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## A Cross-Cultural Approach to Vocal Music Therapy in Cancer Care, Development of a Method

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**A Cross-Cultural Approach to Vocal Music Therapy in Cancer Care, Development of a Method**

Capstone Thesis

Lesley University

May 5, 2021

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Music Therapy

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### **Abstract**

Many of the techniques and methods used in the music therapy field today are derived from non-Western and ancient methods of healing with sound and music; however, these methods are often seen as falling outside the boundaries of professional music therapy. This study demonstrated the need to expand music therapy and mental health practices beyond ethnocentric orientation by exploring the efficacy of a cross-cultural vocal music therapy method to address biopsychosocial and spiritual concerns in cancer care. The method was an expressive, voice-based music therapy approach combining theories and ideas from transpersonal and psychodynamic frameworks and ancient and modern sound healing techniques from a variety of Indigenous and non-Western cultures. The method was conducted in music therapy support groups and individual music therapy sessions at a cancer support center that provides integrative therapeutic programs and services to adults affected by cancer. Clinical goals, such as decreasing anxiety and stress, pain and symptom management, improving mood, and increasing energy, were achieved through breath work, humming, toning, vocal improvisation and meditation, singing mantras and chants, and songwriting. Qualitative results indicated a decrease in levels of distress with physical, social, emotional, functional, and spiritual well-being after each session. Although the health benefits of therapeutic singing have been established in the music therapy field, further research examining the use and efficacy of voicework in cancer care is recommended, especially psychotherapeutic and transpersonal outcomes. The integration of non-Euro-American music therapy approaches and ancient and modern sound healing techniques in music therapy practice should also be considered.

*Keywords:* cancer care, cross-cultural music therapy, decolonizing therapy, Indigenous methodologies, non-Western music therapy methods, sound healing, voicework, vocal music therapy

### **A Cross-Cultural Approach to Vocal Music Therapy in Cancer Care, Development of a Method**

Many of the techniques used in music therapy are derived from non-Western and ancient methods of healing with sound and music, however the historical accounts of music therapy often leave out its ancient and Indigenous roots. Though some of these non-Western music and sound healing techniques are now incorporated in music therapy practices, these forms of healing with sound and music are often seen as falling outside of the boundaries of professional music therapy (Bruscia, 2014). Western forms of music therapy, psychotherapy, and counseling are predominant in the United States today. This ethnocentric bias has delegitimized Indigenous and non-Western methods of healing that have been in operation for thousands of years. Since most content taught in the training of music therapists around the world originates from Eurocentric cultures, the exclusion of Indigenous and non-Western styles of music reinforces the Euro-dominant ideologies inherent in music therapy contexts (Hadley & Norris, 2016; Low et al., 2020).

The development of music therapy methods that expand beyond Eurocentric orientation and center non-Euro-American music therapy approaches and ancient and modern sound healing techniques is still needed in the music therapy field. My developing cross-cultural vocal music therapy method discussed in this thesis is my first offering in the attempt to decenter dominant Eurocentric approaches in music therapy and incorporate Indigenous and non-Western models of healing with sound and music. This holistic method is an expressive, voice-based music therapy approach that goes beyond Euro-American orientations and combines theories and ideas from transpersonal and psychodynamic frameworks and ancient and modern sound healing techniques from a variety of non-Western cultures. Within this framework, I execute a feminist, resource-oriented, and social-justice informed approach that involves collaboration with a focus on the client's own resources and strengths, and an awareness and consideration of the societal, cultural, political, environmental, psychological, spiritual, emotional, and physical aspects that relate to the health of each client. The method is

informed and influenced by my training in ancient and modern sound healing practices and the Yoga of the Voice method (Gu, 2000; Lirio, 2012; Nakkach, 2012; Wangyal-Rinpoche, 2006), vocal psychotherapy (Austin, 2002, 2009), transpersonal frameworks (Crowe, 2004, 2017; Kenny, 2006), and Indigenous worldviews and methodologies (Avila & Parker, 1999; Correal, 2003; Kenny, 2006; Linklater, 2014; Lushwala, 2017; Magaña Ocelocoyotl, 2014, 2016; Medina & Gonzales, 2019; Mehl-Madrona, 2007; Moraga, 2011; Navar, 2011; Román, 2012; West & Kenny, 2016).

As a queer, mixed race White-Chicanx feminist, my approach to a music therapy practice is also influenced by and rooted in community and social-justice work, as well as the Indigenous belief systems and spiritual practices of my Mexican and Jewish Russian and Polish ancestors. I have studied Indigenous and folk medicine and spiritual practices, which includes the traditional use of music and sound, under the mentorship of teachers and healers in or from Mexico, Peru, Brazil, Cuba, India, China, West Africa, and South Africa. In addition to a master's in music therapy and mental health counseling, I have received accreditation as a certified sound healing practitioner through the California Institute of Integral Studies in Sound, Voice, and Music Healing and have acquired many years of vocal training.

This thesis explores the efficacy of a cross-cultural vocal music therapy method to address biopsychosocial and spiritual concerns in cancer care. It includes an overview of the specific components of the cross-cultural vocal music therapy method that contributed to the health benefits of clients at an integrative, cancer support center, where I facilitated music therapy support groups and individual music therapy sessions. The qualitative data presented includes observations in music therapy groups and individual sessions and results from surveys and program evaluations solicited by the cancer care center.

The literature reviewed supports the importance of this cross-cultural vocal music therapy approach and includes research on the differences and similarities between music therapy and ancient and modern sound healing methods and techniques, the health benefits of singing, foundational

voicework models, multi-cultural issues and feminist and queer perspectives in music therapy, music therapy in cancer care, and Indigenous methodologies and psychological frameworks that expand the perception of what constitutes valid music therapy and mental health practices and offer decolonizing therapy strategies.

In cancer care studies, there is extensive quantitative and qualitative research that validates the efficacy of music therapy for biopsychosocial and spiritual concerns of cancer patients, such as symptom and pain management, fatigue, depression, anxiety, breathing capacity, isolation, self-esteem, body image experience, need for empowerment and connectedness to self and other, and quality of life (Rykov, 2008; Alcântara-Silva et al., 2018; McClean et al., 2012; Bradt et al., 2015; Gerge et al., 2020). However, a review of the literature also revealed that most of research on music therapy in cancer care did not examine singing and vocal interventions. Although the health benefits of therapeutic singing have been established in the music therapy field (Bradt et al., 2016; Young, 2009), the research on the use and efficacy of voicework and singing in cancer care is lacking (Young, 2009). Further research is needed to determine the components of the vocal interventions that contribute to the clinical benefit in cancer care (Clements-Cortés, 2017).

In addition to furthering the discussion on the use and efficacy of voicework and singing in cancer care, it is my hope that this thesis project will be one avenue to create a new dialogue and awareness around the possibilities of integrating non-Euro-American music healing approaches and ancient and modern sound healing techniques in a music therapy practice.

### **Literature Review**

#### **Music Therapy and Ancient Methods of Healing with Sound and Music**

Music therapy is defined by the American Music Therapy Association (AMTA) as “the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program”

(2021). Most of the literature about the history of music therapy leaves out its ancient and Indigenous roots. It's often traced back to World War II when music was used in a therapeutic manner for wounded veterans (AMTA, 2021). There may be a passing mention of how the ancient Greeks used sonic intervals based on Pythagorean mathematics to positively affect consciousness for healing purposes (Beaulieu, 2010, 2018), however the actual beginnings of music as a healing modality can be traced back much farther.

The sacred and medicinal uses of sound and music can be traced back to at least the third millennium BCE (Crowe, 2017; Crowe et al., 1989; Gaynor, 2002). In cultures around the globe, there are stories that talk about sound, song, and the spoken word to explain how human kind came into existence. Throughout the ages, people have intuitively known about the health benefits of sound (Gaynor, 2002; Nakkach, 2012). Many of the techniques used in music therapy are derived from non-Western, ancient methods of healing with sound and music that are still potent and relevant today (Crowe, 2017; Donahue, 2011).

The earliest healing techniques on record used sound elements and eventually music, dance, and ritual as a means to heal through transcendence. ... Transcendent knowledge and experiences were the foundation of the world's philosophies and religions, and music was always a factor in reaching desired transcendent event. From this beginning, music was an essential part of religious worship, healing rituals, and 'magic.' (Crowe, 2017, p. 62)

Healing with sound and music is recognized in all the traditional healing systems, such as in Ayurveda and Chinese medicine. Shamans or healers from all Indigenous traditions have used the voice and traditional musical instruments to enter altered states of consciousness to heal their communities (Beaulieu, 2010, 2018). "Neurological mechanisms probably create and mediate the effect observed in traditional shamanic work. These mechanisms are also at work in music therapy, particularly the use of

sound to help patients access the unconscious” (Crowe et al., 1989, p. 69). In ancient Egypt, sound was considered so sacred and powerful that chanting and singing were used for two purposes only: to maintain optimal health and high levels of consciousness and to cut, shape, and lift stone. Ancient Tibetan yogis who lived in the wilderness far from medical care used chanting and other yogic techniques to maintain their health. What these ancient and Indigenous traditional healing systems have in common is a universal view of consciousness and healing based on an understanding of sound and vibration (Beaulieu, 2010, 2018; Gaynor, 2002; Nakkach, 2012).

### **Sound Healing**

Sound healing or sound therapy is often described as the use of vibrational frequencies to heal the mind, body, and spirit, to promote wellness, impact the human energy system, bring somebody back into balance, or for general relaxation. Beaulieu (2018) defines sound healing as the practice of using sound and listening in a mindful manner to transform consciousness and enhance our body’s natural drive to regenerate and heal itself. The primary difference between sound healing and music therapy is that music therapy is the use of music to facilitate a therapeutic relationship over time and sound healing involves the direct impact of sound vibration as the curative agent (Bruscia, 1998).

The basic premise and theoretical foundation of sound healing is that all existence is vibratory in nature and this underlying vibratory field sustains and imbues everything that exists with structure and form (Beaulieu, 2018). If everything is in a state of vibration, it is putting out a sound whether it is audible or not. Every bone, organ, tissue, circulatory, and other systems in the body have their own resonant frequencies. If every part of the body is vibrating at different frequencies, when the body is ill or out of balance it is in disharmony, which is likened to an instrument that is out of tune. When the body is producing discord, one way of bringing the body back into harmony and balance is to hear pure sounds and receive pure vibrations. For example, there is significant research (Beaulieu, 2010) on how vibration applied to the body through tuning forks impacts the body on a cellular level. Tuning forks are



tuned to Pythagorean intervals and are based on the sonic ratios inherent in nature. Applying tuning forks to the body rapidly spikes the production of nitric oxide (NO), a tiny gas molecule fundamental to all life and essential for the healthy function of all organ systems. Stimulating the nitric oxide production in the body balances the nervous system, enhances cell vitality, vascular flow, and heart healing, produces a stronger immune system, creates more resistance to stress, increases levels of energy and stamina, reduces blood pressure, and helps with depression, digestion, mental clarity, and pain management. Maman and Unsoeld (2016) conducted quantitative research on the effects of tone and timbre on human cancer cells, and presented results that specific tones with specific timbre could revitalize and empower healthy cells and change and even explode cancer cells.

Sound healing practitioners use both ancient and modern techniques of healing with sound. Some sound healing techniques practiced today are self-generated sounds for healing, projecting sound into the body, sounding the body, listening technologies, healing compositions, and sound environments (Crowe & Scovel, 1996). Self-generated sounds for healing may include toning (the use of elongated vowel sound), overtone singing (production of tones with upper harmonics emphasized), singing chants and mantras, humming, and vibrating energy centers in the body using *bija* (seed) syllables, which are ancient sacred formulas of potent combinations of consonants and vowels from various cultures charged with certain frequencies (Campbell and Doman, 2012; Gaynor, 2002; Hamel, 1976; Inayat Khan, 1991; Keyes, 2008; Nakkach, 2012; Wangyal-Rinpoche, 2006). Projecting sound into the body or sounding the body is the application of a sound element to affect body structure or physiology. Sound elements are used as medicine to alleviate symptoms and conditions with instruments like gongs, flutes, Tibetan or crystal bowls, bells, drums, rattles, and tuning forks (Beaulieu, 2010, 2018; Gaynor, 2002). In sounding the body, the human voice gives sound to the frequency perceived to be missing. Listening technologies stimulate the brain through the auditory systems to restore listening, such as the Tomatis Method (Sollier, 2005). Healing compositions may include songs or chants from Indigenous healing

systems that cure or heal a specific ailment, compositions recorded at specific pitches or frequencies, external rhythm that entrain brain waves, or recorded music that stimulates the body's natural electrochemical system. Sound environments are usually vibratory equipment, such as beds and chairs, that provide auditory and vibrotactile stimulation (Crowe & Scovel, 1996).

Although music therapy and sound healing are related and can be considered as two aspects of a continuum of healing with sound and music, there has been resistance to integrating sound healing techniques into clinical practice in the music therapy field. Crowe and Scovel (1996) have suggested that education about how specific frequencies, overtones, timbres, rhythms, and sound combinations affect the energy systems, brain waves, and body structures of the client could be useful for music therapists.

### **Foundations of Singing and Voicework in Music Therapy**

The health and therapeutic benefits of singing have been well-documented in research. Improved physiological effects of singing alone or in a group include relaxation, improved breathing, stress reduction, and pain reduction (Bingham, 2019; Bradt et al., 2016; Clark & Harding, 2012; Meashey, 2020; Young, 2009). Benefits of singing in a group or choir setting include overall social, emotional, psychological, and spiritual health. When people sing together their heartbeats and breathing synchronize. Singing is also reported to impact psychological wellbeing, including the regulation of emotions and mood, acquiring effective coping strategies, finding meaning in life, and overall quality of life.

In music therapy, singing may be referred to as voicework (Baker and Uhlig, 2011), therapeutic singing (Newham, 1998), vocal music therapy (Bradt et al., 2016; Uhlig, 2006), and vocal psychotherapy (Austin, 2009). Baker and Uhlig (2011) define voicework in music therapy as

the use of the human voice within the therapeutic approach to achieve health and well-being including improved vocal abilities, health and homeostasis, and human relationships. Voicework involves the use of breath and rhythm, primal human sounds of expression and communication

building a dialogue between therapist and client/s and using rhythm, intonation, words, and fragments of sentences, and offering inter-subjective vocalization. (p. 32)

The human voice is the instrument we are born with; it is our most intimate and personal musical instrument (Austin, 2009; Baker & Uhlig, 2011). There is a strong connection between the voice and the self; the voice can be an indicator of a person's emotional, neurological, psychological, and spiritual functioning (Austin, 2009). Voicework can address physiological imbalance, decrease levels of agitation, manage thresholds for pain, improve breathing and respiratory function, enhance communication skills, help with voice production and production of language, facilitate expression of emotions, address spiritual needs, stimulate self-growth and self-awareness, help to identify inner resources, and facilitate the integration of the self, development of insight, and expression of inner worlds (Baker & Uhlig, 2011).

### ***Vocal Music Therapy Approaches and Models***

**Psychodynamic Approaches and Models.** Vocal psychotherapy, developed by Diane Austin (2009), belongs to the larger umbrella of music psychotherapy and psychodynamic approaches. It is a voice-based model of music therapy that involves the use of breath, natural sounds, vocal improvisation, toning, and songs within a client–therapist relationship to promote healing, growth, and change. Some of the core techniques used in this method include vocal holding and free associative singing. These techniques provide an opportunity for fragmented and unknown parts of the client to be revealed to themselves and the therapist. The awakening of these parts of the self can allow for repressed emotions and memories to surface. Paul Newham (1998) created what he calls therapeutic voicework, which is based on the concept of the connection between the voice and the body. Another body-based approach is the Embodied Voice Work model, developed by Lisa Sokolov (2012), defined as a “practice of free, expressive, non-verbal, improvisational singing, which aims at the development of fuller human potential through the practices of attentiveness, an attitude of radical receptivity and listening” (p. 108).

**Multicultural and Transpersonal Approaches.** Uhlig (2006) approaches vocal music therapy with a multicultural lens and stresses the importance of the authentic uses of the voice. She identifies a common thread between various vocal cultures around the world and the way human beings express and heal themselves through authentic singing. Uhlig's multicultural, transpersonal approach honors Indigenous and traditional forms of healing related to the voice. Nakkach's (2012) Yoga of the Voice model is another multicultural approach and systematic method for freeing the voice using Indigenous and Eastern vocal practices and modalities, including toning, vocal mediation, mantra, prayer, medicine melodies, and chanting. Built upon scientific research and spiritual wisdom traditions, this method provides clients the opportunity to awaken to the power of their voice as instruments of healing.

**Medical Models.** In rehabilitative and neurologic music therapy (NMT) approaches, voicework may include melodic intonation therapy (MIT) and vocal intonation therapy (VIT). These voice-centered, medical-based techniques are used to improve speech deficits due to brain injury, stroke, or other neurologic damage to the left-hemispheric speech and language centers. New neural pathways to support improved speech can be established by recruiting the brain's right hemisphere's functions of melodic and prosodic processing (Baker & Uhlig, 2011; Thaut, 2014; Thaut et al., 2014). Tonal intervallic synthesis is another technique used to treat acute pain (Lowey, 2011).

### **Going Beyond a Euro-American Approach to Music Therapy**

Most content being taught in the training of music therapists around the world originates from Eurocentric cultures and places greater emphasis on music from Western cultures. This is considered a result of the origins of the profession, as well as the demographics of the majority of music therapy practitioners (Hadley & Norris, 2016; Low et al., 2020).

Music therapy across the globe is situated within complex socio-political, socio-structural, socio-historical, and socio-cultural systems. It holds the vestiges of White European settler colonialism and is founded upon dominant cultural values and ideals that support its existence and

simultaneously benefit and harm client communities. (Norris, 2020, p. 1)

Western patriarchal ideology shapes all forms of therapy, “emphasizing the rational over the relational, logic over emotion, competition over cooperation, and independence over interdependence” (Jun, 2010, p. 5). Western societies value dichotomous and linear thinking over holistic approaches (Jun, 2010). This leads to the exclusion of non-Western styles of music and the perpetuation of Euro-dominant ideologies in music therapy contexts (Hadley & Norris, 2016). Low et al. (2020) suggest that the lack of equity and inclusion of diversity in the music therapy field, along with Eurocentric-based music therapy practices, could be seen as an act of colonialism on non-Western sources of knowledge.

### ***Multicultural Issues in Music Therapy***

The existing music therapy literature focused on multicultural issues stresses the importance of cultural competency, multicultural awareness, and musical cultural sensitivity (Hadley & Norris, 2016; Kim & Whitehead-Pleaux, 2015; Whitehead-Pleaux et al., 2012). Musical cultural competence is considered as going beyond just providing music from a client’s culture, but to also exploring the relevance and role of the client’s music, as well as understanding “the personal and musical cultural biases that the therapist brings into the music therapy context” (Hadley & Norris, 2016, p. 129). Hadley and Norris (2016) suggest that musical cultural competence and multicultural awareness can only be achieved if the music therapist is willing to commit to an ongoing learning process that results in greater self-awareness. This process of becoming more self-aware is not only an understanding of personal unconscious bias and practices, but also sociopolitical awareness with a commitment to social justice. They suggest that this transformational learning process includes three steps: self-awareness (including recognition of ethnocentric bias), cultural knowledge (awareness of diverse worldviews), and the development of culturally relevant skills (the importance of understanding the meaning of music and imagery in different cultures; the capacity of the music therapist to apply musical concepts from different cultures). “If a therapist lacks awareness of his/her/zir own personal biases and assumptions

and/or the basic knowledge of how culture shapes each clinical interaction, he/she/ze will be unable to respond sensitively within the therapeutic relationship” (p. 131).

Other themes in multicultural music therapy literature include ethnocentricity in the field, the idea that music is *not* necessarily a universal language, facilitating authentic cross-cultural music therapy processes, and the need for increased multicultural training, supervision, and research (Hadley & Norris, 2016; Whitehead-Pleaux et al., 2012; Young, 2016). Multicultural orientation frameworks in therapeutic settings are linked to the values of social justice, however these multicultural approaches often leave out social justice frameworks.

### ***Social-Justice Oriented Music Therapy Models***

A social justice-oriented music therapy practice considers the micro (individuals, families, small groups), meso (organizations and communities), and macro levels (larger society) in the client’s assessment, diagnosis, and treatment. Other goals would include: producing conditions that allow for equal access and opportunity, reducing or eliminating disparities in health care, education, employment, and any other areas that lower the quality of life, and broadening the role of therapist to also include advocate, change agent, and community worker. Thus, a music therapist engaged in social justice-informed therapy would take social and political action regarding injustices that oppress or harm anyone in our society. They would be aware of and concerned with issues of classism, racism, sexism, homophobia, and any other systems that deny equal rights to all (Sue & Sue, 2016).

Music therapy informed by social justice “interrupts the dynamics which perpetuate harmful othering, and promotes diversity as necessary to health and wellbeing” (Sajnani et al., 2012, p. 34). If social justice is situated as central to healing, music therapists have the ability to create “spaces of freedom, resistance, experimentation, and empowerment” (p. 35). For example, resource-oriented music therapy, which involves collaboration rather than intervention with a focus on the client’s own resources and strengths, challenges the traditional expert-patient relationship in mental health care and

offers an alternative, social justice-informed model to mental health care. Since collaboration requires an equal relationship between the client and therapist, the process of resource-oriented music therapy directly counteracts oppressive power relations that exist within the traditional psychology model. This traditional psychology model relies on diagnosis and individualization, which ignores the societal, cultural, political, and structural aspects that relate to the health of the client. In contrast, resource-oriented music therapy claims that any therapy that aims to empower the client must “involve an active and conscious awareness of structural, social, and political aspects” (Rolvsjord, 2009, p. 82). In resource-oriented music therapy, music itself is also seen as a health resource and must also be considered and understood in relation to political, social, economic, and cultural factors.

Norris (2020) recently addressed the ways the music therapy profession diminishes the effects of racial justice and equity on clients in Black, Indigenous, and People of Color (BIPOC) communities. “The unexamined utility of racially sanitized music therapy approaches within practice settings circumvents clients' personhood and puts into practice tools of dehumanization that serve to superimpose devaluation and psychological assaults upon Black clients” (p. 3). Norris urges music therapists to reconceptualize music therapy practices by creating models that include community engagement, new theoretical frameworks that are culturally appropriate and sustaining, research that is community-centered, and engaging in social justice activism committed to dismantling the “imperialist white-supremacist capitalist patriarchy” (Hooks, 2012, p. 4).

### ***Feminist and Queer Perspectives in Music Therapy***

Music therapists are increasingly applying more of a critical lens to their work. Feminist approaches in music therapy advocate for social, cultural, and political consciousness through social justice and anti-oppressive practices. Feminist perspectives in music therapy highlight power dynamics, equality in the therapeutic relationship, intersectionality, representation, and inequalities in healthcare (Hadley & Hahna, 2016; Hadley & Thomas, 2018; Sajjani et al., 2012). Queer theory is also informing the

music therapy field by challenging heteronormativity and exploring gender and sexuality beyond the binary (Boggan et al., 2017; Hadley & Thomas, 2018). Critical theories, such as humanistic therapy, which is applied as anticolonial and culturally reflexive music therapy, are used in a feminist paradigm with the aim of dismantling the racism, sexism, and ethnocentrism inherent in the daily practices of music therapy (Hadley & Thomas, 2018). Rolvsjord's (2009) resource-orientated music therapy feminist framework challenges *standard* music therapy professionalism and its response to the demand for evidence-based practice, as well as the structures that don't allow for more possibilities in health and wellness.

### ***Non-Western Approaches in Music Therapy***

Low et al. (2020) critically look at Eurocentric-based music therapy's origins, education, and practice and question if the music therapy field is engaging in a potentially colonizing practice around the world. They suggest that when music therapists decenter dominant Eurocentric voices in music therapy, different Indigenous music therapy approaches, methods, theories, and philosophies can be explored and developed. They suggest that the decolonization of the music therapy field requires a lifelong commitment to cultural reflexivity and the consideration of non-Eurocentric types of evidence-based data as knowledge. When Western music therapists work with non-Western clients it is important not to reject non-Western forms of musical expression. Music from a variety of non-Western cultures can be a vehicle to reach clients from those specific cultures, but it can also be beneficial as a healing tool for clients from the dominant culture. There is a danger of cultural appropriation and colonization of non-Western musical forms in this approach; it is important for the music therapist to recognize the sources and lineages of the practices (Gioia, 2006; Hadley & Norris, 2016; Low et al., 2020).

Most non-Western forms of healing take a more holistic approach to wellbeing and believe in the mind, body, and spirit connection, the interrelationship between life forms, the earth, and the cosmos, and the importance of collectivism. For example, the Sudanese concept of health care is a



community-based practice and involves the belief in “the spirits and God/gods, has focus on the whole person both physical and spiritual, as well as interpersonal relationships” (Jones et al., 2004, p. 92). The Euro-American mental health community often labels these forms of healing practices as unscientific and mystical, and therefore not in line with professional standards of practice. Western forms of healing have been slow to acknowledge and learn from these forms of wisdom. However, to be culturally responsible and responsive to clients from non-Western cultures, therapists need to begin to acknowledge and incorporate these forms of healing into their practice. A social-justice informed approach to therapy would then also include an expansion of what we perceive and understand as valid forms of healing, with efforts to find out how they may be more effective than Western forms of healing in certain contexts and for a variety of clients. Therapists must be willing to learn from Indigenous and non-Western models of healing and be able to receive enough knowledge and training to function as a facilitator of these support systems and healing methods when necessary (Sue & Sue, 2016).

### ***Decolonizing Therapy***

**Indigenous Perspectives and Methodologies.** Decolonizing therapy strategies are profoundly connected to Indigenous worldviews and methodologies. Wilson and Yellow Bird (2005) define decolonization as a direct resistance to the foundations of colonialism and the exploitation of lands, minds, and bodies to realize Indigenous liberation. Bringing in and legitimizing Indigenous concepts and practices of holistic healing and wellness in Western psychology without the obligation to uphold Western approaches to therapy demonstrates a decolonizing approach (Linklater, 2014).

A core value in the Indigenous worldview, is the essential unity of all creation. “The land is so important to Indigenous people that it serves as an embodied metaphor for existence itself. This intimate relationship with Mother Earth reflects the spiritual principle of the interconnectivity of all things” (West & Kenny, 2016, p. 167). The interrelatedness of all things differs from the Euro-American value of individualism.

The Indigenous concept of medicine is the original holistic approach, because it looks at the person or the problem as related to everything else. What is their relationship with themselves, their family, and their community? With everything? Returning to balance, to wholeness (or health), very often requires a willingness to make changes in one's life, but that is not done alone or in a doctor's office. (West & Kenny, 2016, p. 174)

An Indigenous world view is grounded in the holistic relationship to land, family community, ancestors, language, animals, stories, knowledge, medicine, culture, and spirit. Healing protocols address the root causes of suffering rather than just the symptoms (Linklater, 2014; Mehl-Madrona, 2007). Indigenous therapists are calling for the decolonization of the colonial structure embedded in Western psychiatry, and for the acknowledgment and inclusion of Indigenous healing strategies as a legitimate treatment intervention (Linklater, 2014).

**Other Decolonizing Frameworks and Approaches.** Gorksi and Goodman (2015) warn of the dangers of multicultural counseling and psychology practices without a social justice framework that replicate existing systems of power and privilege in ways that “colonize rather than decolonize counseling and psychology practice and scholarship” (p. 2). They suggest building upon the work of multicultural frameworks and making sure that it goes beyond a minimal requirement of multicultural competence and is grounded in equity and social justice. Decolonizing frameworks are recommended that use liberation psychology, that address sociopolitical context, that privilege Indigenous ways of healing and knowing, and that honor forms of resilience and resistance.

Singh et al. (2020) explore how counselors can begin to decolonize their practice by integrating social justice theories alongside traditional counseling theories, such as relational-cultural theory (RCT), critical race theory (CRT), intersectionality theory, and liberation psychology. The first step mentioned in the decolonizing process is acknowledging and reclaiming the Indigenous roots of counseling and healing and working alongside Indigenous healers to integrate Indigenous approaches into counseling

practice.

French et al. (2020) propose a psychological framework of radical healing in communities of color, informed by psychology of liberation, Black psychology, ethno-political psychology, and intersectionality. They suggest a decolonized psychology that values healing over coping, emphasizing collectivism and moving away from an individualistic focus.

### **Music Therapy in Cancer Care**

In Western oncology, music therapy can be traced back to 1973 (O'Callaghan & Magill, 2016). Music therapy in cancer care is described as "the creative and professionally informed use of music in a therapeutic relationship with people identified as needing physical, psychosocial, or spiritual help, or with people aspiring to experience further self-awareness, enabling increased life satisfaction and quality" (p. 152). There is extensive, evidence-based research that illustrates the biopsychosocial and spiritual therapeutic benefits of music therapy for adults with cancer. Much of the research on music therapy and cancer care involve adult cancer patients in palliative care settings where the music therapy process helps clients with pain management, fatigue, depression, anxiety, breathing capacity, isolation, self-esteem, body image experience, need for empowerment and connectedness to self and other, and quality of life (Alcântara-Silva et al., 2018; Bradt et al., 2015; Gerge et al., 2020; Lopez et al., 2019; O'Callaghan & Hiscock, 2007; O'Callaghan et al., 2016; Potvin et al., 2015; Young, 2009). Music therapy services that include interactive musical interventions in a safe musical container with a music therapist can also provide a space for cancer patients to strengthen resilience, release suppressed emotions, and tap into their creativity (Bradt et al., 2015).

Although oncologic music therapy has traditionally occurred in palliative care settings, music therapy in cancer care has expanded beyond in-patient palliative care to include outpatient care. Due to advances in cancer treatment and changes in healthcare, cancer patients are experiencing shorter hospitalizations, resulting in an increase in outpatient treatment. Longer survival rates and more

opportunities for home-based hospice care have necessitated outpatient cancer treatment settings, such as cancer centers for complementary care (Young, 2009).

Music therapy is listed on the National Institute of Complementary and Integrative Health website as an important part of integrative therapy services in many comprehensive cancer centers (National Institute of Complementary and Integrative Health, 2014; see also Barck & McDougal Miller, 2020). The interest in and availability of complementary health approaches being used together with conventional cancer care continues to increase (Lopez et al., 2019). In addition to music therapy and other expressive arts, these integrative approaches include massage therapy, qigong, acupuncture, meditation, mindfulness, yoga, nutritional classes, support groups, and mental health counseling. These complementary interventions contribute to improvements in treatment outcomes, as well as improving quality of life (Lopez et al., 2019).

Cancer-related pain, classified as a type of chronic pain (American Pain Society, 2006), can negatively impact one's quality of life (Lee, 2016). Results from various trials suggest that music interventions have clinically meaningful and beneficial effects on "pain intensity, emotional distress from pain, use of anesthetic, opioid and non-opioid agents, heart rate, systolic and diastolic blood pressure, and respiration rate" (Lee, 2006, p. 471). After a cancer diagnosis, emotions such as fear, anxiety, and anger can arise and continue throughout treatment (Barck & McDougal Miller, 2020). Treatment-related anxiety is most common for patients with cancer; research studies have found that music therapy interventions are extremely effective in lowering anxiety levels (Barck & McDougal Miller, 2020; Bradt et al., 2015). Alcântara-Silva et al. (2018) investigated how music therapy can reduce fatigue during radiation therapy. Results showed that music therapy can be applied as an integrative treatment during radiation therapy with positive results due to the relationship of music and brain structures involved in the processing of emotions, as well as the regulation of dopamine and alterations in the levels of serotonin, cortisol, and oxytocin.

Potvin et al. (2015) aimed to expand perspective on symptom management by exploring how music therapy interventions can address the underlying human experiences of symptom expression and management. Findings supported that symptom management requires the direct involvement of the self, which inevitably results in the emergence of intrapsychic material, such as abuse, trauma, and grief. The study recommended that music therapists incorporate this intrapsychic content into their understanding of working with surface-level symptoms in the therapeutic process and use trauma-informed treatment models that assist clients in managing intrapsychic experiences.

In comprehensive cancer centers, music therapy can promote self-expression and physical and emotional well-being, improve mood, reduce stress, and facilitate community building (Colwell & Fiore, 2020). In addition to individual music therapy sessions, music therapy group work is common in outpatient settings and can sufficiently address the lack of social activity and isolation that is often faced by the cancer patient and help build community (Waldon, 2001). Music therapy in outpatient settings have included receptive, re-creative, and creative music-based interventions (Bruscia, 2014; Colwell & Fiore, 2020). Some of these interventions consist of singing, instrument playing, music listening, music-assisted relaxation, songwriting, musical improvisation, and movement to music.

The impact of music therapy in cancer care and the themes of well-being and spirituality is highlighted in a qualitative study at a cancer care center in the United Kingdom (McClellan et al., 2012). The themes that emerged in relation to spirituality included transcendence, faith, hope, meaning-making, and connectedness. Participants' interviews highlighted how the experience of music therapy contributed to a search for meaning, provided comfort and insight, enabled a sense of trust and deep communication with others, and allowed for the ability to transcend pain and other difficulties in the moment and beyond the session.

Rykov (2008) introduces a music therapy support group model for cancer patients informed by feminist theory and framed by relational-cultural theory. The 2-hour, weekly closed group sessions that

took place over an 8-week period, provided psychological, spiritual, and existential support for 10 cancer patients with diverse cancer diagnosis in various stages of their cancer journey. The expressive, music-centered group model included singing, vocal and instrumental improvisation, guided imagery and music, and optional journal writing in an intimate, playful, and aesthetic context. Themes related to the cancer experience included loneliness and isolation, with participant's experiencing music therapy as a "profound, non-verbal connection to themselves, to each other and as connection to something larger—the music—beyond themselves" (p. 199).

Music therapy interventions can also help patients who are experiencing a loss of identity or sense of self by reminding patients of their identities beyond being a cancer patient and providing a safe space for patients to express their whole selves (O'Callaghan & Fiore, 2004). A constructive research investigation consisting of five studies (O'Callaghan & Fiore, 2004) showed that creative music experiences heightened feelings of being their authentic selves and affirmed a sense of aliveness. This potential loss of self can disconnect cancer patients from the internal resources necessary to manage the struggles of cancer treatment and the process of dying. Music therapy provides a safe environment and nonverbal medium to reconnect with these internal resources, which can improve quality of life and ability to cope.

A review of the literature also revealed that most of the research on music therapy in cancer care did not examine singing and vocal interventions. Although the health benefits of therapeutic singing have been established in the music therapy field (Bradt et al., 2016; Young, 2009), the research on the use and efficacy of voicework and singing in cancer care is lacking (Young, 2009). One mixed methods study assessed how practicing, credentialed music therapists are using singing and vocal interventions in palliative and cancer care settings (Clements-Cortés, 2017). The results indicated that music therapists are using singing interventions to address biopsychosocial and spiritual goals of cancer patients, but that further research is needed to determine the components of the vocal interventions

that contribute to the clinical benefit (Clements-Cortés, 2017). In this study, music therapists described singing interventions as accessible and effective and discussed how singing and vocal improvisation allowed for emotional and cathartic experiences that may have been too difficult to explore without the container of music. These vocal interventions promoted a feeling of connectedness to self and others, the sense of being soothed and held by the music, the maintenance or reconnection with personal identities, the ability to access and release stuck emotions, connection to an authentic voice within, letting go in the grieving and dying process, and the honoring of the client's own process and journey through the cancer experience (Clements-Cortés, 2017).

### **Method**

The expressive, voice-based music therapy method used in this study integrates non-European American music healing approaches and ancient and modern sound healing techniques and is grounded in theories and ideas from transpersonal and psychodynamic frameworks. The theoretical foundations, structure, and components of the method are outlined in this section. In the execution of the cross-cultural vocal music therapy method at a cancer care center, clients were encouraged to use their voice as an instrument of healing and explore ways to connect to and free their authentic voice. Clinical goals were achieved through music therapy and sound healing techniques, including breath work, humming, toning, vocal improvisation and meditation, singing mantras and chants, and songwriting. Goals included pain management, stress and anxiety reduction, increased energy, improved breathing and respiratory function, improved mood, emotional transformation and release, self-expression, connection to one's body and spirit, self-growth and self-awareness, decreasing feelings of isolation, and community-building.

### **Theoretical Foundations**

#### ***Transpersonal Music Therapy***

The transpersonal psychology model is based on ancient and modern spiritual practices and

humanistic psychology with therapeutic goals of achieving states of transcendence, transformation, and spiritual growth. It acknowledges human experiences generated from spiritual practices as part of essential functioning and promotes human wellness beyond the issues of rational ego identity and consciousness. Transpersonal therapy involves transcending the existential issues of life generated by the ego to achieve an integrated state of consciousness where there is a balance between rational awareness and intuitive functioning (Bunt & Stige, 2014; Crowe, 2017). The client's content is addressed at three levels—pathological, existential, and transpersonal. This typically involves the subject matter of symbols, dreams, myths, rituals, spiritual images, and altered states of consciousness (ASC). In transpersonal music therapy, well-established techniques, such as musical improvisation, music-evoked imagery, vocal expression, song writing, and receptive listening, are the vehicle to move beyond words, the personal, and the mundane, and into imagination, new perspectives, and different states of consciousness (Crowe, 2017). Crowe's (2004) "music and soulmaking" transpersonal model, based on complexity science, is described as "the simultaneous engagement of the essence of a person—mind, emotion, body, and spirit—in the right relationships that constitute health" (p. 344). This model integrates spiritual experience within a larger understanding of human nature and human development. The music therapist's intention and presence are integral to the creation of the musical interaction with the client, where *soulmaking* occurs in the interactive energy field between therapist and client.

Kenny's (2006) Field of Play model that explores the phenomenological connection between field theory and systems thinking also outlines the interplay and aesthetics of the client and therapist in the music space. The model embodies the psycho-spiritual dimension of the music therapy process, where "a bridge between the conscious and unconscious, the scientist and the artist, the sacred and secular, the moment and the infinite, our individual realities and the Greater reality" (p. 61) is created. Kenny's music therapy framework, rooted in Indigenous methodologies and informed by her Choctaw ancestry, also illustrates that right relationship between human beings and the earth is essential for a



balanced and healthy life, and reality” (p. 61). She highlights the importance of maintaining the integrity of both traditional and Western ways of using music and sound in a modern music therapy context.

These transpersonal approaches embody my belief in the necessity of a holistic music therapy practice that includes essential aspects of traditional, Indigenous knowledge and honors the ritualistic and spiritual dimensions of music.

### ***Vocal Psychotherapy***

The theoretical foundations of vocal psychotherapy rely on the concept of the voice as the primary instrument and that the use of the voice plays a fundamental role in communication and relationships (Austin, 2002). The method’s core techniques of vocal holding and free associative singing provide an opportunity for fragmented and unknown parts of the client to be revealed to themselves and the therapist. Vocal holding uses a two-chord combination, usually on piano, to create a stable and safe musical environment that can help the client vocalize nonverbally. Free associative singing is also an improvisational method that consists of adding words to the same vocal holding process. With this technique, the therapist invites clients to sing whatever comes to their mind and the therapist echoes what the client is singing. The purpose of this experience is to give voice, through the music, to what the client has not been able to express. This kind of vocal work with a music therapist can be an effective way to help the client connect to the body and access their authentic voice. The unconscious experiences of trauma are related to the parts of the self that have been temporarily lost due to the traumatic event. When clients can access these parts of the self, those parts can be reunited with the ego, and the light and energy that those parts contain are reincorporated into the client’s present-day persona. I have adapted this approach in my individual client sessions with the use of a drone (and sometimes guitar) as the stable musical environment, instead of a piano, during the vocal improvisation portions of my sessions.

### ***Yoga of the Voice***

Much of the non-Western musical repertoire and ancient sound healing techniques included in my method originated in or are inspired by my training in Yoga of the Voice (Nakkach, 2012). In this approach, the singing voice is understood as the most efficient vehicle for transforming energy patterns, creating beneficial effects in the body, and influencing consciousness. The voice is considered the link with our spiritual life because of its unique ability to reveal deeper aspects of ourselves and provide a direct connection to the divine.

### **Setting and Population**

The cross-cultural vocal music therapy method was conducted at a cancer support center that provides integrative therapeutic programs and services to adults affected by cancer. The method was developed in two music therapy support groups and with seven individual clients. The individual clients and members of the groups all had a cancer diagnosis at varying stages and were either in-treatment or post-treatment. Twenty-five clients participated in this intervention, with most of the clients self-identifying as White, heterosexual, and female. The ages ranged from 30-76 years old. Ninety-two percent self-identified as female, 8% self-identified as male, 88% self-identified as White, 12% self-identified as Asian, 96% self-identified as heterosexual, and 4% self-identified as queer. Individual music therapy sessions took place weekly or bi-weekly depending on client needs for a total of 50 minutes over the course of 8 months. One of the music therapy groups was an ongoing closed group with 10 members that took place once a week for one-and-half hours over the course of 7 months. The second music therapy support group had eight members and was added to accommodate the center's clients' growing interest in music therapy. This group took place weekly for one-and-half hours for 10 sessions. The group meetings and individual sessions typically take place at the cancer center, however all sessions for this project were conducted via an online platform due to Covid-19 restrictions during the writing and research of this thesis.

### **Group Sessions**

The group sessions consisted of the following essential components. See Figure 1 for an overview of the structure of the group. At the start of each session, as group members arrived on the online platform, members listened to carefully chosen recorded music that related to the theme of the group that day. After multiple sessions, group members were encouraged to share a song that was meaningful or helpful to them at the beginning of the session. After a brief verbal, sound, or movement check-in, participants engaged in stretching, breathing, and a grounding meditation. This was followed by humming, accompanied by the *sruti* box, a drone instrument from India. This instrument is used as a holding soundscape to support the vocal interventions.

**Figure 1**

*Cross-Cultural Vocal Music Therapy Group Structure*

Interventions
<ul style="list-style-type: none"> <li>• Music listening upon entering online platform</li> <li>• Overview of daily theme and its connection to the music listening</li> <li>• Brief participant check-ins with words, sound, and/or movement</li> <li>• Stretching and simple vocal exercises to warm up the body and voice</li> <li>• Grounding meditation with a focus on breathing and visualization</li> <li>• Humming accompanied by the <i>sruti</i> box (drone instrument)</li> <li>• Toning with bija (seed) syllables from various ancient traditions, such as the Tibetan five seed syllables of the warrior mind and Chinese medicine five organ integrative sound healing practice.</li> <li>• Vocal improvisation or meditation/Call-and-Response</li> <li>• Mantra</li> <li>• Chants, Songs, or Songwriting</li> <li>• Closing: Group's chosen closing song or receptive listening of live instruments to integrate session</li> </ul>

Next, participants engaged in various types of toning depending on the week. Toning is the elongation of a sound using the breath and voice no matter the quality or pitch of the sound (Keyes, 2008). The toning included practices such as ancient bija (seed) syllables in Sanskrit from Tibetan Buddhist and Hindu traditions (Nakkach, 2012; Wangyal-Rinpoche, 2006), Chinese medicine five organ integrative sound healing practices (Gu, 2000), and self-directed sounds for areas of physical or emotional pain (Gaynor, 2002). Self-directed toning with this population entailed connecting to a tense

physical sensation in the body and identifying what emotion is underneath that sensation and transforming that physical sensation and emotion with vocal sounds. This was usually followed by a guided vocal meditation and/or vocal improvisation which included call-and-response, accompanied by the sruti box, percussion, pre-recorded backing track, or a crystal singing bowl. Four consecutive sessions of toning and vocal meditations combined elements in nature (earth, air, fire, and water) and the accompanying organ system connected to each element according to Chinese medicine practices. For example, the element of fire is connected to the heart cardiovascular system in Chinese medicine (Gu, 2000). After working with a particular element through imaging and toning, we would then tone the sounds from the Chinese medicine five organ integrative sound healing practice related to the physical, emotional, and spiritual aspect of the organ system (Gu, 2000). In the vocal improvisations, I would sing varying vocal melodic phrases and the group participants would respond by singing the same phrase. The group was encouraged to add harmonies and or take a turn leading the group with their own vocal improvisations.

After this portion of the intervention, participants were asked to share their physical, emotional, and/or spiritual experiences of the humming, toning, vocal improvisation, and vocal meditation. After some verbal processing, participants engaged in active singing by learning mantras or chants. Mantras are any empowered word or phrase that is chanted repetitively to clear the mind and to purify and transform emotional states and consciousness. The mental concentration involved in singing mantras can help boost energy or relax the mind (Nakkach, 2012). Chants are minimal or centric melodies with a strong repetitive character that are found in ancient songs from all over the world to create a relaxing effect (Uhlig, 2006). The mantras and chants learned in the groups included mantras from Tibetan and Hindu Buddhist practices, medicine melodies (*icaros*) from the Amazon in Peru and Brazil (Nakkach, 2012), Afro-Brazilian chants from the Candomblé and Umbanda traditions (Lirio, 2012; Moreno, 1995; Nakkach, 2012; Queiroz, 2015), Afro-Cuban sacred chants from the Lucumí tradition, Mexican

Indigenous and Native American chants, and Indian ragas (Nakkach, 2012). I used percussion instruments to provide rhythm and energy for the chants and used the sruti box to accompany the mantras. Following the chants and mantras, participants would engage in singing songs from various Western musical genres or in a songwriting exercise related to the theme of the day. For example, when working with the heart area of the body, group members sang a song called “Heart Wide Open” (Morris, 2020). The songwriting exercises either involved rewriting lyrics to pre-composed songs or original songwriting in a chant structure accompanied by percussion or guitar (Baker, 2015). I ended each group session with final thoughts or reflections from group participants and receptive listening of tuning forks or other live instruments to integrate and process the experiences from the session and/or the group’s chosen closing song.

The last few sessions of the groups consisted of a songwriting exercise to review each participant’s experience and growth in the group, as well as any exercises, mantras, chants, or songs group members most resonated with and wanted to repeat. After the last session, group members were sent a link to a Spotify playlist that included all the songs that were shared during the group sessions to use as their own musical resources after the completion of the group.

### **Individual Sessions**

Individual music therapy sessions took place weekly or bi-weekly for a total of 50 minutes. The same cross-cultural vocal music therapy method that was utilized in the group sessions was adapted to meet client-specific goals in the individual sessions. For example, the main goal for a client with lung cancer that had surgery to remove one of her lungs, was to improve breathing capacity. The focus of the sessions with her was on breath work and toning to improve breathing capacity, with not much emphasis on emotional needs. For another client, who was diagnosed with stage four ovarian cancer and has a long history of trauma, the focus was on increasing her ability to stay grounded and inhabit her body, increasing self-awareness by exploring current and past emotions related to past trauma,

identifying and developing a relationship with the exiled parts of herself, and developing resources for coping with anxiety, stress, and emotional deregulation. Individual sessions included more verbal processing than group sessions.

For individual clients, I also assigned homework each week as a resource for self-care, such as using recorded and guided toning exercises, singing mantras, chants, or songs introduced in the music therapy sessions, songwriting, and identifying their own musical resources. Spotify playlists were also created for individual clients to support further engagement in musical resources for wellness.

### **Materials Used**

Individual and group clients were not required to have any materials, other than their voice. Some clients who owned instruments would sometimes incorporate them into sessions, but they were not needed to successfully engage in any of the techniques and exercises. I used guitar, crystal bowls, Tibetan singing bowls, bells, a sruti box, percussion instruments, and drums as live instruments. For optimal live music playing on Zoom, I used an interface and condenser microphone. To play recorded music, I used the “share computer sound” feature on Zoom and played songs from either Spotify or iTunes. For songs that had multiple harmony parts, I pre-recorded tracks using the Soundtrap (2020) application. This allowed clients to have the simulated experience of singing in harmony in person, even though they were not able to hear each other’s voices on Zoom. I used the voice memo feature on my iPhone to record and email exercises or songs used in sessions that were not accessible otherwise.

### **Tracking and Organizing Themes and Outcomes**

I tracked my progress with groups and individual clients through writing weekly clinical notes that outlined client’s responses to each verbal and musical intervention, identified themes, and recorded observed outcomes. Supervision meetings helped to process the meaning of the information collected in each session, to explore countertransference and transference, as well as identify and create new approaches based on client’s needs when necessary. The cancer center requests that clients

fill out weekly surveys before and after each group session to measure changes in levels of distress with physical, social, emotional, functional, and spiritual well-being. An end-of-program evaluation solicited by the cancer center site is also filled out by group members to survey what is the most meaningful and important part of the group for each member, asks for feedback on how the group could be improved, and requests testimonials about their experience in the group. I also used the data collected from these surveys and evaluations to measure the impact of vocal music therapy for clients.

### **Results**

The purpose of this developing method was to gauge the efficacy of a vocal music therapy approach that integrates non-Euro-American music healing approaches and ancient and modern sound healing techniques to address biopsychosocial and spiritual concerns in cancer care. Through the implementation of the method in music therapy groups and individual music therapy sessions at a cancer care center, I also hoped to determine which components of the vocal interventions contributed to the clinical benefit in cancer care and gain an understanding of each participant's experience of the method. The following are the qualitative results observed in music therapy groups and individual sessions and from surveys and program evaluations solicited by the cancer care center.

#### **Group Sessions**

Although all group participants had never experienced music therapy before attending the music therapy support group, most participants reported being musically inclined or expressed an interest or an appreciation of music and its healing properties.

#### ***Vocal Music Therapy Interventions***

**Humming.** The duration of the humming intervention was around 5 minutes of continuous, intentional humming. Humming is calming to the nervous system because it directly stimulates the vagus nerve, which in turn stimulates the parasympathetic nervous system activity, sending a message of relaxation to every part of the body. Humming also helps with sensory integration (creating a more

cooperative balance between both hemispheres of the brain), improves breathing capacity, and creates more alertness and balance (Keyes, 2008; Gaynor, 2002; Moffitt Cook, 2003; Nakkach, 2012; Snow et al., 2018). This intervention was often reported by group members as one of the most impactful and accessible tools to reduce stress and anxiety and create a relaxation response. Many group members reported using humming as a relaxation tool and to decrease anxiety while waiting for scan results or during MRI appointments. Group member J, whose was dealing with fluid in her lungs, shared that humming and toning helped improve breathing capacity.

**Toning.** Toning interventions included practices such as ancient bija (seed) syllables in Sanskrit from Tibetan Buddhist and Hindu traditions (Nakkach, 2012; Wangyal-Rinpoche, 2006), Chinese medicine five organ integrative sound healing practices (Gu, 2000), and self-directed sounds for areas of physical or emotional pain (Gaynor, 2002; Keyes, 2008; Snow et al., 2018). Group members often reported a reduction in physical pain after toning for at least 10 minutes. For example, in one session, J reported that the pain in her abdomen was gone after engaging in toning. Group member K shared with the group that before singing the seed syllables, her back was tight and tense and she was feeling rattled, but that all of that relaxed and she felt more alert, alive, and aware after toning the seed syllables. Other members reported experiencing positive energetic shifts in the body as a result of toning exercises.

The Chinese medicine five organ integrative sound healing practices (Gu, 2000) were particularly useful for this population, who are likely experiencing pain in and around organs either where they had surgery or because of treatment. This practice involves toning for the physical, emotional, and spiritual aspect of the five-organ system. When working with the heart cardiovascular system, some group members had an extreme emotional reaction and experienced resistance, while others could connect with gratitude, unconditional love, forgiveness, and acceptance. Clients A and J had a difficult time accessing and communicating with the heart. They both expressed that they have many layers built



around the heart as a protective mechanism, naming some of those layers as anger, anxiety, and PTSD related to their cancer diagnosis. One client said she felt like a walking time bomb and that her heart felt frozen and numb. At the end of this session, group members felt that although it was challenging to connect with the heart when feeling anger in relation to their disease and experiencing the trauma of going through cancer treatment, they appreciated becoming aware of suppressed emotions in the heart and having tools to access unconditional love for the self when they felt ready.

When working with the water element and toning for the kidney reproductive system, group members connected to feelings of fear and some experienced the neutralizing of those fears through the practice. One group member who was missing a kidney asked how you would tone for missing organs. This inquiry was relevant for multiple group members. A discussion ensued about this, and we identified that if a group member was missing an organ, we would honor the space of the missing organ by imagining the shape of the organ and sending the sound to the imagined space.

Toning for the digestive system and working with the earth element provided group members with a sense of being grounded and connected to each other. This session also opened possibilities to connect to issues of safety and survival, how we digest experience and emotions, and ways to connect to nature. Toning for the liver and lungs allowed group participants to release sadness, grief, and anger. It also provided a space to express sorrow and allow the deep compassion underlying the sadness to come forward.

**Vocal Improvisation or Meditation/Call-and-Response.** After toning, I led the group in a vocal improvisation/meditation with the sruti box or percussion. I sang varying vocal melodic phrases and the group participants would respond by singing the same phrase. Group members were encouraged to take turns leading the group with their own vocal improvisations. This exercise would have been more impactful in person, as it is most validating to hear your vocal phrase repeated back to you by the entire group. On an online platform, a group member or I could sing the phrase, but we couldn't hear group

members' vocal responses due to time lapse issues. Most group members were shy about creating their own improvisations and preferred to just respond. However, there were a few group members (C and D) that volunteered to try and lead the group in a call-and-response vocal improvisation. This occurred after safety had been established in the group and participants had been working with the voice for several weeks. This experience showed tremendous growth, comfortability in the group, and a new connection and relationship to their voices. D said when she is singing with others in this way she feels part of something bigger than herself, and after the practice she felt laser focused and like she could go out and do anything. C said the practice helped her to be present and release all thoughts in the moment.

**Mantras and Chants.** After vocal improvisation, I led the group in the singing of a mantra for at least 5 minutes. The most loved mantra that I introduced was the Green Tara mantra from the Tibetan Buddhist tradition (Nakkach, 2012). Group members found that singing mantras helped to clear and relax the mind, as well as increase energy. After singing the Green Tara mantra, K reported that “the mantra helped wake up my body and spirit and be in tune with my surroundings.” B said the “the mantra was a massage for the mind, it allowed me to let go,” and J reported that “singing the mantra was like rowing on a calm lake with light ripples. It was soothing. It calmed my heart and cleared my head.”

Chants or medicine melodies from various non-Western traditions helped group members to connect to the spiritual aspects of the self, access undiscovered parts of their voices, improved mood, and increased energy. For group member J, singing Peruvian medicine melodies reminded her of the healing properties of Korean chants that she grew up with and she reported feeling a soul and body connection to the chants. Group member A resonated with the medicine melodies, saying that it felt like we were calling something in to being, like an incantation. She liked learning new music and chants from other cultures and how ancient sound practices can still be used for healing today. She reported finding

comfort in these sorts of vocal practices, a response that she didn't expect. D and J were soothed by and felt a connection with the Afro-Brazilian chant for Nanã (Lirio, 2012), the goddess who represents the elements of rain, mouths of rivers, marshes, swamps, and is linked to life and death transformational processes. A Cherokee chant created a feeling of transcendence and connection for group members. L said that by the end of the group session of singing mostly medicine melodies, she felt energized and ready to tackle all the things on her to do list.

**Songs and Songwriting.** After singing mantras or chants, group members engaged in singing songs in English that had a more familiar quality for group members. These included songs from the civil rights movement in the 1960s, African American spirituals and freedom songs, blues, and various other songs that related to the theme of the session. For some group members, singing songs in Spanish, Portuguese, or an Indigenous language was challenging for them. Those members found more benefit in singing in English, while other group members found that non-English chants and songs allowed them more freedom since they didn't have associations with the words or melodies. In general, singing together uplifted mood, created feelings of joy, and a sense of community. The freedom songs helped group members reflect on personal meanings of freedom, such as freedom of thought and expression, freedom from disease, and freedom of creativity. Songs from the civil rights movement brought up discussions around social justice and racial inequality. The lyrics "We shall hold the suffering singing" from the song, "How Shall We Come Together" (Wheeler, 2018), resonated with all group members and encompassed the ability of music and singing to be a container for all emotional states. At the end of one session, participant B said, "When you sing you forget about all the challenging things in your life. It brings you into the present moment." Participant D said she feels more connected during difficult times when she sings with others, and participant A said she enjoyed feeling the energy of singing with a community with a shared experience and common goals.

In one session, we focused on the theme of home through various popular songs, which initiated verbal processing around the personal meaning of home and community for group participants. All group members identified the cancer care center and the music therapy group as a home; a place where they can feel safe, be themselves, and feel a sense of belonging. The songs from that session brought participants a feeling of not having to be alone and sense of community.

We engaged in songwriting in a few sessions, where group members had the opportunity to provide their own words to pre-composed songs. These exercises allowed participants to take ownership of the song by telling their own stories and expressing emotional states through lyrics. In one session, we wrote an original song in a 12-bar blues format, which allowed for new creative expression of struggles, longings, and problem-solving. As a termination intervention, the group wrote a song together based on the melody of the song, "Thank you for Your Blessings" (Beautiful Chorus, 2014). The final version of the song represented their experiences in the group—what they learned, what they enjoyed, and what they were grateful for. To close the group, we sang the song with the newly created lyrics. This songwriting exercise also initiated verbal processing about what the experience of being in the music therapy group meant to each member. Group member A expressed that the group inspired her to learn how to play ukulele. She said getting cancer really shook things up in her life and in her trust and understanding of the world. Client A reported that the music therapy group helped her to connect to something bigger than herself and that the experience deeply impacted her ability to trust again. L said the group helped her feel more comfortable with her voice and singing, and that she has used humming to help with her anxiety and connect with her children. K said the group helped her understand and realize the therapeutic benefits of music that she had never really thought about before. She said the group helped her get over her own judgement of her voice as well. D expressed that the music therapy group took her mood to one hundred percent happy, no matter what her mood was before joining the group. She said it had helped her navigate the dark times of Covid and chemotherapy.

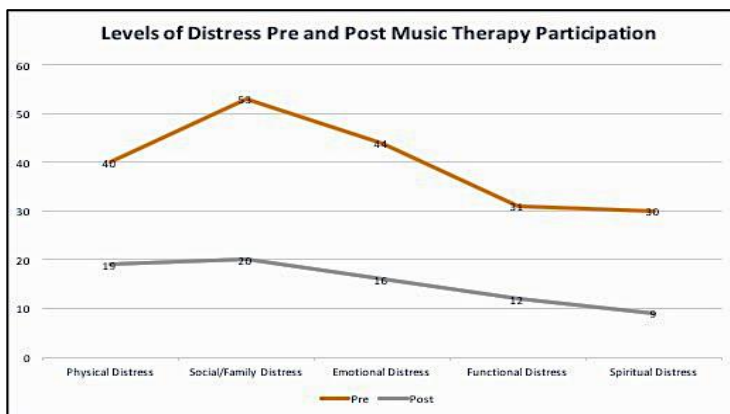
She reported that when the group would fall on the worst day of her chemotherapy cycle, the music therapy interventions increased her energy levels and improved her mood.

**Surveys**

The surveys group members filled out before and after each session measured changes in levels of distress with physical, social, emotional, functional, and spiritual well-being. Examples of levels of distress with physical well-being included symptoms such as pain, nausea, rash, aches, sweats, headache, difficulty swallowing, fatigue, and side effects of treatment. Levels of distress with social and/or family well-being included feeling isolated from friends, difficulty feeling close to spouse/main support person or children, unable to go to routine outings, and so forth. Examples of distress with emotional well-being included sadness, crying, fright, apathy, and shock. Examples of distress with functional well-being included difficulties with self-care, including dressing, bathing, managing household responsibilities, managing work responsibilities, sleeping well, and enjoying work or spare time. Finally, levels of distress with spiritual well-being included feeling hopeless and questioning belief systems, among others.

**Figure 2**

*Levels of Distress Pre and Post Music Therapy Participation*



The surveys are standard practice for all programs at the cancer center and were initiated by the organization. The surveys asked the same five questions before and after each music therapy session

over a 10-week period. The participants rated their levels of distress before and after each group session within the five categories on a rating scale from 0-5. The results of these surveys showed a significant percentage of decrease in all levels of distress. There was a 52% decrease in physical distress, 62% decrease in social and family distress, 64% decrease in emotional distress, 61% decrease in functional distress, and 70% decrease in spiritual distress. See Figure 2 for an overview of survey results.

### ***End-of-Program Evaluations***

Group members also submitted end-of-program evaluations to reflect on what was the most meaningful and important part of the group for each member, how the group could be improved, and to provide testimonials about their experience in the group. These evaluations are also standard practice at the cancer center and are used for all site programs. For all group participants, this was their first experience with music therapy and the responses from these evaluations show the profound impact that music therapy had on each participant. The following group member's response demonstrates the positive impact that a cross-cultural approach to vocal music therapy has on the stressors involved in on-going cancer treatment. The Appendix provides more samples of evaluation responses.

Singing and chanting music from different cultures opens up one's understanding of the significance music has played in healing over the millennia. Music therapy has become my new meditation medium, as it provides a soothing and peaceful platform in which to calm my mind and relax, allowing me to put aside the stresses of ongoing cancer treatment.

Evaluation results showed the deepening of relationships to music and the voice, the understanding of the direct effect of music and sound on the body and mind, the newly formed ability to use music as a resource in daily life to deal with stress, pain, grief, anxiety, insomnia, and depression, the relaxation response experience from toning and chanting, the importance of being in community through musical experiences, and the exposure to and learning of non-Western musical

genres and cultures.

### **Individual Sessions**

Since individual music therapy sessions were adapted to meet client-specific goals with individualized treatment plans, the results of 7 months of weekly or bi-weekly sessions varied depending on the needs and capability of each client. Individual sessions provided the container to delve deeper into issues that arose as a result of engaging in vocal music therapy. All individual clients engaged in toning and mantra practices, but with different outcomes. Some individual clients described their experiences of toning and singing mantras as holistic, affecting physical, mental, emotional, psychological, and spiritual aspects of the self. Outcomes included emotional release, feelings of calm, profound spiritual experiences, psychological insights, shifts in mental thinking patterns, embodied connection to oneself and the creation safety in the body, grounding, focus, self-awareness, improved mood, altered states of conscious, identifying inner strengths and resources, and surfacing of previously unconscious content. Other clients, whose main goals were to navigate anxiety and stressors from a cancer diagnosis, reported mostly a relaxation response and a decrease in anxiety. The physical experience of feeling the vibrations of one's voice within the body contributed to these successful outcomes, especially on an online platform.

Vocal improvisation and singing chants and songs evoked stronger emotions in some clients. One client preferred to only sing familiar uplifting songs as her goals were to reduce her negative thinking, increase energy, connect with hope and joy, and find acceptance of her current situation. These goals were realized through singing preferred music, lyric analysis, and using music as a resource between sessions. Another client preferred to use our sessions as a ritual space. She often called our sessions "ceremonies." These sessions usually began with breathing, grounding, and toning, but then evolved into a ritualistic form of vocal improvisation and singing Indigenous chants from non-Western cultures from both of our repertoires. Outcomes included profound spiritual experiences, altered states

of consciousness, deep psychological insights, and the development of her authentic voice. After months of working together, this client could use the musical tools I provided as a daily practice. She began to create improvisational music on her own and started to use her singing voice more often as a healing tool and for creative self-expression.

### **Discussion**

The results of the implementation of a cross-cultural vocal music therapy method at a cancer center support the hypothesis that vocal music therapy is effective in addressing biopsychosocial and spiritual goals of cancer patients. Qualitative results indicated a 52-70% decrease in levels of distress with physical, social, emotional, functional, and spiritual well-being after each music therapy session. The pattern of results is consistent with the previous literature that presented voicework with cancer patients as accessible and providing a container for emotional and spiritual cathartic experiences that may have been too difficult to explore without the use of a musical container (Clements-Cortés, 2017; McClean et al., 2012). The results are also consistent with the claim that symptom management (i.e., pain, anxiety, fatigue, reduced breathing capacity) in cancer care requires the direct involvement of the self and often results in the emergence of intrapsychic material (Potvin et al., 2015). The findings provide supporting evidence that voicework is a highly effective approach to explore themes of trauma, grief, the maintenance or reconnection with personal identities, the facilitation of community building, connection to an authentic voice within, acceptance and letting go, reconnection with internal resources, tapping into creative expression, mind and body connection, transcendence, faith, hope, and meaning-making (Colwell & Fiore, 2020; McClean et al., 2012; O'Callaghan & Fiore, 2004; Rykov, 2008).

Results also indicate distinct clinical benefits and outcomes for each component of the cross-cultural vocal music therapy method, which was named as a missing element in previous research on voicework and cancer care (Clements-Cortés, 2017). The method's integration of ancient and modern sound healing techniques and non-Euro-American music healing approaches in addition to more typical



music therapy approaches, provided clients diverse opportunities for healing and change. The results also imply that this method does not have to be limited to cancer care and could be effective across many other adult populations.

### **Limitations**

There are a few potential limitations concerning the results of this study. A first limitation concerns the inability to meet with clients in-person due to Covid-19 restrictions. Since all sessions were facilitated via an online platform, in group sessions clients were not able to hear or harmonize with each other's voices as we engaged in toning, vocal improvisation, mantra, chanting, and singing songs due to the time lapse on the Zoom platform. The ability to hear other people's voices and sing in time with each other is an important aspect of music therapy that is lost in telehealth services. In individual sessions, the online platform prevented simultaneous music-making and made it challenging to hear the nuances of what was occurring in the client's vocal responses. In addition, receptive live music listening was not as effective due to the distortion of sound and lack of felt sound vibrations from instruments. Despite these limitations, the online platform provided opportunities for participation for clients that were hesitant to sing in front of others, and for clients that would have been too ill to join in person. A second potential limitation of the study, is the lack of diversity in participants. Most clients were self-identified as White, heterosexual, and female which limits the generalization of the study's findings.

### **Recommendations and Further Research**

In music therapy practice, the client's experience of the music therapy space and the relationship to the therapist and the music is the agent of change. In sound healing practices, the mechanisms of change are more often about the elements or the stimulus of the sound itself as the healing agent impacting the energetic systems in the body and changing brain chemistry (Crowe, 2010). In this cross-cultural vocal music therapy method, the mechanisms of change included both the client-therapist-music relationship and the client's experience, as well as the ways sound impacts the body and

acts as a curative agent. This approach fits within the AMTA's (2021) scope of practice, and in addition to AMTA's clinical training requirements would require advanced training in sound healing. Just as board certified music therapists need additional training in advanced methods such as Guided Music and Imagery (GIM) (Bonny, 2002; Grocke, 2015) or vocal psychotherapy (Austin, 2002, 2009), adding advanced training in sound healing for music therapists as an option could expand the services we can offer our clients. To incorporate non-Western music responsibly in a modern Western clinical practice, direct training and deep understanding of the various Indigenous and traditional musical practices is also recommended. Further research, education, and dialogue are still needed in the music therapy field to understand the nature of sound healing and how sound healing techniques and non-Western music can be applied appropriately within a music therapy practice. In addition, the application of this voice-based method at a cancer center supports the need for further examination and research on the use and efficacy of voicework in cancer care, especially psychotherapeutic and transpersonal outcomes.

### **Conclusion**

There is a need to re-imagine music therapy practices by creating models that decenter dominant Eurocentric voices in music therapy and incorporate Indigenous and non-Western models of healing with sound and music. The decolonization of the music therapy field requires the consideration of non-Eurocentric types of evidence-based data as knowledge, a multi-cultural framework that goes beyond cultural competence and integrates social justice theories such as liberation psychology, the acknowledgment of the Indigenous roots of music therapy, and new frameworks that honor and privilege Indigenous ways of healing and knowing. My cross-cultural vocal music therapy method can be seen as a step toward a decolonizing approach in the music therapy field. The execution of this feminist, resource-oriented, and social-justice informed approach expands beyond Eurocentric orientation and centers non-Euro-American music therapy approaches and ancient and modern sound healing techniques.

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## Appendix

### End-of-Program Evaluation Questions and Responses

#### Questions

1. What was the most meaningful part of the program?
2. What would you suggest we do differently?
3. Please convey your sentiments/feedback about your experience.

#### Client Responses

- A. "Singing and chanting music from different cultures opens up one's understanding of the significance music has played in healing over the millennia. Music therapy has become my new meditation medium, as it provides a soothing and peaceful platform in which to calm my mind and relax, allowing me to put aside the stresses of ongoing cancer treatment."
- B. "The most meaningful part of the program was learning about the power of sound, and to receive tools to help in the healing process. I found toning to help with my sleep cycle issues and helped me avert a migraine once."
- C. "I look forward every week to being with others who appreciate the healing powers of music and being guided by a sincere, open hearted, talented, patient, and optimistic music therapist."
- D. "The most important part of the music therapy program for me was being together virtually with the group, and the multifaceted approach to music therapy."
- E. "The most important part of this program (or any activity I choose to do) is how it makes me feel. My goal is to feel better, less anxious, more relaxed, and healthier. This program accomplishes all of these."
- F. "Each week, I have noticeably been calmed by the time spent humming, chanting, singing with the group."
- G. "I enjoyed learning new self-soothing techniques like humming and toning."

- H. "I really appreciated how the healing chants and rhythms were introduced from a multicultural approach. I was able to return to the music we worked with because Erin emailed us after each session with musical resources, which allowed us to practice with the music in our own time throughout the week."
- I. "One of the most meaningful things to come out of the music therapy group has been a connection to my late husband. I can't even express how deeply appreciative I am of the experience. The song, 'You Are Safe with Me,' reached down into my core and I think may have changed me forever. I was talking to myself and to my husband while we sang that song. I felt a real connection with him that I haven't felt since his passing. Thank you for showing me the way to that deep, peaceful feeling."
- J. "The music therapy program was a deeply moving experience, with meditative healing music from several cultural and spiritual traditions. Participants practiced the chants, tones, and songs as preparation for using them in daily living. Altogether, a thoroughly satisfying and enjoyable program."
- K. "The music therapy group, which included a unique combination of vocal music therapy and sound healing techniques, were the high point of my week. Even on my most low days after chemo treatment, the music therapy group never failed to lift me up and make me feel amazing. Erin introduced us to both ancient musical healing techniques, as well as current day music. Each week had a different theme and Erin's topical knowledge and clear, easy way of communicating made the group quite engaging. The toning, chanting, and singing made me feel both physically and emotionally wonderful. Sharing and singing together with the group created an accepting, welcoming community. I really looked forward to spending time with the group each week."

***THESIS APPROVAL FORM***

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Graduate School of Arts & Social Sciences  
Expressive Therapies Division  
Master of Arts in Clinical Mental Health Counseling: Music Therapy, MA**

**Student's Name: Erin Raber**

**Type of Project: Thesis**

**Title: A Cross-Cultural Approach to Vocal Music Therapy in Cancer Care,  
Development of a Method**

**Date of Graduation: May 22, 2021**

In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

**Thesis Advisor: Donna C. Owens**