

Exploring Music Therapy as Adjunctive Care in Oncology: Insights from a Qualitative Case Study

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ABSTRACT: Cancer can cause a substantial burden, and adjunct therapies such as music therapy may support patients' social, emotional, physical, and spiritual well-being. This study explored the role of music therapy in supporting the emotional and psychological well-being of cancer patients. The researcher conducted a qualitative case study including an interview with one patient, an interview with a medical oncologist, and a written questionnaire completed by a board-certified music therapist; the participants' perspectives were triangulated. Participants described perceived benefits of music therapy for emotional regulation, coping, spirituality, and social connection, with the patient rating helpfulness highly across several domains. The clinicians emphasized that music therapy is personalized, goal-oriented, and adjunctive to conventional treatments, accounting for patient preference. Although barriers to implementing adjunct therapies such as music therapy exist at multiple levels of healthcare (e.g., staffing, reimbursement, awareness), increased clinician education and institutional budgeting may help expand access to supportive care. Findings suggest that music therapy may serve as a valuable adjunct to standard cancer care, though barriers to implementation remain.

KEYWORDS: Medical and Health Sciences, Oncology, Music Therapy, Complementary and Integrative Medicine, Psychosocial Support in Cancer Care.

■ Introduction

According to the American Cancer Society, cancer is a group of diseases where abnormal cells grow out of control and deteriorate the body's functions.¹ Approximately 1 out of 3 people is likely to develop cancer, and the National Cancer Institute projects 2,041,910 new cases of cancer in 2025.² Pain and suffering from cancer can induce many negative feelings in patients, such as anxiety, stress, despair, helplessness, and hopelessness.³ According to the National Cancer Institute, patients may feel as if they have lost their previous life before cancer, and they may even feel frustration at others or themselves for developing cancer.⁴

Not only are patients affected emotionally, but their families often carry a heavy emotional burden as well. Families may experience grief for the patient's diagnosis, as well as fear or guilt.⁵ Cancer can cause changes in relationships between patients and their families. Families and/or caregivers may have increased responsibilities for their loved ones, and they may view their loved ones more as patients than as family members.⁵

Due to their nature, cancer treatments can affect patients physically and mentally. According to Cancer Research UK, 55% of patients with cancer experience advanced pain.⁶ Treatments that cancer patients may need include chemotherapy, radiation therapy, surgery, hormone therapy, immunotherapy, and even stem cell transplantation.⁷ While these treatments focus on eliminating or slowing the growth of the physical cancer in the body, cancer and treatments affect both the body and mind, so addressing the emotional and psychological needs of patients has become a crucial part of comprehensive care. In

other words, supportive care is equally important as medical care.⁸

Integrative and complementary therapies have developed and gained popularity over the years to support patients. According to PubMed Central, the American Holistic Medicine Association was established in 1978, and the American Holistic Nurses Association was established in 1979. Their goal was to treat "the whole person, body, mind[,] and spirit."⁹ In 2000, the American Board of Integrative Holistic Medicine offered the first board certification exam to certify physicians.⁹ More organizations also developed soon after, such as the White House Commission on Complementary Alternative Medicine in 2002, the Integrative Health Policy Consortium in 2004, and the National Education Dialogue in 2005. Since the formation of these organizations and their goals to spread awareness to healthcare systems, integrative medicine has been increasingly incorporated into a patient's treatment journey.

Some examples of integrative and complementary therapies used to increase patient mental health are music, meditation, yoga, sound-based relaxation, dance/movement therapy, and psychotherapy.⁴ These therapies help with one's emotional health, and studies have shown that they can increase patients' quality of life and decrease pain from symptoms.¹⁰ Music therapy was being used in healthcare centuries before, with the earliest reference to using it as a treatment appearing in 1789.¹¹ In the 20th century, soldiers recovering from trauma from World War 2 were also being treated with music therapy. During this period, music therapy became more widely researched for its benefits and was formally considered a therapy for supporting patients.¹¹

Music therapy, as well as other supportive and integrative therapies, can significantly benefit cancer patients; however, it is not considered important to many, and awareness of music therapy and other treatments is minimal. According to a study, the issues in accessing adjunctive medicine services were cost and lack of knowledge.¹² This study showed results that when patients were recommended by medical professionals to participate in an integrative therapy service, they showed more interest, compared to their initial interest without any recommendations or additional knowledge. Cost also affected whether patients would be able to take part in the therapy. If fees for integrative therapy services were lower, patients were more likely to be willing to try the services. Complementary and integrative medicine services can be expensive, and many are not covered by insurance, which can pose an issue for patients who cannot afford them. According to an article, music therapy is mainly used in large, wealthy hospitals, further highlighting cost as a barrier.¹³ Additionally, misconceptions in preferences due to differences in culture may cause patients to not even consider music therapy as a possible adjunctive benefit.¹³ For example, many patients may generalize music therapy to include just classical music, when music therapy can actually entail any music that the patient prefers. It is vital to understand and advocate for the benefits of music therapy and other integrative therapies for patients so that they can be aware of their options and participate in these services. It is also important to address and fix issues, such as cost barriers, to make the services available and accessible for everyone. This study explores how music therapy can support the emotional and psychological well-being of cancer patients during treatment, emphasizing the importance of making music therapy and other integrative therapies accessible and affordable for patients. The study does this by triangulating a patient case with perspectives of a certified music therapist and oncologist, all of whom were interviewed.

Background:

Music therapy can benefit patients with many types of diseases.¹⁴ Existing literature consists of detailed studies that cover a wide range of conditions, such as depression, schizophrenia, dementia, and insomnia.¹⁴ In the context of this research, the most relevant data are studies of music therapy related to oncology and other conditions associated with the mental burden of cancer patients, some common ones being depression, anxiety, difficulty in mood management, and challenges in social communication.¹⁴

According to a systematic review, patients with depression who engaged in active music therapy, which is when patients actively play an instrument or make music (composing, songwriting), experienced improved symptoms.¹⁴ In fact, music therapy showed better results than psychological therapies. Patients with insomnia experienced better sleep quality after participating in receptive music therapy (listening to music).¹⁴ Another systematic review showed that music therapy improved social connection, symptoms of depression, and quality of sleep in patients with schizophrenia and similar severe mental disorders.¹⁵ Specifically, in a cancer systematic review,

cancer patients who participated in music therapy interventions or just listened to music provided by medical staff had an average reduction in anxiety of 11.2 units on the STAI-S scale, their mood improved (SMD = 0.42, 95% CI 0.03–0.81, $P=0.03$), and they experienced a pain-reducing effect of SMD = -0.59, 95% CI -0.92 to -0.27, $P=0.0003$.¹⁵ Patients' quality of life was also improved by SMD = 1.02, 95% CI 0.58–1.47, $P=0.00001$.¹⁵ In a review by Maratos *et al.*, although the nature of the study prevents researchers from being confident in the results, they suggested that music therapy is used by people with depression and helps improve mood.¹⁶ They also found that both music therapy and standard treatment were more effective than only standard treatment for clinician-rated (SMD = 0.98, 95% CI -1.69 to -0.27, 3 RCTs, 1 CCT, $n = 219$) and patient-reported (SMD = -0.85, 95% CI -1.37 to -0.34, 3 RCTs, 1 CCT, $n = 142$) depressive symptoms.¹⁶ In another study, people with schizophrenia and schizophrenia-like disorders experienced an improvement in reducing anxiety of SMD = -0.61, 95% CI -1.13 to -0.09.¹⁵ Additionally, their social functioning behavior improved (one RCT, $n=70$, SMD average endpoint. SDSI score -0.78, 95% CI -1.27 to -0.28).¹⁵ Finally, a study measuring the effects of music on pain relief in children and adults found that participants who participated in some form of music had a 70% higher chance of having pain relief than participants who didn't.¹⁵ All of these benefits can be carried over to patients with cancer, and these benefits from music therapy may help cancer patients cope with their diagnosis and treatment journey and may even improve their physical symptoms as well.

■ Methods

Study Design:

This case study followed a qualitative interview-based design to explore the role of music therapy in supporting the emotional and psychological well-being of cancer patients. The research focused on gathering subjective experiences and professional insights through semi-structured interviews and written questionnaires.

Participants:

All participants were based in Texas and were initially contacted through email. The patient was a 64-year old male with multiple myeloma. The patient was contacted by asking hospitals and cancer organizations to get the student researcher in contact with the patient. A cancer support organization replied with the information of the patient, who was willing and had agreed to be interviewed. The patient signed an informed consent form to allow the researcher to use the patient's responses in this research. He was interviewed over a phone call.

The music therapist was board-certified and worked part-time at a pediatric hospital. She was contacted by emailing hospitals through the student researcher's network. Originally, the music therapist was going to be interviewed over a phone call, but due to constraints, the interview was replaced with a questionnaire. The therapist provided written responses to structured questionnaires provided by the student researcher.

The music therapist signed an informed consent form to allow the researcher to use her responses in this research.

The doctor was a medical oncologist who worked at a cancer center with over 23 years of experience. He specialized in treating patients from the start of their diagnosis until the end of their treatment, the ultimate goal being to cure the cancer and make the patient's "life as comfortable as possible." The oncologist was contacted by emailing him through the student researcher's network. He also signed an informed consent form to allow the researcher to use his responses in this research, and he was interviewed over a phone call.

Data Collection:

The data were collected during the summer of 2025. The student researcher conducted an interview with the patient (audio-recorded with consent, 25 questions, 41 minutes), received written responses (23 questions) from the music therapist through email, and conducted a phone interview with the oncologist (audio-recorded with consent, 15 questions, 23 minutes). All interviews followed a semi-structured format guided by a list of open-ended questions. Each participant received a unique question set tailored to their role (patient, therapist, doctor), but all focused on the role of music therapy in cancer care.

Informed Consent and Ethics:

No IRB was sought because recruitment occurred outside of a healthcare system. The patient was contacted through emailing people in the student researcher's network, which led to getting in contact with the patient from a cancer support organization. The researcher created an informed consent form for the participants, in which they were informed about the purpose and nature of the study. They had the right to skip any questions, take breaks at any time, and stop the interview at any time. They also had the right to withdraw their consent later on, were anonymous, and were assured secure storage. The interview questions would pose minimal risk to participants, and adult mentorship was received throughout the research process.

Data Processing and Analysis:

Thematic analysis followed Braun and Clarke's six-phase approach, which includes familiarization with the data, generating initial codes, identifying and reviewing themes, manual coding with an audit trail, anonymization, simple triangulation across roles, and producing the final report.¹⁷ Figure 1 below this section summarizes the data collection and analysis process. The student researcher's interest in music was acknowledged and taken into consideration while analyzing. There was no member-checking or second-coder, also noted in Limitations in the Discussion section.

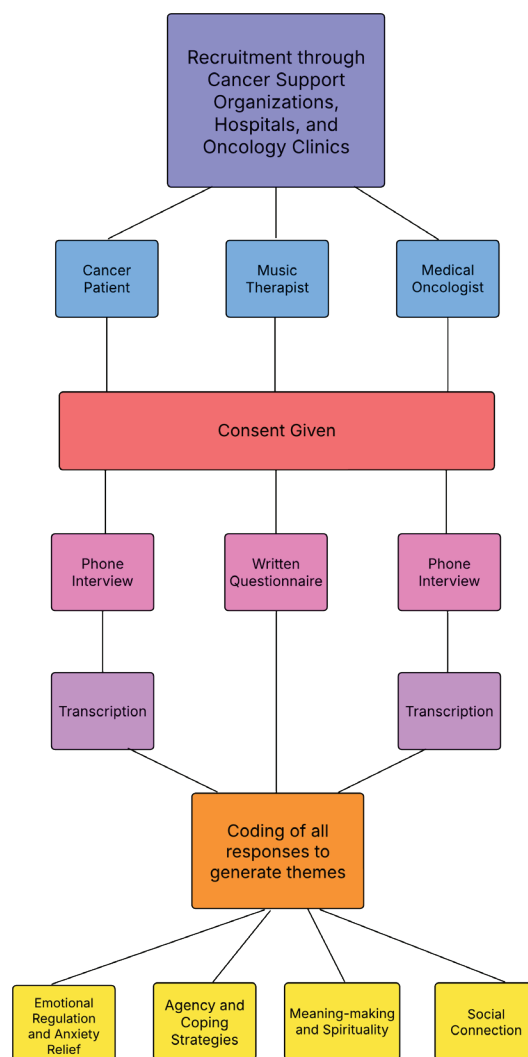


Figure 1: Flowchart of Data Collection and Analysis Process. This research was conducted in the summer of 2025 in Texas, United States. All participants were recruited during this time period and place. The patient, a 64-year-old male, was contacted through a cancer support organization. The music therapist was contacted through the researcher's network at a pediatric hospital. The medical oncologist was contacted through the researcher's network at an oncology clinic. The patient and oncologist were interviewed through phone calls (patient - 41 minutes, 25 questions, oncologist - 23 minutes, 15 questions), and the music therapist provided detailed responses to a written questionnaire (23 questions). The phone calls were transcribed. All participants provided consent for the researcher to use their responses. Coding was performed for all responses to generate themes to highlight: Emotional Regulation and Anxiety Relief, Agency and Coping Strategies, Meaning-making and Spirituality, and Social Connection. Findings indicate that music therapy benefited the patient in these categories, and the responses of the music therapist and oncologist also support this conclusion.

■ Results and Discussion

All responses provided valuable insight into the role music therapy plays in a patient's cancer treatment journey. The data obtained during interviews and written responses were analyzed and assessed within 5 major categories: 1) emotional and psychological impact of cancer, 2) perceived benefits of music therapy, 3) structural barriers in clinical settings, 4) integration with traditional treatments, and 5) personalization and personal preferences.

Emotional and Psychological Impact of Cancer:

Cancer is a disease that can be very unpredictable and affect healthy cells too, so patients' motivation often decreases during this time, and their worries often increase.

The patient's cancer journey first started when he experienced double vision. While receiving medical care, doctors noticed an abnormality on the patient's skull and conducted tests to find out the cause. One morning, his doctor called to inform him that the patient had a slow-growing brain tumor. Although the doctor did his best to reassure him and "told [him] not to be upset," the patient was "very upset." He recalled calling his best friend and spending the day together talking about what his diagnosis meant and how it would affect his life. From the beginning, social comfort and support were very important to him in his cancer journey. The patient received his final diagnosis, confirming that he had multiple myeloma.

Along with his diagnosis, the patient's spouse was often away from home and therefore not able to be with the patient. The patient described being alone as difficult, and this caused him to struggle. He also described having "dark and depressive thoughts. The patient also went through physical pain as well. He initially experienced bone pain from the cancer. During his traditional cancer treatments, such as infusions, the patient would experience lots of physical and emotional pain. The oncologist mentioned that anxiety was a common issue patients experienced. He said, "I think the most common anxiety is anxiety of getting diagnosed and the uncertainty of the road that lies ahead." Patients may also fear whether they will be able to be cured or not. Fear and anxiety could lead to depression, which the oncologist said could be "short-lived, or it could persist for a longer period of time, especially if the cancer is not something that can be cured." He also explained that these negative emotional states may also lead to insomnia, with people having difficulty sleeping and even forming relationships with others.

The patient researched information about resources that could help him cope emotionally with his diagnosis, and he became interested in music therapy when he read more about it on a medical resource page. At first, he didn't know music therapy was a recognized therapy, but after learning more, he decided to participate in music therapy sessions.

The patient has been an avid musician since childhood. He enjoys singing, playing the violin, and playing the trombone. He explained, "I actually think music is part of our divine gift" and that we can "create music and then benefit from others." He recalled that music therapy helped him "redirect negative thoughts [and] emotions." He also mentioned that his music therapist assisted him in creating a song playlist, which he called the "Ultimate Coping Playlist." This playlist consisted of songs meaningful to him that helped him change his negative thoughts and "get out of that mindset." The patient and the therapist would engage in songwriting and playing simple instruments. Sometimes, due to the toll of treatments on the patient, he would simply listen to the music therapist singing and playing guitar, and sometimes they would compose, rewrite lyrics, or have improvisation sessions. The patient de-

scribed some of his music therapy sessions as a "talk therapy session, but with music."

While the treatments helped reduce the patient's physical pain, he emphasized that his music therapy sessions served more as therapy, where his music therapist would talk with him about heavy topics and how cancer was affecting his life. He described that the emotional pain was much more prominent than physical pain and that music therapy helped him quell fears and negative thoughts during his sessions. Music therapy not only helped the patient control harmful emotions, but it also helped him express his feelings and "process all of those emotions." The patient described feeling very thankful after finding out that he had a quick response to his medical treatment. To share his gratitude, he rewrote the lyrics to a song and sang his version with his music therapist. He then sent the recording to his family. He explained that focusing on things he was grateful for was beneficial for him, and he was able to focus on his gratefulness through music therapy. Although the oncologist did not have direct experience with music therapy, he also recognized the importance of supportive care and therapies for cancer patients, including music therapy, psychotherapy, meditation, sound healing, acupuncture, and even dance healing. The music therapist also described some benefits of music therapy, such as physical benefits like "increased movement [and] reduced pain," emotional benefits such as having an "improved mood, compliance with treatment, [and] sense of control," as well as social benefits, such as "improved interaction, [and] normalization of the environment."

Perceived Benefits of Music Therapy:

Patients described music therapy as a meaningful source of support during treatment, with both immediate and longer-term perceived benefits. Music therapy can support a patient's emotional state, provide personal relief, increase hope, and increase motivation.

1. Emotion Regulation and Anxiety Relief:

It is proven that music therapy supports patients in emotion regulation and anxiety relief. According to a study done in India in 2016, music therapy helped in reducing patients' perception of pain and increased quality of life.¹⁸ While discussing pain, the patient explained, "There is a lot of emotional pain, and the music therapy really helped me with that." Cancer may cause patients to get depressed and think many negative thoughts. The patient recalled, "We spent a lot of time working on strategies [for] when I could tell that I was getting into a place where I was going to get more depressive or dark thoughts." These strategies used music therapy to help the patient manage negative emotions and instead focus on positive aspects of life. The music therapist mentioned, "Music therapy is a therapeutic intervention...and its effectiveness is dependent on a multitude of factors...such as the therapeutic relationship between the patient and therapist, the patient's desire to engage in therapy, and the specific goals targeted during therapy." Based on his responses, the patient most likely had a positive relationship with his music therapist, which, according to the music therapist, helped him notably benefit from his sessions. The music

therapist described that, sometimes, “significant changes are apparent immediately upon the start of a session,” which is shown by positive responses from patients, such as engagement, motivation, and compliance. This further supports that music therapy can have both immediate and long-term benefits to patients. The music therapist noted that music therapy can cause mental changes as well as physiological changes. She specified, “Physiological changes are more noticeable when working with infants as their vitals speak for them in many ways.” The patient rated music therapy a 10/10 as a “treatment in itself,” with music therapy being an adjunct therapy. He also rated music therapy an 8/10 for reducing stress and anxiety, an 8/10 for reducing pain, a 9/10 for increasing hope, and a 10/10 for playing a role in fighting cancer. The patient recalled music therapy’s benefits for emotions beyond his cancer journey. He said, “Cancer treatment is just one version of how you can use music to help people redirect their thoughts and experience unpleasant emotions in a more positive way.”

2. Agency and Coping Strategies:

One strategy that the patient and his music therapist implemented was the “Ultimate Coping Playlist.” As mentioned above, the playlist helped the patient overcome a negative mindset. The playlist was made by the patient filling out a song-selection worksheet used to build the playlist meant to cheer up his mood. The patient also improvised with the therapist and listened to music, sometimes listening to his therapist singing or listening to songs on her iPad. The oncologist emphasized the importance of supportive therapies for coping and adherence. He explained, “So many times, patients have a lot of anxiety or depression, and when we do refer them to a licensed psychologist, the interventions...they’re able to cope better with their diagnosis, cope better with their treatments, and have an overall well-being, and that they can continue their cancer journey in the best shape possible. So there are interventions that do help, and I do notice people having a significantly improved outlook and sometimes a decrease in side effects.”

3. Meaning-making and Spirituality:

The patient also said that he talked about many spiritual topics with his music therapist. He continued, “We talked about connections, a lot about connections, and trying to put this journey in context of my overall life and what was happening.” This shows that music therapy may not only help a patient during the treatment time, but it can also have long-term effects and serve more than just a means to calm patients. In the patient’s case, he was able to reflect throughout his treatment journey and think more positively.

4. Social Connection:

The patient mentioned rewriting the lyrics to a Johnny Cash song and recording his new version. He shared the recording with his family for the Thanksgiving holiday. Through music therapy, the patient was able to take his cancer journey and turn it into a positive experience, sharing the moment with his family as well. Connecting with family can help cancer pa-

tients recover faster and make it easier to carry the emotional burden. In fact, patients consider the support of their families very important.¹⁹

Structural Barriers in Clinical Settings:

Music therapy is a helpful and vital part of a patient’s life by providing supportive care during a patient’s cancer journey. However, it is not available and readily accessible in all hospitals and clinics. Hospital visits in the United States are extremely expensive, and cancer treatments involve many advanced-technology machines and drugs, which increase the price of treatments. If music therapy were to be added to every cancer patient’s treatment journey, the patient’s expenses would increase even more. The majority of the population is middle-class families who do not have the means to spend that much money, so participating in music therapy may seem unnecessary for them, as they want to spend as little as possible. This may prevent patients from having positive experiences throughout their treatments and even boost their mood in fighting cancer. The patient mentioned that cost was not an issue for him as he had good insurance. The music therapist explained that her hospital provides music therapy at no cost to patients and families, so cost was also not a factor in determining whether patients could get music therapy or not. However, the oncologist emphasized that music therapies and other therapies are not covered by insurance, since “the world of insurance doesn’t recognize a lot of these [therapies] as beneficial financially.” Additionally, he pointed out that to implement music therapy, volunteers and time commitments from the patients are also needed. Patients may not have the time for integrative or supportive therapies or may not be able to afford the cost, which “makes it challenging to [get access to] all [the] extra beneficial treatments.” Next, the oncologist said that music therapy was not widely available for patients. The patient also mentioned that he did not have any knowledge of music therapy as a recognized therapy until he came across it on a website and dug deeper into the process. He also described that the music therapist was not a part of his care team at the hospital. The patient had to contact her himself and get her added onto his team so that he could communicate with her. The patient also recalled that during his first hospitalization, he did not see any supportive care as he was “dealing with too many doctors.” The music therapist emphasized that there are only three music therapists at her hospital, and all of them are part-time. Most pediatric hospitals in the United States have more resources and staff to provide therapy to patients. Hospitals that treat adults tend not to have adequate music therapy resources. Specialized staff is necessary for music therapy, and the oncologist mentioned that many hospitals and clinics do not have “the support system or the funding.” The music therapist discussed that the “lack of adequate staffing” is a significant issue in integrating music therapy more systematically into oncology care. It is difficult to make therapists who do not work full-time attentive, caring, and creative therapists, and even stay longer with the hospital or clinic. Institutional changes need to be made to implement music therapy further in medical settings so that more patients

can be informed about music therapy and have a positive experience participating in it. Many patients could benefit from music therapy if they were informed about the options. It is important to give the patient the option, and it's crucial to find ways to increase funding and jobs for music therapists in medical settings so that patients can have the chance to experience music therapy. State governments could budget small amounts of money used for other purposes for integrative medicine instead, and hospitals could also budget money for integrative medicine. Hospitals and clinics could spread awareness by hanging posters, making pamphlets for all patients, and even training all doctors to inform patients about integrative medicine service options, such as music therapy.

Integration with Traditional Treatments:

So far, the patient, oncologist, and music therapist have voiced the importance of music therapy in a patient's cancer treatment journey. That being said, music therapy or any supportive therapy should not be seen as a treatment to be used by itself. Music therapy has not been scientifically proven to cure cancer by itself. Instead, music therapy can influence the mind to decrease negative emotions and perception of pain. Therefore, music therapy should be used in addition to traditional cancer treatments such as chemotherapy, radiation therapy, and immunotherapy. Having a calmer mind with less stress and anxiety may reduce perceived symptom burden and support engagement and involvement.

Emotional stability can improve adherence to a treatment. If people don't have the belief in themselves that there is the possibility for their condition to improve, they are less likely to follow up with the treatment. However, if they do believe in their healthcare team and are emotionally stable, they are more likely to take care of themselves, including taking treatments on time and attending appointments. Music therapy and other supportive therapies show promise in helping patients develop emotional stability, which helps patients make better choices for their health and disease care. Music therapists can also help patients feel more valued, which makes them, in turn, more likely to follow through with treatment and engage in appropriate self-care. According to a study in the novel *Compassionomics* by Stephen Trzeciak and Anthony Mazzarelli, a study of HIV patients that took place at the University of Virginia determined that "compared to patients of the physicians with the lowest compassion, patients of physicians with the highest compassion had more than double the odds of believing that they could successfully adhere to the prescribed regimen."²⁰ This reinforces that making patients feel valued is beneficial, as it can improve emotional stability and make them more likely to listen to the doctor's recommendations.

Personalization and Personal Preferences:

Music therapy is individualized to the patient's goals. These goals could include mood stabilization, coping with uncertainty, meaning/spiritual reflection, and symptom distraction. When the music therapist was asked which genre of music her patients preferred, she replied that she could not generalize the answer. This was because all of her patients had different goals

for music therapy and different personalities that must be accounted for. In order for music therapy sessions to be effective, a single framework cannot be used for all patients. This can apply to any component of a music therapy session, from the type of music listened to all the way to conversations a music therapist may have with their patient. The music therapist pointed out, "Because music therapy is tailored specifically for each individual patient, the purpose and goal in therapy can vary significantly." This suggests that personalization is important and necessary for patients to benefit from the sessions. Different patients may have different worries, and some may experience different emotions and thoughts from others. Using a specific genre of music may work effectively for one patient, but another patient may not like it at all. The session needs to be based around the patient's wants and needs so that their needs can be addressed properly in the sessions. The modality of music therapy sessions can also vary from patient to patient. For example, patients may engage in receptive forms of music, such as listening or relaxing to music, or they may be involved actively, such as participating in singing, improvisation, or songwriting.

The music therapist described, "For my pediatric patients, interventions that provide the patient with opportunities for control are very effective. Hospitalization in general removes a great deal of autonomy and control from patients, so opportunities to provide those elements are often highly effective." The patient explained that sometimes, the music therapist would bring out instruments for him to play, and sometimes, he would compose a song with her. He also mentioned rewriting a Thanksgiving song by Johnny Cash, as he felt very thankful after receiving positive news from his treatment. He sang the song while his therapist accompanied him on an instrument, and he sent a recording of his performance to his loved ones. Specific moments like these can significantly affect a patient's recovery, mood, and stability throughout their cancer treatment journey, thus showing how personal preference and personalization play a role in a music therapy session and potentially a patient's journey.

Limitations:

The student researcher interviewed 3 participants, who consisted of 1 patient and 2 healthcare professionals. This study is not generalizable and should be reconducted with more patients and healthcare professionals to interview. The patient had prior experience with music and considered it an important part of his life. This may lead to bias, and patients who have not engaged in music in the past may not experience the same benefits as the patient in the study. The music therapist did not have experience working with adults, and while the oncologist had experience recommending patients to supportive therapies, he did not have experience with music therapy. Therefore, triangulation can lack precision, and results may not be applied in other contexts. The patient and oncologist were interviewed, so the student researcher was able to quickly follow up on questions for clarity. However, the music therapist provided written responses that did not allow the researcher to ask further questions, which may affect the depth of their re-

sponses and the researcher's analysis. The researcher conducted coding alone, which may affect credibility and reliability. Finally, all participants and the researcher are from Texas, United States, which may cause geographical bias.

Compared to the studies in the Background in the Introduction, findings from the patient, music therapist, and oncologist are very similar. Participants in the studies experienced positive effects from music therapy, and although not all results could be confirmed with confidence, there were overall improvements in many symptoms, and the patient experienced improvements in similar symptoms as well. As a qualitative case study, claims are not generalizable; rather, transferability depends on contextual fit. The author sought to enhance credibility through a semi-structured guide and an audit trail; future work should incorporate member-checking, independent double-coding, and recruit participants without prior musical backgrounds.

■ Conclusion

This qualitative case study suggests that music therapy can play a valuable role in oncology as a supportive intervention. By integrating the perspectives of a patient, a music therapist, and an oncologist, the study highlights how music therapy may help patients regulate emotions, cope with distress, enhance spirituality, and strengthen social connections. For the patient interviewed, music therapy was described as transformative, offering relief from emotional pain, fostering gratitude, and providing opportunities for creative expression. His consistently high ratings of music therapy's impact on stress, anxiety, pain, and hope underscore its potential clinical significance. The oncologist recognized that supportive therapies such as music therapy may help patients cope by expressing fears and emotions, while the music therapist emphasized the importance of personalization to address the specific goals of each patient, including modality, duration, and level of involvement. Both professionals highlighted that music therapy should be understood as an adjunctive, not curative, treatment.

As a single case study, these findings are not generalizable but highlight important areas for further research. Future research should expand on these findings by interviewing a larger and more diverse sample of patients, including those without prior musical backgrounds, as well as therapists and oncologists with broader professional experience. Larger qualitative and mixed-method studies could clarify how music therapy contributes to emotional resilience, treatment adherence, and quality of life across different cancer populations. If integrated more widely into oncology care, music therapy could significantly benefit cancer patients; however, achieving this will require institutional and budgetary changes, as well as greater awareness among healthcare providers and patients.

Ultimately, this study reinforces that music therapy should be viewed as an adjunctive therapy with the potential to improve the cancer treatment journey in holistic and deeply personal ways. While it cannot cure cancer, music therapy can help patients endure its challenges with greater emotional stability, meaning, and connection. For these benefits to become widely

accessible, increased awareness, funding, and institutional support are needed.

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