voice as therapy have been developed. Newham (1998, 1999) has created a systematic methodology referred to as “Voice Movement Therapy.” Here, the voice is distilled into 10 acoustic physiologically derived components which are used to describe the voice itself and its relation to psychological, emotional, and artistic expression. This analysis is then utilized to formulate holistic treatment goals for those suffering from a variety of disorders as well as for individuals who are seeking personal development and improved overall well-being. Austin (1998) is a music psychotherapist who has developed a variety of vocal improvisation techniques that she utilizes with adult clients who have experienced childhood trauma. She believes that singing in a therapeutic context provides a way to access one’s deepest self and give voice to one’s traumatic experiences which provides relief from intense pain, fear and anger. Summers (1999) created a reflective model of music therapy practice based on a qualitative inquiry that explored institutionalized elderly persons’ experiences of singing in a facility choir. Her model of practice includes three core elements: (a) the hello space, (b) relationship, and (c) setting the creative space. Summers’ study also highlighted the strong sense of community that can be created within institutional environments through the use of group singing. These techniques

and approaches to clinical practice all demonstrate that when used with knowledge and care, the voice is most certainly a very powerful therapeutic tool.

Recent publications indicate an emerging scientific and public interest in the health benefits of singing in non-treatment oriented community contexts. Clift and Hancox (2001) conducted two exploratory studies on the perceived benefits of active participation in choral singing. Survey results identified six dimensions of benefit which included: (a) increased well-being and relaxation, (b) improved breathing and posture, (c) social benefits, (d) spiritual benefits, (e) emotional benefits, and (f) benefits for the heart and the immune system. Kreutz, Bongard, Rohrman et al. (2003, 2004) investigated the effects of choir music on the immunological responses, stress responses, and emotional states of an amateur chorale. Results indicated that active singing increased positive and decreased negative emotional states. There were also significant positive effects in terms of the participants' immunological responses (i.e., increased levels of salivary immunoglobulin A). However, they also found that listening to choir music led to an increase in negative affect and a decrease in stress response (i.e., lowered levels of cortisol). These findings suggest that the effects of specific task factors such as participants' perceptions regarding the purpose of a musical activity and the impact of lyrical content need to be further explored. Grape, Sandgren, Hansson et al. (2003) investigated the impact of singing on well-being during a music lesson. They compared the cardiovascular, endocrinological-biochemical, and perceived emotional responses of amateur versus professional singers. Both groups expressed that they felt more energetic and relaxed after the singing lesson. However, amateur singers experienced a higher sense of well-being and less arousal than professional singers. Similar to the Kreutz et al. study, these findings suggest that participants' perceptions regarding the nature and purpose of particular musical tasks, and the impact that these perceptions have on health outcomes need to be further investigated. It is also likely that individuals' past musical experiences and training influence the specific nature of the benefits received from participation in singing experiences. If health benefits are a primary consideration in a particular singing context, then vocal "interventions" may need to be adjusted accordingly.

The reader should note that most medical professionals and cancer researchers currently believe that certain neuroimmune mechanisms play a role in the development and treatment of cancer (Zitvogel, Apetoh, Ghiringhelli et al., 2008). This makes the results of the above studies very encouraging with regard

to potential applications for persons with cancer. "Singing for health may be an idea whose time has come" (Stacy et al. 2002, p. 156). The following section will explore the benefits of psychosocial support groups for persons with cancer, and suggest that community singing groups designed for this purpose are a valid and unique form of this type of support.

Psychosocial Support and Community Based Singing Groups

Benefits of psychosocial treatments for persons with cancer are frequently addressed in the literature (Spiegel & Classen, 2000; Spiegel, Sephton, Terr et al., 1998; Weis 2003) but these benefits are also the subject of much debate (Ross, Boesen, Dalton et al., 2002). In 1989, a study conducted by Spiegel, Bloom, Kraemer et al., revealed unexpected results of prolonged survival rates for women with metastatic breast cancer who had participated in psychosocial support groups. Despite several attempts, the results of this initial study have not been sufficiently replicated leading several authors to question the results (Goodwin et al., 2001). Others have gone so far as to question whether psychosocial interventions have any measurable value (Ross et al.). Some researchers have suggested that the tools used to detect changes in specific quality of life measures may not be sensitive enough and need to be revised (Bordeleau et al., 2003). In the current author's opinion, part of this debate seems to be rooted in philosophical differences between healthcare practitioners in terms of what cancer care should actually encompass. For those who believe that the main purpose of psychosocial initiatives is to prolong life, their usefulness will be perceived as limited until such a link can be empirically proven. However, the position of several authors (Spiegel & Classen, 2000; Trunzo & Pinto, 2003; Weis, 2003) and of this article is that psychosocial support groups are a vital component of a comprehensive, humanistic model of cancer care.

A diagnosis of cancer creates a wide range of social and emotional problems especially as family members and friends also struggle to come to terms with what is happening. This can result in feelings of isolation for the person with cancer which are often compounded by the social withdrawal that can occur as a result of fatigue, depression, and demanding treatment regimes. Social support is known to be an important mediating factor in coping with stressful life events (Bloom, Fobair & Spiegel, 1991; Trunzo & Pinto, 2003). The fact that all members of a cancer support group are facing the same disease becomes

a bonding force, and can create a sense of community. To help and be helped by others can give back feelings of control that the seemingly uncontrollable force of cancer may have stripped away. Disease related feelings and experiences become normalized within a support group context that also provides a safe forum for much needed emotional expression. Otherwise, the repression of these emotions can consume a great deal of energy. The improved quality of life that can result from psychosocial support groups can help people with cancer to feel more fully engaged in life even though their lives may be threatened or shortened by disease (Spiegel & Classen, 2000).

In the literature, music is often heralded as a particularly valuable art form specifically because of its psychosocial qualities. Hargreaves & North (1999) have proposed that the social dimension is one of the most important functions of music in everyday life—particularly in terms of the management of self-identity and interpersonal relationships. Research has shown that clinical populations who participate in organized singing groups feel an increased sense of connection to their community and to each other (Bailey & Davidson, 2003), demonstrate enhanced active coping skills (Kenny & Faunce, 2004), and also report statistically significant improvements in their overall quality of life and emotional well-being (Hillman, 2002). Abrams (2001) has suggested that “...the primary basis for the psychosocial strengths of music is its inherently creative, aesthetic, distinctly human nature which [he believes] can render the cancer experience more meaningful, harmonious, and humanized...” (p.2).

It is the current author's belief that music groups for persons with cancer can complement the benefits received from more traditionally structured support groups, or provide a viable alternative for those who feel uncomfortable in group “talk therapy” settings. The use of music or singing facilitates structured but also naturally intimate social interactions. This can help isolated or reserved individuals to integrate quickly into the social context (Davidson, 2004). Pre-composed songs provide an accessible medium of self expression as both individuals and groups as a whole can identify with or express themselves through lyrical themes or musical moods. Most people have favorite songs that are personally significant and if individuals choose to share these songs, they can become part of the group's repertoire. The group's act of singing these special songs can help individuals' to re-affirm their sense of identity, and feel a strong sense of acceptance and support. The physical act of singing itself creates a heightened awareness of one's own body. This can promote feelings

of release and relaxation or conversely, feelings of motivation and energy. It is almost impossible to sing without feeling emotion and this can lead to a needed shift in mood although the group facilitator needs to be prepared for a wide range of emotions to emerge. These emotions can be worked through musically as well as through group support. People who have never sung before can experience feelings of accomplishment and confidence when they participate in a satisfying group singing experience. Singing with others can inspire feelings of joy and laughter – something that may have seemed impossible after the initial devastating diagnosis.

Singing for health is indeed an idea whose time has come for persons living with cancer. Implications of this idea in terms of practice and research will now be discussed.

Implications for Practice and Research

Implications for Practice

The current author has been facilitating “Singing and Wellness” workshops for a community based cancer support centre for approximately 4 years. The stated goals of the workshops include: (a) To experience or discover the joy of singing in a safe and accepting environment, (b) To discover and explore our own unique voices, (c) To increase self awareness through vocalization and breath work, and (d) To understand and experience potential links between singing and personal well being or wellness. No previous musical experience or knowledge is required, and individuals can participate at their own pace. These workshops sometimes occur as contained “one time only” events, but also have been held as a series of weekly sessions that take place over a 6-8 week period. These sessions have become very popular. Participants frequently re-enroll, and there is often a waiting list as the available spaces (around 12) fill up quickly. This enthusiasm in and of itself provides evidence of the benefits that these individuals perceive themselves to be obtaining from their participation in these groups. Overall, the results of formal evaluations conducted by the centre have also been extremely positive.

However, designing, implementing, and facilitating singing groups for persons with cancer is not as straightforward as it might appear: it must be approached with thought, knowledge, skill and care. Music is a powerful tool not to be taken lightly, and persons with cancer are facing what is probably the most

difficult and vulnerable time of their lives. Based on her review of the literature and her own clinical experience in this area, the current author would like to propose a list of initial guidelines that would be helpful for cancer treatment centers or individuals interested in implementing and/or facilitating a similar kind of program. These guidelines are not comprehensive, and are meant only to serve as a starting point for program development:

1. It is important that the group facilitator be both a skilled musician and a trained mental health professional which makes a music therapist educated at the graduate level the ideal candidate for this role. The facilitator needs to have a fundamental understanding of vocal technique and must ensure that new singers do not damage their voices. He/she also needs to have a wide knowledge of musical repertoire, and be able to arrange and compose music in non-traditional ways in order to make the music experiences successful and accessible to “non-musicians.” The facilitator must have an understanding of clinical populations and group processes in order to effectively contain and support the emotional responses of participants.
2. The facilitator needs to clearly inform the participants at the beginning of the first group that they might have unexpected emotional reactions, and that these reactions are normal. Group members have often repressed many of their feelings, and are subsequently taken aback by the intensity of their reactions to the music and to the physical act of singing itself.
3. This particular type of group is meant to be a support group that sings and not a therapy group that processes. Although emotional reactions and sharing may occur, most participants enroll in these groups because they want to find an outlet through singing. It is important that the facilitator keep the group reasonably focused on this purpose, and also not have any hidden therapeutic agendas. The healing processes are meant to occur through the musical and social experiences.
4. The facilitator needs to create an environment where the benefits of singing override participants’ concerns about not having a “good voice” or lack of musical ability. Research has shown that group singing can produce “...satisfying and therapeutic sensations even when the sound produced by the vocal instrument is of mediocre quality” (Bailey & Davidson, 2005, p.299). Furthermore, discussions on the various purposes of singing can help to “dispel the myth of the non-singer” and

broaden participants' pre-conceived notions about musical aesthetics (Pascale, 2005).

5. In relation to the above point, group members should not be permitted to criticize each other's singing or musical abilities. The current author has found it helpful to play recordings of vocalists who do not have "good" voices but who are "artistic" (i.e., Tom Waits, Leonard Cohen, Janis Joplin) in order to inspire understanding on this issue.
6. Participants need to have input into the musical selections chosen so that the songs contain the messages or emotional content that they would like to express. That being said, the facilitator needs to ensure that the songs chosen are realistic in terms of the level of vocal and/or musical difficulty. Songs may need to be adapted or changed. Composing original songs with the group is also a viable option.
7. The cultural background and experiences of the participants need to be taken into consideration, particularly in terms of providing culturally relevant musical choices and singing songs in a variety of languages.
8. The facilitator is a leader but not a conductor and provides support through full participation in the musical experiences. This includes singing and accompanying.
9. Although public performance can actually be a very positive and uplifting experience (Davidson, 2004), it must be approached with extreme care and caution. The reasons for participating in public performance must be clearly formulated in conjunction with the group and thoroughly discussed. Individual group members should have the option of opting out of the performance but still be permitted to attend the "rehearsals" as the foundational health and wellness goals should remain as the primary focus. The current author had a recent performance experience that was very positive but it also involved the containment and support of a great deal of intense emotion. The facilitator needs to carefully weigh the pros and cons, and assess why performance may or may not be a good choice for a particular group.

Implications for Research

The implications for research are overwhelming because so little has been done in terms of singing and wellness with clinical populations in general. A good starting point would be to conduct methodologically sound quantitative research with any or all inpatient and outpatient medical populations with whom singing is currently being used as a primary music therapy intervention. Studies should also be conducted with any clinical or unique populations who

participate in community based group singing experiences. These projects could be designed to build upon the existing empirical “singing and health” research conducted with non-clinical populations (described earlier on in this article). New research initiatives that pertain specifically to singing and cancer need to be implemented, and should focus on clinically relevant measures of potential change including cancer related immunological measures, stress responses, changes in breathing capacity, changes in mood, changes in energy levels, perception of pain, and quality of life. It is also very important that trustworthy qualitative research studies be conducted so that music therapists and other healthcare professionals can have a more holistic perspective on the use of singing in cancer care, and the unique meanings that persons with cancer ascribe to their singing experiences.

It has been the current author’s experience that community based singing groups for persons with cancer can result in extremely rewarding, healing, and powerful experiences for all persons involved. Music therapists need to be providing much more of this valuable service, and conducting research in order to prove the efficacy of this type of intervention, and to develop models of best practice. Cancer is a difficult and potentially devastating disease that affects far too many people. Every one of these people deserves the opportunity to find or re-find their voice.

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