The Experience and Effects of Group Improvisational Music Therapy amongst Women Recently Diagnosed with Breast Cancer: a mixed methods study

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Statement of Originality

The thesis contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. I give consent to this copy of my thesis, when deposited in the University Library, being made available for loan and photocopying subject to the provisions of the Copyright Act 1968.

Signed
Acknowledgement of Collaboration

I hereby certify that the work embodied in this thesis has been done in collaboration with other researchers. I have included as part of the thesis a statement clearly outlining the extent of collaboration, with whom and under what auspices.

The pilot study component of this thesis (Chapter 3) was undertaken at the Bristol Cancer Help Centre in the UK in 1998.

The PhD candidate was the main researcher who designed and implemented the pilot study.

Dr Mick Harbuz provided the physiological input and physical sample analysis of the salivary cortisol.

Professor Frank Hucklebridge provided the physiological input and physical analysis of the salivary immunoglobulin A.

Professor Leslie Bunt was the music therapist who conducted the music therapy sessions being researched.

Signed
Dedication

I dedicate this thesis to Peter, my beloved husband, friend and confidant, a man who loved life, possessed a wicked sense of humour, a great smile and an infectious laugh. He left this world at the tender age of 35 and has been the catalyst for my change in career and life path following his untimely death from cancer.

I further dedicate this thesis to Dr Mick Harbuz my friend, mentor and fellow pilot study researcher, who died suddenly in 2006 when I was in the UK to consult with him on the physiological results of this study. He was a man of great integrity and humility who believed both in my work and in my ability to complete this important doctoral research work and thesis.

Finally, I dedicate my work to the twenty-nine cancer patients who took part in the UK pilot study and to the fifteen very special women with breast cancer who gave so generously of their precious time to be involved in this study.
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Music is a moral law. It gives a soul to the universe, wings to the mind, flight to the imagination, a charm to sadness, gaiety and life to everything.

It is the essence of order, and leads to all that is good and just and beautiful.

(Plato)
Abbreviations

ACTH = Adrenocorticotrophic hormone
CAM = Complementary and Alternative Medicine
ELISA = Enzyme-linked immunosorbption assay.
EORTC = European Organization Research of Treatment for Cancer
  • QL2 = Global Health Status
  • PF = Physical Functioning
  • EF = Emotional Functioning
  • CF = Cognitive Functioning
  • SF = Social Functioning
  • FA = Fatigue
  • NV = Nausea/Vomiting
QLQ-BR = Quality of Life Questionnaire - Breast Component
  • BRBI = Body Image
  • BRFU = Future Perspectives
  • BRST = Systemic Therapy Side Effects
GIMT = Group Improvisational Music Therapy
HADs = Hospital Anxiety and Depression Scale
LMM = Linear Mixed Models
miniMac = Mini Mental Adjustment to Cancer Scale
  • HH = Hopelessness/helplessness
  • AP = Anxious preoccupation
  • FS = Fighting Spirit
  • CA = Cognitive Avoidance
  • FT = Fatalism
  • RCT = Randomised Controlled Trial
NK – Natural Killer
PNI = Psychoneuroimmunology
sIgA = Salivary Immunoglobulin A
UWIST-MACL = University of Wales Institute of Technology Mood Adjective Check List
WSR = Whole Systems Research
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Abstract

Music therapy is an interpersonal process which uses music and all of its physical, mental, social, aesthetic, and spiritual qualities to help improve, restore or maintain health. The supportive role of music therapy in cancer rehabilitation has been shown to facilitate social interaction, nurture feelings of community and help to draw individuals out of their isolation and into a shared experience.

Within the field of cancer care a large amount of music therapy practice and research has been conducted with cancer patients in the final stages of their illness. The majority of research to date in this area has either been of a qualitative or quantitative study design with very few mixed methods qualitative/quantitative research studies conducted.

The objective of this doctoral research study is to investigate in depth the lived experience, perceptions and effects of an eight week group improvisational music therapy intervention with fifteen women recently diagnosed with breast cancer. The project presented in this thesis is informed by a pilot study conducted by the author in the UK. It forms an integral component of this doctoral thesis. The pilot study used a mixed methods research approach to investigate the effects of both listening to music for relaxation and music improvisation (the playing of tuned and untuned percussion instruments) amongst twenty-nine non-homogenous cancer patients at a cancer help centre.

This doctoral research investigates the music improvisation component of the pilot study in more depth, adopting a similar mixed methods research approach (with the addition of further qualitative methods and quantitative measures) in order to investigate the lived experience and the effects of the intervention on the women in this study.
The qualitative findings presented here reveal and explain how group improvisational music therapy provided a safe haven in which the fifteen women participants experienced identity, support, bonding, group cohesion and distraction from their breast cancer. The participants further experienced empowerment through choice and confidence building offered by music therapy. The women’s perceptions of the differences between their conventional medical care and the group improvisational music therapy experience are also described.

The quantitative psychosocial three time point measures, though not significant, indicate improvement in the women’s levels of anxiety and depression, coping skills and overall quality of life at the end of the eight week intervention. The pre/post intervention psychological data provide statistical evidence of improved mood states which are further supported by the analysis of the qualitative data. Physiological measures of salivary immunoglobulin A and cortisol appear altered with a significant decrease in salivary cortisol.

Both the pilot and this doctoral study suggest a link between positive emotions and the immune functioning of cancer patients. The doctoral study more specifically illuminates the lived experience and perceptions of women recently diagnosed with breast cancer as a result of being involved in group improvisational music therapy.

The findings of this research will help inform future research and music therapy practice as well as provide a more holistic understanding of the effectiveness of music therapy with cancer patients. The benefits of group improvisational music therapy described here are such that music therapy should be made widely available as a valuable part of the management of women recently diagnosed with breast cancer.