

Liberty University John W. Rawlings School of Divinity

The Effect of Music on Spiritual Well-being Among  
Hospice Patients

A Thesis Project Report Submitted to  
the Faculty of the Liberty University School of Divinity  
in Candidacy for the Degree of  
Doctor of Ministry

by

Mathai Abraham

Lynchburg, Virginia

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Liberty University John W. Rawlings School of Divinity

**Thesis Project Approval Sheet**

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Dr. Donald Q. Hicks  
Assistant Professor of Practical Studies

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Dr. Terry L Faulkenbury  
Assistant Professor of Practical Studies

## THE DOCTOR OF MINISTRY THESIS PROJECT ABSTRACT

Mathai Abraham

Liberty University School of Divinity, 2020

Mentor: Dr. Donald Hicks

The life expectancy of a hospice patient is approximately six months or less. Hospice care is not for the cure of the disease. It is the care provided to the patients for the symptom management of the disease. Hospice care, known as end-of-life care, is very important for a comfortable and peaceful passage. Holistic care for the hospice patient is the goal of the hospice care plan. A hospice patient's spiritual well-being can be maintained by spiritual support through a spiritual presence and spiritual conversation; all hospice care institutions' disciplines can provide adequate spiritual aid through their interaction with patients, spiritual conversation, and words of encouragement. Listening to the music of the patient's own choice will benefit the patients' spiritual well-being and medical care. This study will show that hospice patients benefit from music therapy. It will help them increase comfort, peace, and hope in their lives as they accept and understand the meaning of suffering. Throughout history, people practicing and living in different cultures have a unique spiritual tool: music. The transmitting magic power of music is life-changing for the spiritual well-being of patients with all kinds of disease leading to the end-of-life situations.

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# Chapter 1

## Introduction

### **The Chaplain Ministry: A proud history of Chapter Health Systems**

“In 1983, a group of volunteers received approval to open a hospice, began caring for patients in late November as Hospice of Hillsborough; total patients served-5. More than three decades later, we’ve grown into a post-acute care system, caring for more than 17,000 patients and families annually.”<sup>1</sup> The growth of this non-profit organization was spontaneous. In 1984, Good Shephard Hospice opened George C. Forsythe Hospice House in old Morrow Memorial Hospital in Auburndale. In 1988, they received the National Hospice Organization Award of Excellence, Honorable Mention for community education; total patients served, 626, number of staff, fifty-nine.

“The mission of Chapters Health System is to provide support and care for people in our community with or affected by advanced illness by offering a wide variety of compassionate healthcare choices.”<sup>2</sup> Chapters Health System offers choices of services to meet the need of patients and families by providing a team of nurses, medical social workers, home health aides, physical, occupational, speech therapists, wound care specialists, and registered dietitians. Achieve Home Care meets the needs of community members in Hillsborough, Pasco, Pinellas, and Polk counties by specializing in the comprehensive care of patients before, during, and after surgery.<sup>3</sup>

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<sup>1</sup> <https://www.chaptershealth.org/about-chapters-health-system/history/>

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.



## Ministry Context

Palliative care is available to patients and their families to help manage the pain and alleviate difficulties caused by chronic conditions or life-threatening conditions.

Hospice care is provided by Good Shepherd Hospice (in Florida's Polk, Highlands, and Hardee counties), by HPH Hospice (in Pasco, Hernando, and Citrus, counties), and by LifePath Hospice (in Hillsborough County). Grief services help ease the transition for family members and friends coping with a loved one's death. Chapters Health System is all about choices and the peace of mind that comes with knowing you are never alone. They have a commitment to guiding the patient and helping prepare them and their loved ones early for the stages they will face ahead in life.<sup>4</sup>

This author/researcher is delighted and privileged to serve as a Chaplain in LifePath Hospice, an affiliate of Chapters Health Systems. "On July 9, 2018, Chapters Health was named a *Great Place to Work* certified organization in the Aging Service category. On October 1, 2018, LifePath Hospice officially opened its inpatient hospice unit at Tampa General Hospital."<sup>5</sup> This researcher introduced the research study program to two home teams and the team nurses helped recruit potential patients for the study. Upon completion of investigation, the study materials will be submitted for review.

The creator God is the supreme power who controls the whole universe and keeps everything functioning and ordered. He is the compassionate and loving God who cares for all

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<sup>4</sup> <https://www.chaptershealth.org/about-chapters-health-system/>

<sup>5</sup> Ibid.

creations of this world, seen and unseen. He is faithful even if we become unfaithful, as the scripture says, “upholding all things by the word of his power” (Hebrew 1:3).<sup>6</sup>

God wants His creations to be healthy and in good shape. He loves human beings and promises to keep them under His great care, providing everything they need for their body, soul, and spirit. He is the sustainer and healer to everyone who needs His healing presence. He is a very present help in our troubles and problems. King David, in Psalm 41:1-4 declared,

Blessed is he that considereth the poor, the Lord will deliver him in time of trouble. The Lord will preserve him and keep him alive; he shall be blessed upon the earth: and thou wilt not deliver him unto the will of his enemies. The Lord will strengthen him upon the bed of languishing: thou wilt make all his bed in his sickness. I said, Lord, be merciful unto me: heal my soul; for I have sinned against thee.

Apostle Paul and Silas, in their missionary journey, had to go through a very tough time in Europe. The unusual incident is described in the scriptures. Paul and Silas cast out the evil spirit from a woman who was bothering them. The magistrate and the Jewish people were against them. Following is what happened:

And the multitude rose up together against them: and the magistrates rent off their clothes and commanded to beat them. And when they had laid many stripes upon them, they cast them into prison, charging the jailor to keep them safely: Who, having received such a charge, thrust them into the inner prison, and made their feet fast in the stocks. And at midnight Paul and Silas prayed and sang praises unto God: and the prisoners heard them. And suddenly there was a great earthquake so that the foundations of the prison were shaken: and immediately all the doors were opened, and every one's bands were loosed (Acts 16:22-26)

In the difficulties that they were experiencing, Paul and Silas chose to pray and sing songs to the Lord. They knew that praise and prayer would bring peace. Their faith brought action by God, and He opened the doors of the prison.

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<sup>6</sup> Unless otherwise noted, all biblical passages referenced are in *The Holy Bible*, King James Version, (New York: American Bible Society: 1999).

This writer considers it a great privilege and opportunity to serve the Lord through the chaplain ministry among hospice patients. This involves a lifetime commitment and assurance of calling as a representative of God to provide the spiritual presence and the healing presence of the Almighty God to the patients, going through the end-of-life situations. As King David sang, "Even though I walk through the valley of death, I fear no evil, for you are with me and your rod and staff they comfort me" (Psalm 23:4). God created us in His image and His likeness. He promised His blessings to live on this earth with all physical, material, and spiritual blessings. Our life is a kind of journey, which begins with birth and ends with death. This is the universal truth. Moses sang a song at the time of his brother Aaron's death, "Lord, thou hast been our dwelling place in all generations. Before the mountains were brought forth, or ever thou hadst formed the earth and the world, even from everlasting to everlasting, thou art God. The days of our years are threescore years and ten; and if by reason of strength they be fourscore years yet is their strength labor and sorrow; for it is soon cut off, and we fly away" (Psalm 90:1-2, 10).

### **Problem Presented**

Hospice patients are facing many problems in their body, soul, and spirit. The acceptance of the problems and difficulties they are going through will affect their peace of mind, comfort zone of life, and hope of the future; these need to be appropriately addressed. The problem is that there is a need to make patients aware of their present situation and the preparations outlined to accept end of life reality while assisting them in celebrating their lives and cultivating their spiritual well-being.

### **Purpose Statement**

The purpose of this DMIN action research project is to explore how music affects the terminally ill patient. This writer's heart was moved and motivated by a desperate desire to

conduct a research study on music's effect on spiritual well-being among hospice patients. Divine guidance brought about this ministry to serve as a chaplain in the hospice settings. The creator God likes music. He created angels to praise Him with music all the time. The Bible describes Lucifer, the angel God appointed for worship with the involvement of instruments in the following verses:

Thus saith the Lord GOD; Thou sealest up the sun, full of wisdom, and perfect in beauty. Thou hast been in Eden the garden of God; every precious stone was thy covering, the sardius, topaz, and the diamond, the beryl, the onyx, and the jasper, the sapphire, the emerald, and the carbuncle, and gold: the workmanship of thy tabrets and of thy pipes was prepared in thee in the day that thou wast created. Thou art the anointed cherub that covereth; and I have set thee so: thou wast upon the holy mountain of God; thou hast walked up and down in the midst of the stones of fire. Thou *wast* perfect in thy ways from the day that thou wast created, till iniquity was found in thee (Ezekiel 28:12b-15).

### **Basic Assumptions**

When patients listen to the music of their own choice, it has been noticed that music supplies a transforming power to maintain the spiritual well-being in their end-of-life journey. Portions of the Bible in the form of songs, known as the Psalms, written by God's servants, reveals that they had traveled through the valley of difficulties, uncertainty, illness, and in the valley of death. Sons of Kohath sang like this, "Why art thou cast down, O my soul? and why art thou disquieted in me? hope thou in God: for I shall yet praise him for the help of his countenance" (Psalms 42:5). It has been observed within this writer's ministry that patients are encouraged and have a soothing experience when they hear the verses from the Psalms, forgetting their pain and distress due to the terminal illness.

Hospice patients need compassionate care when they receive confirmation that their life expectancy is six months or less. They may feel loneliness, distress, discomfort, and hopelessness. Other areas like fear of death, fear of rejection, fear of failure, fear of the

unknown. These factors can cause them to lose their faith, hope, inner peace, and happiness. From encounters with the patients and their family members as a spiritual care provider, the above factors are accurate. It is essential to uplift the spiritual strengths and encourage them to hold on to their hope of eternity and eternal peace.

### **Definitions**

Following are some dominant terms used regarding this research:

**Chaplain ministry:** “Chaplain Ministry or in other words Chaplaincy is an expression of ministry provided in various settings such as hospitals, nursing homes, corporations, prisons, public safety agencies, military services. Chaplaincy is an extension of the local Church reaching out diverse and multicultural society providing spiritual care to the people.”<sup>7</sup> According to Rabbi H. Rafael Goldstein, “The Chaplain is the most qualified person on health care team to provide “spiritual diagnosis” These include existential concerns, connectedness with God, community, family, anger, at God, or others, conflicted belief system, despair, loss, shame, isolation, religious concerns, and spiritual struggle.”

**Hospice care:** “Hospice Care is defined as an option for people whose life expectancy of six months or less rather than ongoing curative measures enabling the patients to live their last days to the fullest, with purpose, dignity, grace and support. Hospice Care has been provided in hospitals, nursing homes, and other health care facilities and in patient’s home. The patients will be benefitted in a familiar comfortable environment, surrounded by their loved and supported by the hospice staff.”

**Music therapy:** Music therapy is an established health profession. It is a clinical and evidence, based use of music interventions to accomplish individualized goals set up with is a therapeutic

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<sup>7</sup> [www.themakingofachaplain.org](http://www.themakingofachaplain.org)

relationship by credentialed professional who have completed an approved music therapy program. After the assessment of the individuals and their needs of each patient, the therapist provides the individuals treatment including creating, singing, or listening to music.

**Palliative care:** “It refers to any care that alleviates symptoms and can be helpful at any stage of an illness, even when there is still hope of a cure by other means. Palliative care provides relief of pain, symptoms, and emotional stress. It can be helpful to alleviate the side effects of curative treatment such as relieving the nausea associated with chemotherapy and help the patients to tolerate more aggressive or longer-term treatment.”<sup>8</sup> According to Dr. Nancy Berlinger, PhD, MDiv, “Palliative care is a part of good care. It is ethically mandatory with all treatment plans for seriously ill patients including but not limited to plans to forgo medical treatment. Palliative care includes continuous pain and symptom management and continuous access to other palliative care services, including mental health services, social services and chaplaincy.”

**Spiritual well-being:** According to Kay Roberts, MA, “Spiritual Well-Being is one dimension contributing to holistic health. Holistic healing is referred to the healing of the body, Soul and Spirit. There are many factors involved contribute to spiritual well-being, including adequate sleep and healthy eating, mindfulness, meditation, prayer or taking time to be silent to focus inner exploration.”

### **Limitations**

There are limitations to this research. The research will be conducted on hospice patients of eighteen years of age and older. They must be alert, able to comprehend and communicate with the researcher and others, living in their homes, and able to get assistance from their family members or caregivers. The patients must be alert and cognitive to listen to the music of their

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<sup>8</sup> [www.themakingofachaplain.org](http://www.themakingofachaplain.org)

choice on a regular basis, at least a minimum of one hour per day or different fractions of time to complete the hour, for 28 days. Also, they will need to be available to answer the interview questions before and after the research study.

### **Delimitations**

The Chief Medical Officer and the IRB team were very supportive, and with their advice and guidance, this researcher did not feel any limitations. The home teams and the clinical managers were very open and supportive to encourage the team members to support the researcher in this research study, especially the nurses, in recruiting the patients for this research.

### **Thesis Statement**

Music is a spiritual care tool to provide adequate spiritual comfort, peace, and hope to the patients. Through a comparative study of implementing music in addition to the traditional and normal spiritual care to the patients, this study will prove better and effective results to experience comfort, peace, and hope in the life of patients. The effect of music on the spiritual well-being among hospice patients is a positive and helpful experience.

**Chapter 2**  
**Conceptual Framework**  
**Literature Review**

Wallin, Nils L., Björn Merker, and Steven Brown. *The Origins of Music*. Cambridge, MA: MIT Press, 2000.

**Brief Description:**

This book reveals the birth of evolutionary bio musicology. The forces that influenced the shaping of humankind's musical behavior and the rich global repertoire of musical structures are explained in this book. The reasons for music and how it influences human culture is discussed along with universal features of music and musical behavior across cultures. In this groundbreaking book, musicologists, biologists, anthropologists, archaeologists, psychologists, neuroscientists, ethologists, and linguists come together for the first time to examine these and related issues. The book can be viewed as representing the birth of evolutionary bio musicology, the study of which will contribute greatly to our understanding of the evolutionary precursors of human music, the evolution of the hominid vocal tract, localization of brain function, the structure of acoustic-communication signals, symbolic gesture, emotional manipulation through sound, self-expression, creativity, the human affinity for the spiritual, and the human attachment to the music itself." Rousseau, Jean Jacques, and John T. Scott. 1963. *Essay on the Origin of Languages and Writings Related to Music*. Netlibrary, Inc, 1998.

**Brief Description:**

Jean Jacques Rousseau was a practicing musician and theorist for many years. "The relationship between Rousseau's musical theory and philosophy has seldom been extensively



analyzed. Rousseau himself explains in his dialogues that his mature musical writings and compositions are animated by the same feelings and ideas as all of his works.” John Scott says, “Most clearly displays the juncture between Rousseau’s musical theory and his major philosophical works with a comprehensive selection of the musical writings.”

Heeb, Sheri. “Enhancing the Spiritual Well-Being of Alzheimer’s Patients Utilizing Music.” *Masters Theses*, Liberty University School of Divinity, 2017.  
<https://digitalcommons.liberty.edu/masters/443>.

#### Brief Description:

The thesis submitted by Sheri Heeb illustrates the definition of dementia, different types of dementia, how many people are suffering due to dementia, and how many people are dying due to dementia in the United States. The research paper presents to convince the reader that music therapy enhances and helps the memory and reduces the patient’s anxiety. Music provides connections and relationships are built between the patient and the power of God, which helps them experience spiritual comfort and peace.

Talley, Sue Lane. “The Healing Voice of Christ in the Psalms for the Students of the School of Music,” New York, NY: Nyack College, 2007.

Kenny, Carolyn. *Listening, Playing, Creating Essays on the Power of Sound*. NY: State University of New York Press, 1995.

#### Brief Description:

The author illustrates how music can be beneficial in the developing process of body, soul, and spirit. *Listening to Music, Creating Essays on the Power of Sound* is a great article to learn from the life and practices of great people. There are many varieties of music examined and discussed to provide a learning experience from this article.

The research conducted through the literature review; the effect of music therapy is dominant in the spiritual wellbeing of the patients. Sheri Heeb writes that music therapy

enhances and helps the memory and reduces the dementia patient's anxiety, behavior. Music connects with the relationship with the power of God and helps them in spiritual comfort.<sup>9</sup>

Campbell, Don. *The Mozart Effect: Tapping the Power of Music to Heal the Body, Strengthen the Mind, and Unlock the Creative Spirit*. Fort Mill, SC: Quill Publishing, 2001.

Don Campbell writes, "Recently the journal of the Royal Society of Medicine in Great Britain published an important paper on the Mozart Effect which reported that it appears Mozart's music affects the electrical impulses in the brain. 23 out of 29 patients with severe epilepsy showed reduced epileptic activity while listening to Mozart's music."<sup>10</sup> Wolfgang Amadeus Mozart, an Austrian child star, saw spoke and listened to the world in creative patterns. His music creates a unique effect on the listener. Don Campbell stated, "From times immemorial, music has always been an important element of the human experience. But it is enormously gratifying to know that music is finally, rightfully, finally its central place in society, not merely as a form of entertainment, stress release, and emotional expression."<sup>11</sup>

Music has transforming power. It can uplift one's soul, awakens within us the spirit of prayer, compassion, and love. The music conjures up memories of the lost lovers or deceased friends. It helps the stroke patient find language and expression. Music helps plants grow, drives our neighbors to distraction, lulls children to sleep, and marches men to war. Music in the ancient world was a mysterious and powerful tool for the attunement of mind and body. Don Campbell stated, "Over the years in Haiti, Japan, Indonesia, India, Tibet, and other traditional societies, the healers who had incorporated sound and music into their treatment. Music speaks

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<sup>9</sup> Sheri Heeb, "Enhancing the Spiritual Well-Being of Alzheimer's Patients Utilizing Music" (*Masters Theses*, Liberty University School of Divinity, 2017).

<sup>10</sup> Don Campbell, *The Mozart Effect: Tapping the Power of Music to Heal the Body, Strengthen the Mind, and Unlock the Creative Spirit* (Fort Mill, SC: Quill Publishing), xiv.

<sup>11</sup> Ibid.

to everyone and every species. Birds make it, snakes are charmed by it, and whales and dolphins serenade one another with it.”<sup>12</sup>

Millions of people today, one out of three Americans, according to the medical profession’s surveys, are seeking alternative healing methods and programs that can be used to maintain their basic health, stabilize their emotions, and relieve common ailments.

Alfred Tomatis, M.D, writes, “The vocal nourishment that the mother provides to her child is just as important to the child’s development as her milk.” Dr. Raymond Bahr, Former Director of the Coronary Care unit at St. Agnes Hospital in Baltimore, MD, had patients in critical care units listen to classical music. He stated: “Half an hour of music produces the same effect as ten milligrams of Valium.”

Koen, Benjamin D. *Beyond the Roof of the World: Music, Prayer, and Healing in the Pamir Mountains*. Published to Oxford Scholarship Online, 2008.

In his book, Koen examines the influence of music in cultural settings. Traditional cultures have always had music as a bridge that connects, helps, and balances the physical with the spiritual to promote health and healing. In many countries lacking technological advancement, people struggle to receive affordable and reliable healthcare. People are now turning to ancient cultural practices and integrative, complementary, and alternative medicine. Koen demonstrates the relevance of medical ethnomusicology, considering ICAM approaches to health and healing. The link between spiritual and musical practices within cultural settings and the culturally demonstrated phenomenon is also discussed. The author brings out the importance of traditional cultural practices in the Badakhshani culture, which provides a well-balanced insider’s

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<sup>12</sup> Campbell, *The Mozart Effect*, xiv.

perspective. It effectively bridges the widespread gaps between ethnomusicology, health science, and music therapy.”<sup>13</sup>

It is believed that the healing power has great influence from the mystical intercourse of music and prayer, and the prophets, poets, scientists, and physicians agree with this influence throughout the ages and across the world. Koen, through his research, stated that “The Pamir Mountain region of Tajikistan is a cultural area, where the local worldview has allowed the musical, religious-spiritual, and scientific domains for the common goal of healing.”<sup>14</sup>

In the West, music is not a part of the biomedically clinical reality encountered in doctor’s offices and hospitals. There has been renewed interest and openness on the part of physicians, scientists, and funding to support and conduct research that considers music, prayer, meditation, and related practices as potentially efficacious medical and psychological interventions for use in clinical and public health settings.<sup>15</sup>

Friedson observes, that “in traditional African societies religion and healing form an amalgam that is functionally incredible into constituent parts. Music is always central to healing and is viewed as being essentially spiritual or “otherworldly.”<sup>16</sup> According to G. C. Oosthuizen, “There is a standard etiological view among practitioners in traditional healing systems that any

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<sup>13</sup> Benjamin D. Koen, *Beyond the Roof of the World: Music, Prayer, and Healing in the Pamir Mountains*, Published to Oxford Scholarship Online, 2008, DOI:10.1093/acprof:oso/9780195367744.001.0001.

<sup>14</sup> Koen, *Beyond the Rood of the World*.

<sup>15</sup> Ibid.

<sup>16</sup> Steven Friedson, “Tumbuka Healing” in *Garland Encyclopedia of World Music*, ed. Ruth Stone (New York: Garland Publishing, 1998), 274.

illness is ascribed to a disturbance of the balance between man and spiritual or mystical forces, and the aim of health seeking to restore the equilibrium.”<sup>17</sup>

Music is considered as the bridge by which the physical and spiritual are connected. It can be the most vital component of a healing ceremony. The physical and spiritual dimensions are viewed not as a separate dimension that must be attached. It is an aspect of one reality where the music functions as a balancer of these aspects, facilitating the ritual performance of healing. The interaction of physical and spiritual and musical forces results in bringing healing.

There are many concepts, approaches, and techniques of which emerge from the development of ICAM related to traditional practices, which helps to shift the basic orientations of medicine toward healing rather than systematic treatment. This will help to relate with nature, toward a strengthened doctor-patient relationship and an emphasis on mind and spirit in addition to the body” (Weil 2000, 442).<sup>18</sup>

Barz, Gregory, and Judah Cohen, *The Culture of AIDS in Africa: Hope and Healing Through Music and the Arts*. New York, NY: Oxford University Press, 2011.

Gregory Barz and Judah Cohen, in their book *The Culture of AIDS in Africa: Hope and Healing Through Music and the Arts, 2011*, explore many ways by which music and other arts help to cope with HIV/AIDS. “Africans could create their social networks, power relationships, and cultural structure to convey messages of hope and healing as well as knowledge of good counsel to the community.”<sup>19</sup> The authors investigate events, movements, and works that

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<sup>17</sup> Koen, *Beyond the Road of the Word*, 4.

<sup>18</sup> Ibid.

<sup>19</sup> Gregory Barz, and Judah Cohen, *The Culture of AIDS in Africa: Hope and Healing Through Music and the Arts* (New York, NY: Oxford University Press, 2011).

emphasize the reality of “AIDS as human suffering” along with creative responses as contributions to humanity organized “epidemic of signification” surrounding HIV/ AIDS. The use of music to cope with HIV/AIDS is proven by the practice of listening to music. The book discusses radio, television, and cultural performances as tools of entertainment as a means to combat HIV/AIDS.<sup>20</sup>

Gouk, Penelope, ed. *Musical Healing in Cultural Context*. England: Taylor & Francis Group, 2000.

#### Brief Description:

The influence of music in the lives of people to heal their physical, emotional, and spiritual well-being is the central theme of this book. The author explores the healing powers of music as universal or culturally specific while considering music as a therapeutic source. The study reveals that music is very effective as a therapeutic source of healing from a social, cultural, and historical background. The author writes, “Case studies from the Bolivian Andes, Africa, and Western Europe, as well as an assessment of the role of Islamic traditions in Western practices, introduce some new and possible unfamiliar models of musical healing to music therapists, ethnomusicologists and anthropologists.”<sup>21</sup> This book outlines a clear understanding and the importance of the transformative and healing roles that music plays in different societies.

Friedmann, Jonathan L. *Music in the Hebrew Bible: Understanding References in the Torah, Nevi'im, and Ketuvim*. Jefferson, NC: McFarland Publishers, 2013.

In his book, Friedmann investigates musical citations in the Hebrew Bible and their relevance for our times. The Hebrew Bible explains the music and how the Bible is suitable for modern times musical context. This book consists of one hundred short essays divided into four

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<sup>20</sup> Barz and Cohen, *The Culture of AIDS in Africa*.

<sup>21</sup> Penelope Gouk, *Musical Healing in Cultural Context*, (England: Taylor & Francis Group, 2000).

parts. Part one deals with the general overview of musical settings, themes, and discussions of underlying attitudes and tendencies of the biblical authors and their society. Part two uncovers what the Torah has to say about music; part three consists of studies of music's place in prophets and perceived link between musical expression and human human-divine contact. Part four explains artistic subjects derived from the disparate texts of writings.<sup>22</sup>

Van der Merwe, Peter. *Roots of the Classical: The Popular Origins of Western Music*. Oxford University Press, 2004.

#### Brief Description:

In this book, Van der Merwe identifies and traces to their sources the patterns that make Western classical music unique, setting out the fundamental laws. Western art music has grown out from the Middle Ages to the early 20<sup>th</sup> century. This book explains how the recurring process of music developed. "The evolution of classical tonality, beginning with the tonic and dominant patterns of Italian dance music of about 1500, is reported. It discloses the Oriental influence on Western music, the waltz, and other 19<sup>th</sup> century dances, Italian Opera, and the popular genres, Wagner and early Modernism, and roots of the 20<sup>th</sup> century popular idiom."<sup>23</sup>

Close, Henry T. *Ceremonies for Spiritual Healing and Growth*. New York, NY: Routledge, 2011  
<https://www.routledge.com/Ceremonies-for-Spiritual-Healing-and-Growth/Close/p/book/9780789029058>.

#### Brief Description:

Henry T. Close, in his book, *Ceremonies for Spiritual Healing and Growth*, illustrated how certain ceremonies and music brings powerful, substantial effects on mental well-being and

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<sup>22</sup> Jonathan L. Friedmann, *Music in the Hebrew Bible: Understanding References in the Torah, Nevi'im, and Ketuvim* (Jefferson, NC: McFarland Publishers, 2013).

<sup>23</sup> Peter Van der Merwe, *Roots of the Classical: the Popular Origins of Western Music* (Oxford University Press, 2004).

health. “Formal ceremonies seem to be universal in human experience are very deep and basic in human psychology. Personal testimonies are very powerful, and it has a transforming effect on people’s lives. “The important transitions in our lives inevitably create anxiety, even peaceful transitions, such as weddings. Our role in the community may change, which means that we will be treated differently. It is our own sense of who we are that changes. We seek to live differently. All of the changes have an anxiety of their own.”<sup>24</sup> Ceremonies use the “languages” of the heart-metaphor, poetry, meditation, music, liturgy, and drama, to address those anxieties. Bypassing the sterility of logic and analysis, a ceremony evokes the power to affirm and to heal that straightforward rational communication cannot touch.<sup>25</sup>

Carolyn S. Ticker, “Music and the Mind: Music's Healing Powers,” *Musical Offerings*, (2017):1-12, <https://digitalcommons.cedarville.edu/musicalofferings/vol8/iss1/1>.

#### Brief Description:

Carolyn Ticker, in her article, “Music and the Mind, Music’s Healing Powers,” investigates that the music has a magical power for the healing of the mind. Music can be used as a therapy for the healing of the mind and soul. Music makes a person smarter. “Music can affect brain functions, and the experts suggest that Mozart’s Sonatas for babies are very effective in the development of the brain system. The parents are encouraged to use the music lessons for their children to makes them more intelligent. Scientists suggest how music affects brain plasticity, emotion, physical health, and linguistic processing. It brings effective and beneficial results in Traumatic Brain Injury (TBI) and Autism Disorder.”<sup>26</sup> Carolyn Ticker, in her research, found out

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<sup>24</sup> Henry T. Close, *Ceremonies for Spiritual Healing and Growth* (New York, NY: Routledge, 2011), 13.

<sup>25</sup> Ibid.

<sup>26</sup> Carolyn S. Ticker, *Music and the Mind, Music’s Healing Powers*.



new, interesting information about the influence of music in health care. She stated that “Music is one of the universal aspects of human existence like language. Regardless of nationality, age, or ethnicity, everyone has experienced music in some form or fashion, even if only in a primitive sense.”<sup>27</sup>

Further, in her research, she found out that “Scientists are discovering more and more positive effects that music has on our cognition and physical health. As a result of this research, fields such as music therapy have been expanding and growing. Clinicians are using music in a therapeutic setting to help those with brain damage or development disorders, especially in children with autism spectrum disorder and patients with traumatic brain injuries.”<sup>28</sup>

Sorrell, Jeanne M. “Music as a Healing Art in Dementia Care.” *Journal of Psychosocial Nursing & Mental Health Services*, Thorofare vol. 56, Iss. 7, (Jul 2018), 15-18.

#### Brief Description:

Jeanne M. Sorrell published a *Journal of Psychological Nursing & Mental Health Services* and explains the power of music in improving the lives of those with dementia, even those with severe cases. Music is easily obtainable in many forms and can be played for one patient or with groups, providing positive enjoyable stimulation. “Music is becoming increasingly recognized as more research is focused on underlying neural relationships and evidence-based interventions. Nurses and other health professionals can be instrumental in designing and implementing music-based interventions and expanding needed research to promote music as healing in dementia care.”<sup>29</sup>

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<sup>27</sup> Ticker, *Music and the Mind*.

<sup>28</sup> Ibid.

<sup>29</sup> Jeanne M. Sorrell, “Music as a Healing Art in Dementia Care” *Journal of Psychosocial Nursing & Mental Health Services*, Thorofare vol. 56, no. 7, (Jul 2018).

Montinari, Maria Rosa, Giardina, Simona, Minelli, Pierluca, and Sergio Minelli. "History of Music Therapy and Its Contemporary Applications in Cardiovascular Diseases." *Southern Medical Journal* vol. 111, 2 (2018): 98-102.

#### Brief Description:

Marina Rosa Montinari, Simona Giardina, Pierluca Minelli, Sergio Minelli, investigated and published, "History of Music Therapy and Its Contemporary Applications in Cardiovascular Diseases," which is an amazing publication to learn about the effect of music in cardiovascular diseases. It is commonly believed, music therapy is an old cure, the use of which is lost in the mists of time. Music always has been perceived to have healing powers. It is believed that the adoption of music for therapeutic purposes in the olden times since the Paleolithic period. Listening to music could affect the behavior of human beings. "In later centuries, the concept of "Musical organ-tropism" was born and developed. According to the type of music, it can bring the effect to the cardiovascular, respiratory, and neuroendocrine systems. Researchers have proven that music can powerfully evoke and modulate emotions and moods, along with changes in heart activity, blood pressure, and breathing. It is believed that the heart and respiratory rates are higher in response to exciting music than in the case of tranquilizing music. Music produces activity changes in brain structures (amygdala, hypothalamus, insula, and orbitofrontal cortex). It can modulate brain function. It produces activity changes in brain structures. It can modulate brain function."<sup>30</sup>

In their research, there are amazing, and interesting facts revealed about the magical power of listening to the music of their own choices and interest. Music therapists join the team of the cardiology team to implement music for the healing of the patients. Music therapists use

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<sup>30</sup> Maria Rosa Montinari et al., "History of Music Therapy and Its Contemporary Applications in Cardiovascular Diseases," *Southern Medical Journal* vol. 111, 2 (2018): 98-102.

music to help patients achieve therapeutic goals through the development of the musical and therapeutic relationship. Music therapy has been applied in the context of various important clinical conditions such as respiratory disorders, cancer pain, epilepsy, depression, and dementia, and some articles confirm that listening to music for pleasure is related to a change in emotional arousal. They emphasize that, listening to music is a complex phenomenon, involving emotional, psychological, endocrinological, neurological, and cardiovascular changes.<sup>31</sup> This article provides a solid, thorough overview of music therapy history from prehistory to the present and a review of the latest applications of music therapy in cardiovascular diseases. This researcher has found it to be true in his studies that patients who are struggling through cardiological problems were benefited by listening to music and live longer and healthier, with a peaceful mind.

Powell, Suzanne K. "Ode to Healing Music in Health Care." *Professional Case Management* vol. 21,1 (2016): 1-2.

Suzanne Powell, in her publication, *Ode to Healing Music in Health Care*, explains that "around the 1940s, physicians noticed that music therapy has a positive effect on soldiers with "shell shock" (PTSD). The PTSD soldiers worked with music therapists and experienced excellent effects due to music therapy. In 1970 the hospice movements started to enter health care. Dr. Elizabeth Kubler-Ross advocated for home care and patient choice for the terminally ill. Later the hospice patients could benefit from music. "And currently there are not enough people certified in music to work with hospice patients, veterans, or patients with Dementia and Alzheimer's disease."<sup>32</sup> This is the reason why this writer chose to research the effect of music on spiritual well-being among hospice patients. Suzanne Powell made this statement concerning

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<sup>31</sup> Montinari et al., "History of Music Therapy." 98-102.

<sup>32</sup> Elizabeth Kulber-Ross, In *Ode to Healing Music in Health Care* by Suzanne Powell.

music's influence: "Music is a powerful tool and should be in the case manager's integrative toolbox. No, music does not prolong life, but it does add life to the time left."

Clements-Cortes, Amy. "Music Makers: Music and Healing – Music That Leads to Healing." *Canadian Music Educator*, vol. 51, no. 3 (Spring 2010): 52-53.

Brief Description:

Dr. Amy Clements-Cortés is the Senior Music Therapist at Baycrest Centre in Toronto, Ontario, where she works with clients in complex continuing care, psychiatry, behavioral neurology, and palliative care. In her publication, *Music Makers, Music, and Healing- Music that Leads Healing*, presented the examples of music therapy successes that elucidate the power, importance, and strength of music to heal."<sup>33</sup> Music has the power to heal the spiritual and emotional pain and helps to feel comfort and peace to the patients going through distress and hopelessness.

From personal experience, Amy stated: "I remember the first day I met Alex, a new client I began to work with. It happened in the Behavior Neurology unit at the hospital while running the music therapy group, Alex introduced himself. He was very interested in music. Alex and I shared some amazing musical experiences and developed a wonderful therapeutic relationship."<sup>34</sup> Amy Clements-Cortes goes on to share how this experience was a factor in her realization of the healing power of music. "It was a very special life experience for Alex, and he testified that music was just what he needed. Music was so important in providing him with an

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<sup>33</sup> Amy Clements-Cortes, "Music Makers: Music and Healing - Music That Leads to Healing," *Canadian Music Educator*, [vol. 51, no. 3](#), (Spring 2010): 52-53.

<sup>34</sup> Clements-Cortes, "Music Makers," p. 52.

avenue to express very difficult feelings and emotions. This was so important for me to hear and helped me re-affirm my decision to use music in the health care setting.”<sup>35</sup>

Young, Caroline and Cyndie Koopsen. *Spirituality, Health, and Healing*. Sudbury, MA: Jones and Bartlett Publishers, 2005.

**Brief Description:**

Caroline Young and Cyndie Koopsen investigated and published in *Spirituality, Health, and Healing*, that music offers effective results in healing. According to the authors, *Spirituality, Health, and Healing* offers health care professionals and individuals the guidance and tools necessary to provide compassionate, spiritual care to clients and patients. They describe the profound role of spirituality on the body, mind, and spirit. New thoughts and insights about spirituality, health, and healing are explained through practicing rituals, sacred places on earth, spiritual care at the end of life, and how life can be celebrated at the end-of-life situations.”<sup>36</sup>

Conrad, Claudius. “Music for Healing: From Magic to Medicine.” *Lancet* (London, England) vol. 376,9757 (2010): 1980-1. doi:10.1016/s0140-6736(10)62251-9.

**Brief Description:**

Claudius Conrad writes in the article “Music for Healing: from Magic to Medicine,” that “Music has an important position in the course of human history: not only as an art but also as a medium of healing. How music affects patients and physicians are proven by the research studies, and it has great effects on the psychological and physiological aspects of life. The role of music in health is to be developed in the first place since it can produce an emotional reaction and attenuation of the human response in the listener despite serving biological need.”<sup>37</sup> In his

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<sup>35</sup> Clements-Cortes, “Music Makers,” p. 52.

<sup>36</sup> Caroline Young and Cyndie Koopsen, *Spirituality, Health, and Healing* (Sudbury, MA: Jones and Bartlett Publishers, 2005).

<sup>37</sup> Claudius Conrad, “Music for Healing: from Magic to Medicine,” *Lancet* (London, England) vol. 376,9757 (2010): 1980-1. doi:10.1016/s0140-6736(10)62251-9.

research, Conrad has many facts to report about the influence of music from ancient times and stated that “ The discovery of simple flute-like instruments disinterred with Cro-Magnum, and Neanderthal remains suggests that music has existed since prehistoric times. Scholars, such as Robert Dunbar, believes that ancient musical rituals, drums beating, voices chanting, bodies swaying may have been the earliest form of religion and served to invoke a sense of deindividuation.”<sup>38</sup>

McDermott, Orii, Martin Orrell, and Hanne Mette Ridder. “The importance of music for people with dementia: the perspectives of people with dementia, family, carers, staff and music therapists,” *Aging & Mental Health* vol. 18, no. 4 (January 2014):706-716.

According to Orii McDermott, Martin Orrell and Hanne Mette Ridder in their article, *The importance of music for people with dementia: the perspectives of people with dementia, family carers, staff, and music therapists*, “A qualitative study was conducted to develop further insights into the musical experiences of people with dementia and explore the meaning of music in their lives, (Interventions in dementia care); there is limited knowledge of how and why people with dementia find music beneficial to their well-being”<sup>39</sup> In their research they discovered some exciting results and came to the conclusion that, “The effect of music goes beyond the reduction of behavioral and psychological symptoms. Individual preference of music is preserved through the process of dementia. Sustaining musical and interpersonal connectedness would help value the person and maintain the quality of their life. Music gives him a kind of wholeness, of a person, of his spirituality, and in life.”<sup>40</sup> Teresa, the guardian of a

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<sup>38</sup> Claudius Conrad, “*Music for Healing: from Magic to Medicine.*”

<sup>39</sup> Orii McDermott, Martin Orrell, and Hanne Mette Ridder, “The importance of music for people with dementia: the perspectives of people with dementia, family, carers, staff and music therapists,” *Aging & Mental Health* vol. 18, no. 4 (January 2014):706-716.

<sup>40</sup> Ibid.

dementia patient shared: “It connects him with some of his earlier life in the way of how he saw life. Music takes him back to the times he was able to be himself.”<sup>41</sup>

Daykin, Norma, Leslie Bunt, and Stuart McClean. “Music and Healing in Cancer Care: A Survey of Supportive Care Providers.” <https://uwe-repository.worktribe.com/output/1036241>.

**Brief Description:**

Norma Daykin, Leslie Bunt, and Stuart McClean, in their research on cancer patients, reveals effective positive results in the spiritual well-being of cancer patients, conducted in the UK. The authors explain and explore the role of music activity and music therapy in healthcare: “The survey examined the extent and type of music provision and explored providers’ views about the role and contribution of music and music therapy in healing. They offered a different range of supportive therapies, including complementary and alternative therapies (CAM) and creative therapies such as art therapy. The results provide insight into the way in which music and creative therapies are viewed by those responsible for care provision in this sector.”<sup>42</sup>

Listening to music will bring the patients comfort and peace in their distress and pain and will help them to sleep.

Akombo, David Otieno. “Music and Healing During Post-Election Violence in Kenya.” *Voices: A World Forum for Music Therapy* vol. 9 (2009): 349.

David Otieno Akombo illustrates the influence of music on the healing of the people who have been affected during the post-election violence in Kenya. He stated that “from the events that led to Kenya’s post-election violence of 2007 and enumerated how a Kenyan community

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<sup>41</sup> McDermott, Orrell, and Ridder, “The importance of music for people with dementia,” 706.

<sup>42</sup> Norma Daykin, Leslie Bunt, and Stuart McClean, “Music and Healing in Cancer Care: A Survey of Supportive Care Providers.” <https://uwe-repository.worktribe.com/output/1036241>.

musician embraced the therapeutic qualities inherent in the cultural music of the Kenyan people to help the violence victims who developed post-traumatic stress disorder following the disputed elections.”<sup>43</sup>

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Greene, Oliver N. “Music, Healing, and Transforming Identity in *Lemesi Garifuna* (the Garifuna Mass), *Caribbean Quarterly*, 60:2, (2014): 88-109, DOI: [10.1080/00086495.2014.11671891](https://doi.org/10.1080/00086495.2014.11671891)

Oliver Greene’s article gives answers to questions concerning the efficacy and healing power of music within Garifuna spirituality. “The studies were conducted in the circum-Caribbean and the Garifuna diaspora and on medical ethnomusicology. How the inculturation and intertextuality shaped the evolution of Lemesi Garifuna and the efficacy of music in it. Finally, how Lemesi Garifuna and in the maintenance of indigeneity, and why might it qualify as a cultural expression that is supported by the concept known as Gaifunaduau?”<sup>44</sup>

Jones, Jacque. “Hymns of Hope and Healing: Words and Music to Refresh the Church's Ministry of Healing,” *The Hymn*, vol. 69, Iss. 1, (Winter 2018): 34.

As per Jacque Jones, “There are many texts which address specific topics such as thanksgiving for healthcare staff, self- acceptance, making difficult decisions, the role of internet in health care and the dilemma of growth of technology and industry.”<sup>45</sup> These texts are very beneficial for anyone to build upon their spiritual wellbeing and peace of mind.

According to Julie Foster and others, their research found that The Melodic Caring Project (MCP) was created in 2010 when founder Levi Ware set up a live stream from a music

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<sup>43</sup> David Otieno Akombo, “Music and Healing During Post-Election Violence in Kenya,” *Voices: A World Forum for Music Therapy*, vol. 9 (2009): 349.

<sup>44</sup> Greene, Oliver N. “Music, Healing, and Transforming Identity in Lemesi Garifuna (the Garifuna Mass),” *Caribbean Quarterly*, 60:2, (2014): 88-109, DOI: [10.1080/00086495.2014.11671891](https://doi.org/10.1080/00086495.2014.11671891)

<sup>45</sup> Jacque Jones, “Hymns of Hope and Healing: Words and Music to Refresh the Church's Ministry of Healing,” *The Hymn*, vol. 69, Iss. 1, (Winter 2018): 34.



concert for a local girl receiving chemotherapy. They further found out that music therapy is very helpful to patient's spiritual well-being, comfort, and peace: "To embrace the therapeutic properties of music to alleviate pain, anxiety and promote patient well-being."<sup>46</sup>

Ruth McCaffrey, in her article, "*Music Listening: Its Effects in Creating a Healing Environment*," wrote: "There are examples of evidence that music can improve the healing environment for older adults, both physiologically and psychologically. Music can connect with their emotions and bring about a sense of self-awareness that improves the quality of life for older adults. Music is a safe, inexpensive, and easy to use intervention that nurses can implement independently to help older adults cope with pain, acute confusion, and functional deficits."<sup>47</sup>

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C. J. Calitz declares that liturgy, singing, and music aims at promoting and restoring spiritual well-being. When people struck by the disaster, and other natural calamities and other physical and financial loss happened in communities, music and singing help and bring healing to the people and processing their loss and ultimately promoting and restoring spiritual wellness."<sup>48</sup>

Gaga Hlongwane & Khondlo Mtshali, in their article, *Journeys, Paths, and Healing in Simphiwe Danna's Music* explore the significance of music within popular culture, especially

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<sup>46</sup> Foster, Julie; Harland, Helen; Wardle, Hayley; Gould, Emma; Ware, Levi; et al. *BMJ Supportive & Palliative Care*; London Vol. 8, Iss. Suppl 2, (Nov 2018): A85. DOI:10.1136/bmjspcare-2018-hospiceabs.236

<sup>47</sup> Ruth McCaffrey, "Music Listening: Its Effects in Creating a Healing Environment." *Journal of psychosocial nursing and mental health services* vol. 46,10 (2008): 39-44.

<sup>48</sup> C. J. Calitz, "Healing Liturgy: The Role of Music and Singing," *Verbum et Ecclesia*, 1/2017, vol. 38, no. 1 (2017): 1628.

regarding human rights struggles and global rights discourses. Their writing focuses on “Dana’s socially conscious music, which replete with figurative use of streets, ways, and journeys. This article explains how Dana uses street symbolism to imagine healing as a journey to self and collective re-discovery after the material, cultural, and spiritual dispossession caused by colonialism and apartheid.”<sup>49</sup>

In the article, “Singing for Healing and Hope,” Yasmine Iliya, from his personal life experience, testifies that “people who are homeless and mentally ill have complex needs that require sensitive and compassionate care. The American Psychiatric Association (APA) task force (Lamb, Bachrach & Kass, 192) has made the treatment and rehabilitation of people who are homeless and mentally ill, “the highest priority in public mental health.”<sup>50</sup> Further, the authors stated that “Individuals who are homeless and mentally ill are in the most basic sense, victims. They are victims of their illnesses, which are serious, debilitating, and often painful conditions. They are victims of a society that stigmatizes them and frequently denies their humanity” (Bachrach, 1922, p. 33). The main therapeutic goals of the homeless and the mentally ill population that will be addressed here are socialization, self-expression, self-esteem, and the mind/body connection.”<sup>51</sup>

Joseph J. Moreno, the author stated that “Music has historically been and continues to be an essential component of the practices of traditional healers in most of the tribal and other indigenous cultures throughout the world. Research has been conducted in different cultures.

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<sup>49</sup> Gugu Hlongwane & Khondlo Mtshali, “Journeys, Paths and Healing in Simphiwe Dana's Music,” *Muziki*, 14:1, (2017): 46-61 DOI: [10.1080/18125980.2017.1309127](https://doi.org/10.1080/18125980.2017.1309127).

<sup>50</sup> Yasmine Afif Iliya, “Singing for Healing and Hope: Music Therapy Methods that Use the Voice with Individuals Who are Homeless and Mentally Ill,” *Music Therapy Perspectives*, vol. 29, Issue 1 (2011): 14–22, <https://doi.org/10.1093/mtp/29.1.14>.

<sup>51</sup> Ibid.

Siberian shamans have described the role of music and healing through the metaphor of the shaman's drum as his horse that allows him to fly to the sky to encounter the world of the spirits (Elade,1974).”<sup>52</sup>

Laura Daily interviewed Julie Guy who is the owner of The Music Therapy Center of California. This institution specializes in providing music therapy services to special needs children, teens, and older adults. Music Therapy helps people with emotional, cognitive, physical, and social problems as they interact with and respond to music. The Music Therapy Center uses music as another medical treatment or communication tool. Daily states, “If music is the universal language, then music therapist Julie Guy can speak to the whole world.”<sup>53</sup>

Heather MacIntosh reported that “Romans believe that the music had a magical charm and power to aid the body and soul in healing. Throughout history, music has been used as a tool to soothe the soul and boil the blood. Music is used at all of our rites of passage from baptism to weddings, through war and peace.”<sup>54</sup>

MacIntosh writes about the use of music among survivors of sexual abuse. According to this article, the author emphasizes that sexual trauma is prevalent and persistent in our culture. Sexual abuse varies for women. The aftereffects are as varied as their experiences. The emotional, psychological, and behavioral responses include fears and phobias, nightmares, psychosomatic complaints, especially gynecological disorder, and headaches. Anorexic or bulimic behavior, suicidal ideation, anger, guilt, shame denial, body image distortion, self -

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<sup>52</sup> Joseph J. Moreno, “Ethnomusic therapy: An interdisciplinary approach to music and healing,” *Arts in Psychotherapy* 22 (1995): 329-338.

<sup>53</sup> Laura Daily, “A song for healing: music therapists bring harmony to the hearts of the people they help,” Interview with Julie Guy, *Career World*, (November 2017), <https://www.themusictherapycenter.com/research/>.

<sup>54</sup> Heather B. MacIntosh, “Sounds of Healing Music in Group Work with Survivors of Sexual Abuse,” *The Art in Psychotherapy*, vol. 30, Iss. 1 (2003).

abuse, depersonalization, disassociation, psychogenic amnesia, sexual dysfunction, and severe relationship problems are resulting from extreme distrust and fear.<sup>55</sup>

Demetrios Moris and Dimitrios Limos in their research article, “Music meets surgery” wrote that, “Music in the operating room can have beneficial effects on patients by decreasing stress, anxiety, and the demand of analgesic and anesthetic drugs. Music can increase the speed and accuracy of task performance. Surgery music in the operating room is an art that affects the mental and bodily function of the patient.”<sup>56</sup>

David Nelson and Robert Weathers wrote the article “Necessary Angels: Music and Healing in Psychotherapy.” They jointly stated that “We, the authors of this article, are both psychotherapists who came initially to clinical psychology more vitally inspired by metaphors from the arts and humanities than those provided by natural sciences. We were deeply involved with and affected by music.”<sup>57</sup> Amazingly, they reported further from their studies, “They experienced a good result in psychotherapy centered around listening actively to music, performing and composing music, even thinking and dreaming in music.”<sup>58</sup> In their research they found that arts and music are very effective tools in the healing process of psychological and mental disorders and saw that music is the language of the client’s soul. They also found that if the clients have the choice of their favorite music, it is easier to implement the music therapy sessions to bring them quick and positive results upon their disorders and mental health. The

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<sup>55</sup> MacIntosh, “Sounds of Healing Music.”

<sup>56</sup> Demetrios N Moris and Dimitrios Limos, “Music meets surgery: two sides to the art of “healing,” *Surgical Endoscopy* vol. 27,3 (2013): 719-23. doi:10.1007/s00464-012-2525-8.

<sup>57</sup> David Nelson and Robert Weathers, “Necessary Angels: Music and Healing in Psychotherapy,” *Journal of Humanistic Psychology*, 01/1998, volume 38.

<sup>58</sup> Ibid.

authors quoted from J. Cook's article (1981), "The Therapeutic Use of Music," *Nursing Forum*, 20(3) p. 253: "The Hebrews recorded several applications of music in their treatment of emotional and spiritual ailments, 'the most famous, perhaps, being the playing of the harp by David for King Saul, to help him absolve his moods of despondency.'"<sup>59</sup>

Olaniyan reported that "Music, a multidimensional art form, is naturally entrenched with the remarkable therapeutic attribute, as a source of communion functions as a mediator between human flesh and soul among people. Music, in its melody, rhythm, pitches levels, and harmony, motivates peoples' feelings/emotions to achieve the expected desired result. The ability of music as an agent of healing has been accepted in different cultures and communities. Music enhances effective productivity at work. It brings about a sense of satisfaction in worship, the celebration of life events, organization of the society, and healing."<sup>60</sup>

### **Theological Foundations**

There is a divine concept in the music ministry. Music is a divine talent God granted to His creations. God loves music. God wants all the creations to praise Him through music. The Bible speaks of praises to the Lord:

Praise ye the Lord. Praise ye the Lord from the heavens: praise him in the heights. Praise ye him, all his angels: praise ye him, all his hosts. Praise ye him, sun and moon: praise him, all ye stars of light. Praise him, ye heavens of heavens, and ye waters that be above the heavens. Let them praise the name of the Lord: for he commanded, and they were created. He hath also stablished them forever and ever: he hath made a decree which shall not pass. Praise the Lord from the earth, ye dragons, and all deeps: Fire, and hail; snow, and vapors; stormy wind fulfilling his word: Mountains, and all hills; fruitful trees, and all cedars: Beasts, and all cattle; creeping things, and flying fowl: Kings of the earth, and all people; princes, and all judges of the earth: Both young men and maidens; old men, and children: Let them praise the name of the Lord: for his name alone is excellent; his glory is above the earth and heaven. He also exalteth the horn of his people, the praise of

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<sup>59</sup> Nelson and Weathers, "Necessary Angels."

<sup>60</sup> Yemi Olaniyan, "Music as a Facilitator for Healing," *Ife Psychologia*, vol. 21, no. 3 (Jun 2013): 94-102.

all his saints; even of the children of Israel, a people near unto him. Praise ye the Lord (Psalms 148).

The use of music and musical instruments is found frequently in the Bible. Carolyn Ticker states, “The Bible discusses music frequently and contains a book of Psalms, which is a collection of songs without musical scores.”<sup>61</sup> King David, in his Psalm, sings like this, “Blessed is he who considers the poor; The LORD will deliver him in time of trouble. The LORD will preserve him and keep him alive. And he will be blessed on the earth; You will not deliver him to the will of his enemies. The LORD will strengthen him on his bed of illness; You will sustain him on his sickbed” (Psalms 41:1-3).

### **Theoretical Foundations**

The researcher recommends to the investigators of any type of research, to understand the importance of the practical theology of the research, especially in the qualitative study on human beings. John Swinton and Harriet Mowat explain in their book that, *Practical Theology* relates to the critical, theological exploration of situations. Situations are complex and complexing entities that are inhabited by hidden values, meanings and power dynamics.”<sup>62</sup> The researcher must explore the central tenets of the qualitative research. He must make a helpful observation and must understand the situations because the situations are complex. Swinton and Mowat stated that “situations have cultures and histories, they occur within particular context which often have their own traditions and expectations and they contain specific forms of practice that contains history, tradition, theology and social experiences and expectations. This researcher has the

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<sup>61</sup> Carolyn S Ticker, *Music and the Mind, Music's Healing Powers*.

<sup>62</sup> *Practical Theology and Qualitative Research*, 2nd edition, SCM Press, page xv.

experiences of providing spiritual support to different types of people and recommends to the researcher of any thesis to be aware of the above factors explained by Swinton and Mowat.

Any researcher who is conducting research on qualitative research must understand and be aware of the following factors. What is qualitative research? According to Swinton and Mowat,

Qualitative research involves the utilization of a variety of methods and approaches, which enable the researcher to explore the social world in an attempt to access and understand the unique ways that individuals and communities inhabit it. Like Practical Theology, qualitative research is essentially interested in situations and practices. It assumes that human beings are by definition ‘interpretive creatures’; that the ways in which we make sense of the world and our experiences within it involve a constant process of interpretation and meaning- seeking.<sup>63</sup>

The qualitative research is “seeing and discovering.” John McLeod defines qualitative research in a way that draws out and illuminates this suggestion. As per John McLeod “Qualitative research is a process of careful, rigorous enquiry into aspects of the social world. It produces formal statements or conceptual frameworks that provide new ways of understanding the world, and therefore comprises knowledge that is practically useful for those who work with issues around learning and adjustment to the pressures and demands of the social world.”<sup>64</sup>

The researcher must have a strong discerning power to evaluate the qualitative questions asked and the answers given, along with how the answers reflect the nature of the person answering. It is very important to identify the “How do we know and what we know,” as Swinton wrote in his book. How we answer this question will determine how we look at death as we see the research process.”<sup>65</sup>

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<sup>63</sup> *Practical Theology*, 28.

<sup>64</sup> John McLeod, “Practical Theology and Qualitative Research,” 2<sup>nd</sup> edition, (SCM Press), p 30.

<sup>65</sup> *Ibid.*, 31.

The research questions should be important, interesting, and answerable.

John Howie suggests,

The research question should be important – likely to contribute to an improvement in the situation you are interested in. This importance should also be located in the literature. Interesting to others as well as yourself. The researcher may have a passionate interest in a topic, which holds no interest at all to others either by word or in the literature. Answerable – in the timescale and with the resources the researcher has. This implies a ‘cutting of the cloth. Research is only valuable when it is completed within a framework. A question may be fascinating but quite unanswerable given your own constraints.<sup>66</sup>

In the qualitative research, data collection and analysis are very important factors to conclude with the result of the research. According to Swinton and Mowat “the qualitative researcher must ask the vital questions.”<sup>67</sup> Denzin and Lincoln suggested, “Qualitative research involves the studied use and collection of a variety of empirical materials-case study; personal experiences introspection; life story; interviews; artifacts; cultural texts and productions; observational, historical, interactional; and visual texts- that describes routine and problematic moments and meanings in individuals’ lives.”<sup>68</sup>

The qualitative researcher should be aware of the importance of conversation. Active listening and compassionate responses are the powerful spiritual tools to get the participants of the research to cooperate in the research and will be able to get the best results out of it.

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<sup>66</sup> Howie, 1989, p. 20.

<sup>67</sup> Ibid., 54.

<sup>68</sup> Ibid., 60.



## **Chapter 3**

### **Methodology**

#### **Intervention Design**

This research will pursue a quantitative methodology. One group of ten patients will be provided traditional spiritual care on a random basis to a particular specific period, and another group of ten patients will be offered spiritual care along with music, to the traditional spiritual care during the same amount of time. It will measure the difference by a standard spiritual well-being scale. During these four weeks of a comparative study on this, the mental care process will prove the potential to be successful.

The appropriate and precedent literature review is in the process of research. The methodology, data collections, and the instruments used to conduct this research will bring a new spiritual intervention for spiritual care and support in the health care industry, especially in hospice settings.

There are delimitations and limitations in this research. The CMO, Dr. Ron Schonwetter, granted permission through the IRB department to conduct the research on the patients. His advice and directions were greatly appreciated and very helpful in the research study. The Clinical Managers and all the team members were very helpful in assisting and helped conduct the research. The limitations in the process are considered the time frame; only a few categories of patients are available and willing to participate in the study.

#### **Implementation of the Intervention Design**

The selection of the research participants is done by the home team nurses introducing the program to the patients and families. The patients must agree to participate voluntarily and

must give the consent by signing the consent form approved by the IRB. The participants must record the time they spend to listen to the music and return to the researcher. The participants must answer to the interview questions before and after the study.

There are Christian songs that the researcher loves to sing for the patients and family. The patients have their own choice of music to listen for four weeks and then give the report of how the music affected their spiritual well-being. There are many songs to sing for the patients and their caregivers as per their requests. The followings are some of them. When singing to the patients, they enjoy the presence of loving a caring God. They share their feelings and express joy. The non-responsive patients, even though they are not able to communicate, by their facial expressions and their actions, will testify that they enjoy the music. Music has a magical power to bring joy and comfort to the patients who are going through pain, distress, and discomfort. It brings them peace, happiness, prosperity, and hope, and they wish to celebrate life at the end of their life. This chaplain researcher has seen and ministered to patients from all walks of life and various circumstances.

The following songs have been used to bring comfort and spiritual well-being to many patients and will be used in this research.

#### AMAZING GRACE

John Newton was born on 1725 in London. He became a Christian after he was miraculously saved from a shipwreck. The ship was caught in a horrendous storm off the coast of Ireland and almost sank. Newton prayed to God and miraculously he was saved. Newton believed this a sign of God's grace and he converted to Christianity. He wrote, 'I cannot consider myself to have been a believer in the full sense of the word, until a considerable time afterward.'

He did began reading the Bible at this point and viewed his captives with a more sympathetic view.

AMAZING GRACE by John Newton, 1779<sup>69</sup>

Amazing grace, How sweet the sound  
That saved a wretch like me.  
I once was lost, but now I am found,  
Was blind, but now I see.  
'Twas grace that taught my heart to fear,  
And graces my fears relieved.  
How precious did that grace appear  
The hour I first believed.

Through many dangers, toils, and snares  
I have already come,  
'Tis grace has brought me safe thus far  
And grace will lead me home.

The Lord has promised good to me  
His word my hope secures;  
He will my shield and portion be,  
As long as life endures.

Yea, when this flesh and heart shall fail,  
And mortal life shall cease  
I shall possess within the veil,  
A life of joy and peace.

When we've been there ten thousand years  
Bright shining as the sun,  
We've no less days to sing God's praise  
Than when we've first begun.

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#### STANDING ON THE PROMISES

Russell Kelso Carter 1849-1928 was a star athlete of a military academy. He was an excellent student, who went on to be a teacher and coach. He served as Methodist minister and later went to medical school. He spent his last years a as a Doctor of Medicine. He was a musician and songwriter. At the age of 30 he became seriously ill, and the physicians could not

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<sup>69</sup> <http://www.songlyrics.com/amazing-grace/amazing-grace-lyrics/>

help him. He knelt on his knees and prayed for healing and consecrated his life to God's ministry. He believed on the promises of God.

STANDING ON THE PROMISES by Russell Kelso Carter, 1886<sup>70</sup>

Standing on the promises of Christ my King,  
Through eternal ages let His praises ring,  
Glory in the highest, I will shout and sing,  
Standing on the promises of God.

*Refrain:*

Standing, standing,  
Standing on the promises of God my Savior;  
Standing, standing,  
I'm standing on the promises of God.

Standing on the promises that cannot fail,  
When the howling storms of doubt and fear assail,  
By the living Word of God, I shall prevail,  
Standing on the promises of God.

Standing on the promises, I now can see  
Perfect, present cleansing in the blood for me;  
Standing in the liberty where Christ makes free,  
Standing on the promises of God.

Standing on the promises of Christ, the Lord,  
Bound to Him eternally by love's strong cord,  
Overcoming daily with the Spirit's sword,  
Standing on the promises of God.

Standing on the promises, I cannot fall,  
List'ning every moment to the Spirit's call,  
Resting in my Savior as my all in all,  
Standing on the promises of God.

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BLESSED ASSURANCE

Fanny Jane Crosby had inflammation to her eyes, and she lost her eyesight due the treatment given by a stranger since her family doctor was not available at that time. She became

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<sup>70</sup> [https://library.timelesstruths.org/music/Standing\\_on\\_the\\_Promises/](https://library.timelesstruths.org/music/Standing_on_the_Promises/)

blind and she started her education in institution for the blind. She had a talent of poet and composed many of many songs, blessed assurance is one among them and everybody loves this song.

BLESSED ASSURANCE by Fanny Crosby, 1873<sup>71</sup>

Blessed assurance, Jesus is mine  
O what a foretaste of glory divine  
Heir of salvation, purchase of God  
Born of His Spirit, washed in His blood

*Chorus:*

This is my story, this is my song  
Praising my Savior all the day long  
This is my story, this is my song  
Praising my Savior all the day long

Perfect submission, all is at rest  
I in my Savior am happy and blessed  
Watching and waiting, looking above  
Filled with His goodness, lost in His love

*Chorus:*

This is my story, this is my song  
Praising my Savior all the day long  
This is my story, this is my song  
Praising my Savior all the day long

---

HOW GREAT THOU ART

“How Great Thou Art” is a Christian hymn based on a Swedish traditional melody and a poem written by Carl Beberg in 1885. It was translated into German and then into Russian. It was translated into English by Stuart K Hine, an English missionary.

HOW GREAT THOU ART by Carl Beberg, 1885<sup>72</sup>

O Lord, my God, when I in awesome wonder  
Consider all the worlds Thy Hands have made;

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<sup>71</sup> [https://library.timelesstruths.org/music/Blessed\\_Assurance/](https://library.timelesstruths.org/music/Blessed_Assurance/) )

<sup>72</sup> <http://mannamusicinc.com/writers-songs/how-great-thou-art.html>

I see the stars, I hear the rolling thunder,  
Thy power throughout the universe displayed

*Chorus*

Then sings my soul, My Savior God, to Thee,  
How great Thou art, how great Thou art.  
Then sings my soul, My Savior God, to Thee,  
How great Thou art, how great Thou art!

And when I think of God, His Son not sparing;  
Sent Him to die, I scarce can take it in;  
That on the Cross, my burden gladly bearing,  
He bled and died to take away my sin.

When Christ shall come with shout of acclamation  
And lead me home, what joy shall fill my heart!  
Then I shall bow with humble adoration,  
And then proclaim, "My God, how great Thou art!"

*Chorus*

Then sings my soul, My Savior God, to Thee,  
How great Thou art, how great Thou art.  
Then sings my soul, My Savior God, to Thee,  
How great Thou art, how great Thou

---

HOW EXCELLENT IS YOUR NAME by Benjamin Dube<sup>73</sup>

Oh Lord, Our God  
How excellent is Your name  
In all the earth, how excellent is Your name

When I consider the heavens  
The work of Your fingers  
The moon and the stars You have ordained  
What is a man that You are mindful of him  
How excellent is Your name

*Chorus*

*(Oh Lord)* Oh Lord  
    *(Our God)* Our God  
How excellent is Your name  
*(Oh come on; just lift up your hands)*  
In all *(worship him)* the earth  
How excellent is your name *(come on; say it again, say*

---

<sup>73</sup> <https://omegalyrics.blogspot.com/2015/01/benjamin-dube-how-excellent-is-your.html>

## WHAT A FRIEND WE HAVE IN JESUS

This song was written by Joseph Sciven in 1855. He had gone through two tragic incidents: the loss of two fiancés deaths shortly before their weddings. He wrote this song to comfort his mother who was so sick at that time. This is a very meaningful song.

WHAT A FRIEND WE HAVE IN JESUS by Joseph Sciven, 1855<sup>74</sup>

What a friend we have in Jesus,  
All our sins and griefs to bear!  
What a privilege to carry  
Everything to God in prayer!  
Oh, what peace we often forfeit,  
Oh, what needless [pain](#) we bear,  
All because we do not carry  
Everything to God in prayer!

Have we trials and temptations?  
Is there trouble anywhere?  
We should never be discouraged—  
Take it to the Lord in prayer.  
Can we find a friend so faithful,  
Who will all our sorrows share?  
Jesus knows our every weakness;  
Take it to the Lord in prayer.

Are we weak and heavy-laden,  
Cumbered with a load of care?  
Precious Savior, still our refuge—  
Take it to the Lord in prayer.  
Do thy friends despise, forsake thee?  
Take it to the Lord in prayer!  
In His arms He'll take and shield thee,  
Thou wilt find a solace there  
What a friend we have in Jesus  
take it to Lord in prayer

---

<sup>74</sup> [https://library.timelesstruths.org/music/What\\_a\\_Friend\\_We\\_Have\\_in\\_Jesus/](https://library.timelesstruths.org/music/What_a_Friend_We_Have_in_Jesus/)

ARE YOU WASHED IN THE BLOOD? By Lewis Edgar, 1889<sup>75</sup>

Have you been to Jesus for the cleansing pow'r?  
Are you washed in the blood of the Lamb?  
Are you fully trusting in His grace this hour?  
Are you washed in the blood of the Lamb?

Are you washed in the blood?  
In the soul-cleansing blood of the Lamb?  
Are your garments spotless? Are they white as snow?  
Are you washed in the blood of the Lamb?

Are you walking daily by the Savior's side?  
Are you washed in the blood of the Lamb?  
Do you rest each moment in the Crucified?  
Are you washed in the blood of the Lamb?

When the Bridegroom cometh will your robes be white!  
Are you washed in the blood of the Lamb?  
Will your soul be ready for His presence bright?  
And be washed in the blood of the Lamb?

Lay aside the garments that are stained with sin,  
And be washed in the blood of the Lamb;  
There's a fountain flowing for the soul unclean,  
O be washed in the blood of the Lamb.

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<sup>75</sup> <https://www.hymnal.net/en/hymn/h/1007>



## **Chapter 4**

### **Results**

#### Research Study on Patients and Reports

This qualitative research study “The Effect of Music on Spiritual Well-being Among the Hospice Patients” was a challenge due to the limitations of the nature of the study. As per the IRB regulations and the methodology, the researcher strictly followed the terms and regulations. The demographic data and the results of the research participants were collected and recorded as shown later in this chapter.

The recruitment of the participants was a very crucial part of the study, and it was helpful through the sincere support of the team nurses to provide potential participants for the study. The participants listened to the music of their choice and were interviewed before the program began and were also interviewed after the 28 days of program participation time. Their participation involved listening to the music daily, a minimum of one hour per day, at a time or at different fractions of time. All the ten participants were happy to join in this research.

The participants were happy to answer the spiritual questions before and after the study, Due to hospitalizations and other personal limitations, a few participants could not finish, but they expressed that it was a pleasant, enjoyable experience for them. The primary caregivers were happy to express that listening to the music of their own choice was a significant spiritual experience for the participant. Unfortunately, four participants could not complete the final interview questions because they expired before the completion of the research. A few patients requested the researcher visit them for spiritual care and support through words of encouragement and prayer. Listening to music helped them to renew their spiritual well-being and helped them experience peace, comfort, and strength in their hope. They were delighted to

encourage others who were going through the end of life, to listen to music so that they could feel joy and spiritual strength.

The participant's families and the caregivers were happy and cooperative to assist the participants with listening to the music continuously. They testified that the participants enjoyed listening to the music and they noticed the effect of listening to the music had a transforming change in the holistic healing process. The data collected from the participants through the personal interviews before and after the program, is the evidence of a successful study to prove that music has influence and a transforming power in the process of healing the body, soul, and spirit.

## Report of Research Study Effect of Music Research Questions

Patient	1	2	3	4	5	6	7	8	9	10
Age	68	43	79	65	85	76	93	55	37	56
Gender	F	F	F	M	F	F	F	M	F	M
Race	W	H	W	W	W	W	W	W	A	W
Religion	G	C	None	C	Chr	Non-Deno Chr	P	C	H	Chr
Marital Status	M	D	W	S	M	M	W	S	M	D
Diagnosis	COPD	CA-U	CA-LU	COPD	CA-LI	CA-K	CA-E	CA-LU	CA-BRA	CA-E
Spiritual Well Being Scale (B)										
1	6	6	1	6	6	6	6	6	6	6
2	6	1	1	6	6	6	6	6	6	6
3	6	3	1	6	6	6	6	6	6	6
4	6	6	1	6	6	6	6	6	6	6
5	6	1	1	6	6	6	6	4	6	6
6	6	1	4	6	4	6	4	6	6	4
7	6	4	4	6	6	6	6	6	6	6
Total:	42	22	13	42	40	42	40	40	42	40
Spiritual Well Being Scale (A)										
1	6	Declined 11/15/19	2	6	Died 11/13/19	Declined	6	Declined	6	6
2	6		2	6			6		6	6
3	6		3	6			6		6	6
4	6		3	6			6		6	6
5	6		6	6			6		6	6
6	6		6	6			6		6	6
7	6		6	6			6		6	6
Total:	42		28	42			42		42	42
1	1		0	1			1		Did Not Answer	1
2	1		1	1			1		Did Not Answer	1
3	4		3	4			3		Did Not Answer	1
4	1		1	1			1		1	1
5	1		1	1			1		1	1
6	1		0	1			1		1	1
7	1		1	1			1		Did Not Answer	1
8	1		1	1			1		1	1
9	1		1	1			1		1	1
10	1		1	1			1		Did Not Answer	1
Total Hours Week 1:	16.3		21.5	6			8.8		4	3
Total Hours Week 2:	7.1		17.8	7			7.5		7	7
Total Hours Week 3:	7.8		20	6			7.3		7	7
Total Hours Week 4:	7.4		15	7			7.3		10	11
Grand Total Hours:	38.5	N/A	74.3	26	N/A	N/A	30.8	N/A	28	28
Average Hours:	9.6	N/A	18.6	6.5	N/A	N/A	7.7	N/A	7	7

## MUSIC RESEARCH PARTICIPANTS DEMOGRAPHICS AND SURVEYS

NAME: PARTICIPANT ONE  
AGE: 68  
GENDER: Female  
RACE: White  
RELIGION: Church of God  
MARITAL STATUS: Married  
PRIMARY DIAGNOSIS: COPD

### BEFORE THE STUDY

UPDATED SPIRITUAL WELL-BEING SCALE (Malinakova et al. J Relig Health (2017)  
56:697-705

Each of the following questions will be provided after the enrollment in the study and at the end of the four weeks trial. Each question will be rated on a 6-point, Likert type scale ranging from strongly agree to strongly disagree.

I have a personally meaningful relationship with God.

Strongly Agree: Yes

Moderately Agree:

Somewhat Agree:

Somewhat Disagree:

Moderately Disagree:

Strongly Disagree:

I believe that God is concerned about my problems.

Strongly Agree: Yes

Moderately Agree:

Somewhat Agree:

Somewhat Disagree:

Moderately Disagree:

Strongly Disagree:

My relationship with God contributes to my sense of well-being.

Strongly Agree: Yes

Moderately Agree:

Somewhat Agree:

Somewhat Disagree:

Moderately Disagree:

Strongly Disagree:

I believe that God loves me and cares for me.

Strongly Agree: Yes

Moderately Agree:  
Somewhat Agree:  
Somewhat Disagree:  
Moderately Disagree:  
Strongly Disagree:

I feel good about my future.

Strongly Agree: Yes  
Moderately Agree:  
Somewhat Agree:  
Somewhat Disagree:  
Moderately Disagree:  
Strongly Disagree:

I feel very fulfilled and satisfied with my life.

Strongly Agree: Yes  
Moderately Agree:  
Somewhat Agree:  
Somewhat Disagree:  
Moderately Disagree:  
Strongly Disagree:

I believe there is some real purpose for my life.

Strongly Agree: Yes  
Moderately Agree:  
Somewhat Agree:  
Somewhat Disagree:  
Moderately Disagree:

#### AFTER THE STUDY

Qualitative Questions:

Do you believe God is concerned about your problems? Yes

Do you believe there is a meaning in sufferings? Yes, a lot in suffering.

How was the music therapy helpful in your spiritual well-being? Very helpful to develop

Did music help you to reduce your spiritual pain? Yes, very relaxing, breaking for little bit

Did music help you to reduce the emotional pain? Yes, made me forget my problems

Did music help you to connect with the Supernatural Power? Yes

Do you believe music has a transformation power in your holistic healing? Yes

Do you recommend others those who are going through the end-of-life situations to use the music? Yes. They should listen to the music

Did you enjoy the music therapy to uplift your spiritual well-being? Yes, forget own person to develop strong spiritual strength

Were you happy to have a music therapy session for you?

Yes, it was a new life experience. It was very helpful in keeping my spiritual well-being stronger and meaningful. It helped me to relax and forget my struggles and discomfort. It was a time of experiencing peace and hope and a feeling of satisfaction in my life.

NAME: PARTICIPANT TWO

AGE: 43

GENDER: Female

RACE: Hispanic

RELIGION: Catholic

MARITAL STATUS: Divorced

PRIMARY DIAGNOSIS: Malignant neoplasm of Endometrium

BEFORE THE STUDY

UPDATED SPIRITUAL WELL-BEING SCALE (Malinakova et al. J Relig Health (2017) 56:697-705

Each of the following questions will be provided after the enrollment in the study and at the end of the four weeks trial. Each question will be rated on a 6-point, Likert type scale ranging from strongly agree to strongly disagree.

I have a personally meaningful relationship with God.

Strongly Agree: Yes

Moderately Agree:

Somewhat Agree:

Somewhat Disagree:

Moderately Disagree:

Strongly Disagree:

I believe that God is concerned about my problems.

Strongly Agree:

Moderately Agree:

Somewhat Agree:

Somewhat Disagree:

Moderately Disagree:

Strongly Disagree: Yes

My relationship with God contributes to my sense of well-being.

Strongly Agree:

Moderately Agree:

Somewhat Agree:

Somewhat Disagree: Yes

Moderately Disagree:

Strongly Disagree:

I believe that God loves me and cares for me.

Strongly Agree: Yes

Moderately Agree:

Somewhat Agree:

Somewhat Disagree:

Moderately Disagree:

Strongly Disagree:

I feel good about my future.

Strongly Agree:

Moderately Agree:

Somewhat Agree:

Somewhat Disagree:

Moderately Disagree:

Strongly Disagree: Yes

I feel very fulfilled and satisfied with my life.

Strongly Agree:

Moderately Agree:

Somewhat Agree:

Somewhat Disagree:

Moderately Disagree:

Strongly Disagree: Yes

I believe there is some real purpose for my life.

Strongly Agree:

Moderately Agree:

Somewhat Agree: Yes

Somewhat Disagree:

Moderately Disagree:

Strongly Disagree:

Patient was on treatment for chemotherapy and did not want to talk to anyone; very sick and so declined seeing the Chaplain for a final interview.

NAME: PARTICIPANT THREE  
AGE: 79  
GENDER: Female  
RACE: Caucasian  
RELIGION: None  
MARITAL STATUS: Widow  
PRIMARY DIAGNOSIS: Stage 4 Lung CA

BEFORE THE STUDY  
UPDATED SPIRITUAL WELL-BEING SCALE (Malinakova et al. J Relig Health (2017)  
56:697-705

Each of the following questions will be provided after the enrollment in the study and at the end of the four weeks trial. Each question will be rated on a 6-point, Likert type scale ranging from strongly agree to strongly disagree.

I have a personally meaningful relationship with God.

Strongly Agree:  
Moderately Agree:  
Somewhat Agree:  
Somewhat Disagree:  
Moderately Disagree:  
Strongly Disagree: Yes

I believe that God is concerned about my problems.

Strongly Agree:  
Moderately Agree:  
Somewhat Agree:  
Somewhat Disagree:  
Moderately Disagree:  
Strongly Disagree: Yes

My relationship with God contributes to my sense of well-being.

Strongly Agree:  
Moderately Agree:  
Somewhat Agree:  
Somewhat Disagree:  
Moderately Disagree:  
Strongly Disagree: Yes

I believe that God loves me and cares for me.

Strongly Agree:  
Moderately Agree:  
Somewhat Agree:



Somewhat Disagree:  
Moderately Disagree:  
Strongly Disagree: Yes

I feel good about my future.  
Strongly Agree:  
Moderately Agree:  
Somewhat Agree:  
Somewhat Disagree:  
Moderately Disagree:  
Strongly Disagree: Yes

I feel very fulfilled and satisfied with my life.  
Strongly Agree:  
Moderately Agree:  
Somewhat Agree: Yes  
Somewhat Disagree:  
Moderately Disagree:  
Strongly Disagree:

I believe there is some real purpose for my life.  
Strongly Agree:  
Moderately Agree:  
Somewhat Agree: Yes  
Somewhat Disagree:  
Moderately Disagree:  
Strongly Disagree:

#### AFTER THE STUDY

UPDATED SPIRITUAL WELL-BEING SCALE (Malinakova et al. J Relig Health (2017)  
56:697-705

Each of the following questions will be provided after the enrollment in the study and at the end of the four weeks trial. Each question will be rated on a 6- point, Likert type scale ranging from strongly agree to strongly disagree.

I have a personally meaningful relationship with God.  
Strongly Agree:  
Moderately Agree:  
Somewhat Agree:  
Somewhat Disagree:  
Moderately Disagree: Yes  
Strongly Disagree:

I believe that God is concerned about my problems.

Strongly Agree:

Moderately Agree:

Somewhat Agree:

Somewhat Disagree:

Moderately Disagree: Yes

Strongly Disagree:

My relationship with God contributes to my sense of well-being.

Strongly Agree:

Moderately Agree:

Somewhat Agree:

Somewhat Disagree: Yes

Moderately Disagree:

Strongly Disagree:

I believe that God loves me and cares for me.

Strongly Agree:

Moderately Agree:

Somewhat Agree:

Somewhat Disagree: Yes

Moderately Disagree:

Strongly Disagree:

I feel good about my future.

Strongly Agree: Yes

Moderately Agree:

Somewhat Agree:

Somewhat Disagree:

Moderately Disagree:

Strongly Disagree:

I feel very fulfilled and satisfied with my life.

Strongly Agree: Yes

Moderately Agree:

Somewhat Agree:

Somewhat Disagree:

Moderately Disagree:

Strongly Disagree:

I believe there is some real purpose for my life.

Strongly Agree: Yes

Moderately Agree:

Somewhat Agree:

Somewhat Disagree:

Moderately Disagree:

## AFTER THE STUDY

### Qualitative Questions:

Do you believe God is concerned about your problems? No

Do you believe there is a meaning in sufferings? Yes, I learned something going through this.

How was the music therapy helpful in your spiritual well-being? Yes

Did music help you to reduce your spiritual pain? Extremely at ease

Did music help you to reduce the emotional pain? Yes

Did music help you to connect with the Supernatural Power? No

Do you believe music has a transformation power in your holistic healing? Yes

Do you recommend others those who are going through the end-of-life situations to use the music? Yes

Did you enjoy the music to help your spiritual well-being? Yes

Were you happy to have the music therapy session for you? Yes

Is there anything else you would want to add or say regarding the use of music during this study?

It was peaceful, and I recommend music to any patient and caregivers, visitors, it will make the difference in their attitude and min, will provide comfort and peace.

NAME: PARTICIPANT FOUR

AGE: 65

GENDER: Male

RACE: White

RELIGION: Catholic

MARITAL STATUS: Single

PRIMARY DIAGNOSIS: COPD

## BEFORE THE STUDY

UPDATED SPIRITUAL WELL-BEING SCALE (Malinakova et al. J Relig Health (2017)  
56:697-705

Each of the following questions will be provided after the enrollment in the study and at the end of the four weeks trial. Each question will be rated on a 6-point, Likert type scale ranging from strongly agree to strongly disagree.

I have a personally meaningful relationship with God.

Strongly Agree: Yes

Moderately Agree:

Somewhat Agree:

Somewhat Disagree:

Moderately Disagree:

Strongly Disagree:

I believe that God is concerned about my problems.

Strongly Agree: Yes

Moderately Agree:

Somewhat Agree:

Somewhat Disagree:

Moderately Disagree:

Strongly Disagree:

My relationship with God contributes to my sense of well-being.

Strongly Agree: Yes

Moderately Agree:

Somewhat Agree:

Somewhat Disagree:

Moderately Disagree:

Strongly Disagree:

I believe that God loves me and cares for me.

Strongly Agree: Yes

Moderately Agree:

Somewhat Agree:

Somewhat Disagree:

Moderately Disagree:

Strongly Disagree:

I feel good about my future.

Strongly Agree: Yes

Moderately Agree:

Somewhat Agree:

Somewhat Disagree:

Moderately Disagree:

Strongly Disagree:

I feel very fulfilled and satisfied with my life.

Strongly Agree: Yes

Moderately Agree:

Somewhat Agree:

Somewhat Disagree:

Moderately Disagree:

Strongly Disagree:

I believe there is some real purpose for my life.

Strongly Agree: Yes

Moderately Agree:

Somewhat Agree:

Somewhat Disagree:

Moderately Disagree:

Strongly Disagree:

AFTER THE STUDY

UPDATED SPIRITUAL WELL BEING SCALE (Malinakova et al. J Relig Health (2017)

56:697-705

Each of the following questions will be provided after the enrollment in the study and at the end of the four weeks trial. Each question will be rated on a 6-point, Likert type scale ranging from strongly agree to strongly disagree.

I have a personally meaningful relationship with God.

Strongly Agree: Yes

Moderately Agree:

Somewhat Agree:

Somewhat Disagree:

Moderately Disagree:

Strongly Disagree:

I believe that God is concerned about my problems.

Strongly Agree: Yes

Moderately Agree:

Somewhat Agree:

Somewhat Disagree:

Moderately Disagree:

Strongly Disagree:

My relationship with God contributes to my sense of well-being.

Strongly Agree: Yes

Moderately Agree:

Somewhat Agree:

Somewhat Disagree:  
Moderately Disagree:  
Strongly Disagree:

I believe that God loves me and cares for me.

Strongly Agree: Yes  
Moderately Agree:  
Somewhat Agree:  
Somewhat Disagree:  
Moderately Disagree:  
Strongly Disagree:

I feel good about my future.

Strongly Agree: Yes  
Moderately Agree:  
Somewhat Agree:  
Somewhat Disagree:  
Moderately Disagree:  
Strongly Disagree:

I feel very fulfilled and satisfied with my life.

Strongly Agree: Yes  
Moderately Agree:  
Somewhat Agree:  
Somewhat Disagree:  
Moderately Disagree:  
Strongly Disagree:

I believe there is some real purpose for my life.

Strongly Agree: Yes  
Moderately Agree:  
Somewhat Agree:  
Somewhat Disagree:  
Moderately Disagree:  
Strongly Disagree:

#### AFTER THE STUDY

Qualitative Questions:

Do you believe God is concerned about your problems? Yes

Do you believe there is a meaning in sufferings? Yes

How was the music therapy helpful in your spiritual well-being? Yes, very good

Did music help you to reduce your spiritual pain? Yes

Did music help you to reduce the emotional pain? Yes

Did music help you to connect with the Supernatural Power? Yes

Do you believe music has a transformation power in your holistic healing? Yes

Do you recommend others those who are going through the end-of-life situations to use the music therapy? Yes

Did you enjoy the music therapy to uplift your spiritual well-being? Yes

Were you happy to have a music therapy session for you? Yes

Is there anything else you would want to add or say regarding the use of music during this study?

I enjoyed listening to the music for these four weeks and it gave me a soothing feeling to my soul. It helped me to feel comfort and peace. Music helped to feel the presence of God and a feeling of hope for the future. I will continue to listen to the music.

NAME: PARTICIPANT FIVE

AGE: 85

GENDER: Female

RACE: White

RELIGION: Christian

MARITAL STATUS: Married

PRIMARY DIAGNOSIS: Malignant Neoplasm of Liver

BEFORE THE STUDY

UPDATED SPIRITUAL WELL-BEING SCALE (Malinakova et al. J Relig Health (2017) 56:697-705

Each of the following questions will be provided after the enrollment in the study and at the end of the four weeks trial. Each question will be rated on a 6-point, Likert type scale ranging from strongly agree to strongly disagree.

I have a personally meaningful relationship with God.

Strongly Agree: Yes

Moderately Agree:

Somewhat Agree:

Somewhat Disagree:

Moderately Disagree:  
Strongly Disagree:

I believe that God is concerned about my problems.

Strongly Agree: Yes  
Moderately Agree:  
Somewhat Agree:  
Somewhat Disagree:  
Moderately Disagree:  
Strongly Disagree:

My relationship with God contributes to my sense of well-being.

Strongly Agree: Yes  
Moderately Agree:  
Somewhat Agree:  
Somewhat Disagree:  
Moderately Disagree:  
Strongly Disagree:

I believe that God loves me and cares for me.

Strongly Agree: Yes  
Moderately Agree:  
Somewhat Agree:  
Somewhat Disagree:  
Moderately Disagree:  
Strongly Disagree:

I feel good about my future.

Strongly Agree: Yes  
Moderately Agree:  
Somewhat Agree:  
Somewhat Disagree:  
Moderately Disagree:  
Strongly Disagree:

I feel very fulfilled and satisfied with my life.

Strongly Agree:  
Moderately Agree:  
Somewhat Agree: Yes  
Somewhat Disagree:  
Moderately Disagree:  
Strongly Disagree:

I believe there is some real purpose for my life.

Strongly Agree: Yes  
Moderately Agree:



Somewhat Agree:  
Somewhat Disagree:  
Moderately Disagree:  
Strongly Disagree:

The patient expired on 11/13/19 so could not do the final interview after the study

NAME: PARTICIPANT SIX

AGE: 76

GENDER: Female

RACE: White

RELIGION: Non-Denominational Christian

MARITAL STATUS: Married

PRIMARY DIAGNOSIS: Malignant Neoplasm of Left Kidney except Renal Pelvis

BEFORE THE STUDY

UPDATED SPIRITUAL WELL-BEING SCALE (Malinakova et al. J Relig Health (2017)  
56:697-705

Each of the following questions will be provided after the enrollment in the study and at the end of the four weeks trial. Each question will be rated on a 6- point, Likert type scale ranging from strongly agree to strongly disagree.

I have a personally meaningful relationship with God.

Strongly Agree: Yes

Moderately Agree:

Somewhat Agree:

Somewhat Disagree:

Moderately Disagree:

Strongly Disagree:

I believe that God is concerned about my problems.

Strongly Agree: Yes

Moderately Agree:

Somewhat Agree:

Somewhat Disagree:

Moderately Disagree:

Strongly Disagree:

My relationship with God contributes to my sense of well-being.

Strongly Agree: Yes

Moderately Agree:

Somewhat Agree:

Somewhat Disagree:

Moderately Disagree:  
Strongly Disagree:

I believe that God loves me and cares for me.

Strongly Agree: Yes  
Moderately Agree:  
Somewhat Agree:  
Somewhat Disagree:  
Moderately Disagree:  
Strongly Disagree:

I feel good about my future.

Strongly Agree: Yes  
Moderately Agree:  
Somewhat Agree:  
Somewhat Disagree:  
Moderately Disagree:  
Strongly Disagree:

I feel very fulfilled and satisfied with my life.

Strongly Agree: Yes  
Moderately Agree:  
Somewhat Agree:  
Somewhat Disagree:  
Moderately Disagree:  
Strongly Disagree:

I believe there is some real purpose for my life.

Strongly Agree: Yes  
Moderately Agree:  
Somewhat Agree:  
Somewhat Disagree:  
Moderately Disagree:  
Strongly Disagree:

The patient could not listen to the music due to continuous hospitalization and declining health; so, declined from the music listening study.

NAME: PARTICIPANT SEVEN

AGE: 93

GENDER: Female

RACE: White

RELIGION: Christian /Pentecostal

MARITAL STATUS: Widow

PRIMARY DIAGNOSIS: Malignant Neoplasm of Esophagus Unspecified

BEFORE THE STUDY

UPDATED SPIRITUAL WELL-BEING SCALE (Malinakova et al. J Relig Health (2017)

56:697-705

Each of the following questions will be provided after the enrollment in the study and at the end of the four weeks trial. Each question will be rated on a 6-point, Likert type scale ranging from strongly agree to strongly disagree.

I have a personally meaningful relationship with God.

Strongly Agree: Yes

Moderately Agree:

Somewhat Agree:

Somewhat Disagree:

Moderately Disagree:

Strongly Disagree:

I believe that God is concerned about my problems.

Strongly Agree: Yes

Moderately Agree:

Somewhat Agree:

Somewhat Disagree:

Moderately Disagree:

Strongly Disagree:

My relationship with God contributes to my sense of well-being.

Strongly Agree: Yes

Moderately Agree:

Somewhat Agree:

Somewhat Disagree:

Moderately Disagree:

Strongly Disagree:

I believe that God loves me and cares for me.

Strongly Agree: Yes

Moderately Agree:

Somewhat Agree:

Somewhat Disagree:

Moderately Disagree:

Strongly Disagree:

I feel good about my future.

Strongly Agree: Yes

Moderately Agree:

Somewhat Agree:  
Somewhat Disagree:  
Moderately Disagree:  
Strongly Disagree:

I feel very fulfilled and satisfied with my life.

Strongly Agree:  
Moderately Agree:  
Somewhat Agree: Yes  
Somewhat Disagree:  
Moderately Disagree:  
Strongly Disagree:

I believe there is some real purpose for my life.

Strongly Agree: Yes  
Moderately Agree:  
Somewhat Agree:  
Somewhat Disagree:  
Moderately Disagree:

#### AFTER THE STUDY

UPDATED SPIRITUAL WELL-BEING SCALE (Malinakova et al. J Relig Health (2017)  
56:697-705

Each of the following questions will be provided after the enrollment in the study and at the end of the four weeks trial. Each question will be rated on a 6- point, Likert type scale ranging from strongly agree to strongly disagree.

I have a personally meaningful relationship with God.

Strongly Agree: Yes  
Moderately Agree:  
Somewhat Agree:  
Somewhat Disagree:  
Moderately Disagree:  
Strongly Disagree:

I believe that God is concerned about my problems.

Strongly Agree: Yes  
Moderately Agree:  
Somewhat Agree:  
Somewhat Disagree:  
Moderately Disagree:  
Strongly Disagree:

My relationship with God contributes to my sense of well-being.

Strongly Agree: Yes

Moderately Agree:

Somewhat Agree:

Somewhat Disagree:

Moderately Disagree:

Strongly Disagree:

I believe that God loves me and cares for me.

Strongly Agree: Yes

Moderately Agree:

Somewhat Agree:

Somewhat Disagree:

Moderately Disagree:

Strongly Disagree:

I feel good about my future.

Strongly Agree: Yes

Moderately Agree:

Somewhat Agree:

Somewhat Disagree:

Moderately Disagree:

Strongly Disagree:

I feel very fulfilled and satisfied with my life.

Strongly Agree: Yes

Moderately Agree:

Somewhat Agree:

Somewhat Disagree:

Moderately Disagree:

Strongly Disagree:

I believe there is some real purpose for my life.

Strongly Agree: Yes

Moderately Agree:

Somewhat Agree:

Somewhat Disagree:

Moderately Disagree:

Strongly Disagree

## AFTER THE STUDY

Qualitative Questions:

Do you believe God is concerned about your problems? Yes

Do you believe there is a meaning in sufferings? Yes

How was the music therapy helpful in your spiritual well-being? Yes, lifted my spirit

Did music help you to reduce your spiritual pain? Yes

Did music help you to reduce the emotional pain? Yes

Did music help you to connect with the Supernatural Power? Yes

Do you believe music has a transformation power in your holistic healing? Yes

Do you recommend others who are going through end-of-life situations to use the music? Yes

Did you enjoy the music therapy to uplift your spiritual well-being? Yes

Were you happy to have a music therapy session for you? Yes

NAME: PARTICIPANT EIGHT

AGE: 55

GENDER: Male

RACE: White

RELIGION: Catholic

MARITAL STATUS: Single

PRIMARY DIAGNOSIS: Malignant Neoplasm of Unspecified part of Unspecified Bronchus or Lung

BEFORE THE STUDY

UPDATED SPIRITUAL WELL-BEING SCALE (Malinakova et al. J Relig Health (2017) 56:697-705

Each of the following questions will be provided after the enrollment in the study and at the end of the four weeks trial. Each question will be rated on a 6- point, Likert type scale ranging from strongly agree to strongly disagree.

I have a personally meaningful relationship with God.

Strongly Agree: Yes

Moderately Agree:

Somewhat Agree:

Somewhat Disagree:

Moderately Disagree:

Strongly Disagree:

I believe that God is concerned about my problems.

Strongly Agree: Yes  
Moderately Agree:  
Somewhat Agree:  
Somewhat Disagree:  
Moderately Disagree:  
Strongly Disagree:

My relationship with God contributes to my sense of well-being.

Strongly Agree: Yes  
Moderately Agree:  
Somewhat Agree:  
Somewhat Disagree:  
Moderately Disagree:  
Strongly Disagree:

I believe that God loves me and cares for me.

Strongly Agree: Yes  
Moderately Agree:  
Somewhat Agree:  
Somewhat Disagree:  
Moderately Disagree:  
Strongly Disagree:

I feel good about my future.

Strongly Agree: Yes  
Moderately Agree:  
Somewhat Agree:  
Somewhat Disagree:  
Moderately Disagree:  
Strongly Disagree:

I feel very fulfilled and satisfied with my life.

Strongly Agree: Yes  
Moderately Agree:  
Somewhat Agree:  
Somewhat Disagree:  
Moderately Disagree:  
Strongly Disagree:

I believe there is some real purpose for my life.

Strongly Agree: Yes  
Moderately Agree:  
Somewhat Agree:  
Somewhat Disagree:  
Moderately Disagree:  
Strongly Disagree:

Participant was not able to continue the music listening study due to limitations and hospitalizations, declined from participation of study.

NAME: PARTICIPANT NINE

AGE: 37

GENDER: Female

RACE: Asian

RELIGION: Hindu

MARITAL STATUS: Married

PRIMARY DIAGNOSIS: Malignant Neoplasm of Temporal Lobe

BEFORE THE STUDY

UPDATED SPIRITUAL WELL BEING SCALE (Malinakova et al. J Relig Health (2017)  
56:697-705

Each of the following questions will be provided after the enrollment in the study and at the end of the four weeks trial. Each question will be rated on a 6-point, Likert type scale ranging from strongly agree to strongly disagree.

I have a personally meaningful relationship with God.

Strongly Agree: Yes

Moderately Agree:

Somewhat Agree:

Somewhat Disagree:

Moderately Disagree:

Strongly Disagree:

I believe that God is concerned about my problems.

Strongly Agree: Yes

Moderately Agree:

Somewhat Agree:

Somewhat Disagree:

Moderately Disagree:

Strongly Disagree:

My relationship with God contributes to my sense of well-being.

Strongly Agree: Yes

Moderately Agree:

Somewhat Agree:

Somewhat Disagree:

Moderately Disagree:

Strongly Disagree:



I believe that God loves me and cares for me.

Strongly Agree: Yes

Moderately Agree:

Somewhat Agree:

Somewhat Disagree:

Moderately Disagree:

Strongly Disagree:

I feel good about my future.

Strongly Agree: Yes

Moderately Agree:

Somewhat Agree:

Somewhat Disagree:

Moderately Disagree:

Strongly Disagree:

I feel very fulfilled and satisfied with my life.

Strongly Agree: Yes

Moderately Agree:

Somewhat Agree:

Somewhat Disagree:

Moderately Disagree:

Strongly Disagree:

I believe there is some real purpose for my life.

Strongly Agree: Yes

Moderately Agree:

Somewhat Agree:

Somewhat Disagree:

Moderately Disagree:

Strongly Disagree:

#### AFTER THE STUDY

UPDATED SPIRITUAL WELL BEING SCALE (Malinakova et al. J Relig Health (2017)

56:697-705

Each of the following questions will be provided after the enrollment in the study and at the end

of the four weeks trial. Each question will be rated on a 6-point, Likert type scale ranging from

strongly agree to strongly disagree.

I have a personally meaningful relationship with God.

Strongly Agree: Yes

Moderately Agree:

Somewhat Agree:

Somewhat Disagree:  
Moderately Disagree:  
Strongly Disagree:

I believe that God is concerned about my problems.

Strongly Agree: Yes  
Moderately Agree:  
Somewhat Agree:  
Somewhat Disagree:  
Moderately Disagree:  
Strongly Disagree:

My relationship with God contributes to my sense of well-being.

Strongly Agree: Yes  
Moderately Agree:  
Somewhat Agree:  
Somewhat Disagree:  
Moderately Disagree:  
Strongly Disagree:

I believe that God loves me and cares for me.

Strongly Agree: Yes  
Moderately Agree:  
Somewhat Agree:  
Somewhat Disagree:  
Moderately Disagree:  
Strongly Disagree:

I feel good about my future.

Strongly Agree: Yes  
Moderately Agree:  
Somewhat Agree:  
Somewhat Disagree:  
Moderately Disagree:  
Strongly Disagree:

I feel very fulfilled and satisfied with my life.

Strongly Agree: Yes  
Moderately Agree:  
Somewhat Agree:  
Somewhat Disagree:  
Moderately Disagree:  
Strongly Disagree:

I believe there is some real purpose for my life.

Strongly Agree: Yes

Moderately Agree:  
Somewhat Agree:  
Somewhat Disagree:  
Moderately Disagree:  
Strongly Disagree:

#### AFTER THE STUDY

Qualitative Questions:

Do you believe God is concerned about your problems? Yes

Do you believe there is a meaning in sufferings? Yes

Was the music therapy helpful in your spiritual well-being? Yes

Did music help you to reduce your spiritual pain? Yes

Did music help you to reduce the emotional pain? Yes

Did music help you to connect with the Supernatural Power? Yes

Do you believe music has a transformation power in your holistic healing? Yes

Do you recommend others who are going through end-of-life situations to use the music listening? Yes

Did you enjoy the music therapy to uplift your spiritual well-being? Yes

Were you happy to have a music therapy session for you? Yes

Is there anything else you would want to add or say regarding the use of music during this study?

Feel relaxed, comforted, and helps to forget anxiety. It is a special life experience to listen to the music.

NAME: PARTICIPANT TEN

AGE: 56

GENDER: Male

RACE: White

RELIGION: Christian

MARITAL STATUS: Divorced

PRIMARY DIAGNOSIS: Malignant Neoplasm of Esophagus

#### BEFORE THE STUDY

UPDATED SPIRITUAL WELL-BEING SCALE (Malinakova et al. J Relig Health (2017)  
56:697-705

Each of the following questions will be provided after the enrollment in the study and at the end of the four weeks trial. Each question will be rated on a 6-point, Likert type scale ranging from strongly agree to strongly disagree.

I have a personally meaningful relationship with God.

Strongly Agree: Yes

Moderately Agree:

Somewhat Agree:

Somewhat Disagree:

Moderately Disagree:

Strongly Disagree:

I believe that God is concerned about my problems.

Strongly Agree: Yes

Moderately Agree:

Somewhat Agree:

Somewhat Disagree:

Moderately Disagree:

Strongly Disagree:

My relationship with God contributes to my sense of well-being.

Strongly Agree: Yes

Moderately Agree:

Somewhat Agree:

Somewhat Disagree:

Moderately Disagree:

Strongly Disagree:

I believe that God loves me and cares for me.

Strongly Agree: Yes

Moderately Agree:

Somewhat Agree:

Somewhat Disagree:

Moderately Disagree:

Strongly Disagree:

I feel good about my future.

Strongly Agree: Yes

Moderately Agree:

Somewhat Agree:

Somewhat Disagree:

Moderately Disagree:  
Strongly Disagree:

I feel very fulfilled and satisfied with my life.

Strongly Agree:  
Moderately Agree:  
Somewhat Agree: Yes  
Somewhat Disagree:  
Moderately Disagree:  
Strongly Disagree:

I believe there is some real purpose for my life.

Strongly Agree: Yes  
Moderately Agree:  
Somewhat Agree:  
Somewhat Disagree:  
Moderately Disagree:  
Strongly Disagree:

#### AFTER THE STUDY

UPDATED SPIRITUAL WELL-BEING SCALE (Malinakova et al. J Relig Health (2017)  
56:697-705

Each of the following questions will be provided after the enrollment in the study and at the end of the four weeks trial. Each question will be rated on a 6-point, Likert type scale ranging from strongly agree to strongly disagree.

I have a personally meaningful relationship with God.

Strongly Agree: Yes  
Moderately Agree:  
Somewhat Agree:  
Somewhat Disagree:  
Moderately Disagree:  
Strongly Disagree:

I believe that God is concerned about my problems.

Strongly Agree: Yes  
Moderately Agree:  
Somewhat Agree:  
Somewhat Disagree:  
Moderately Disagree:  
Strongly Disagree:

My relationship with God contributes to my sense of well-being.

Strongly Agree: Yes  
Moderately Agree:  
Somewhat Agree:  
Somewhat Disagree:  
Moderately Disagree:  
Strongly Disagree:

I believe that God loves me and cares for me.

Strongly Agree: Yes  
Moderately Agree:  
Somewhat Agree:  
Somewhat Disagree:  
Moderately Disagree:  
Strongly Disagree:

I feel good about my future.

Strongly Agree: Yes  
Moderately Agree:  
Somewhat Agree:  
Somewhat Disagree:  
Moderately Disagree:  
Strongly Disagree:

I feel very fulfilled and satisfied with my life.

Strongly Agree: Yes  
Moderately Agree:  
Somewhat Agree:  
Somewhat Disagree:  
Moderately Disagree:  
Strongly Disagree:

I believe there is some real purpose for my life.

Strongly Agree: Yes  
Moderately Agree:  
Somewhat Agree:  
Somewhat Disagree:  
Moderately Disagree:  
Strongly Disagree:

#### AFTER THE STUDY

Qualitative Questions:

Do you believe God is concerned about your problems? Yes

Do you believe there is a meaning in sufferings? Yes

Was music therapy helpful in your spiritual well-being? Yes

Did music help you to reduce your spiritual pain? Yes

Did music help you to reduce the emotional pain? Yes

Did music help you to connect with the Supernatural Power? Yes

Do you believe music had a transformation power in your holistic healing? Yes

Do you recommend others who are going through end-of-life situations to use the music therapy?

Yes

Did you enjoy music therapy to uplift your spiritual well-being? Yes

Were you happy to have a music therapy session for you? Yes

Is there anything else you would want to add or say regarding the use of music during this study?

I will recommend everyone to listen to the music. It will help to relax and feel comfort and peace.

## **PARTICIPANTS REACTIONS TO THE MUSIC STUDY**

Research participant one is a lady of sixty-eight years of age, suffering from COPD. She believes in God's promises. Amazing Grace is her favorite song, and she always sings the song whenever she is going through any difficulty in breathing or any stress. She testified that this song provides her special strength and hope in God's healing. The researcher noticed the changes in her facial expression and smiling face. Her comments at the end of the study: "Yes, it was a new life experience. It was very helpful in keeping my spiritual well-being stronger and meaningful. It helped me to relax and forget my struggles and discomfort. It was a time of experiencing peace and hope and a feeling of satisfaction in my life."

Research participant number three is a female widow, seventy-nine years of age. She suffers from lung cancer stage 4. She enjoyed listening to the song "How Great Thou Art." She doesn't have any religion, but she believes in the Creator of this universe and all creations of this world. She said, "You call him God, but I believe He is the creator." When she listens to this song it makes her comfortable and peaceful. Her comments at the end of the study: "It was peaceful, and I recommend music to any patient and caregivers, visitors, it will make the difference in their attitude and mind, will provide comfort and peace."

Research participant number four is a male, sixty-five years of age, suffering from COPD. Following the study his comments were, "I enjoyed listening to the music for these four weeks and it gave me a soothing feeling to my soul. It helped me to feel comfort and peace. Music helped to feel the presence of God and a feeling of hope for the future. I will continue to listen to music."



Research participant number nine is a married female, thirty-seven years of age with malignant neoplasm of the temporal lobe. After the study she commented, “Feel relaxed, comforted, and music helps to forget anxiety. It is a special life experience to listen to the music.

Research participant number ten is a divorced male, fifty-six years of age with malignant neoplasm of the esophagus. Following the study he commented, “I will recommend to everyone to listen to music. It will help to relax and to feel comfort and peace.”

At the end of the research project, the participants were asked eleven qualitative questions. One of those questions was, “Was the music therapy helpful in your spiritual well-being?” Out of ten participants, three patients answered “yes.” One patient answered, “Very helpful to develop.” One patient answered, “Yes, very good.” Another patient answered, “Yes, it lifted my spirit.” Three patients were very sick and declined to complete the final questions. One patient had expired.

Another question asked of the participants was, “Do you believe music had a transformation power in your holistic healing?” Out of ten participants, six patients answered “yes.” Three patients were very sick and declined to complete the final questions. One patient had expired.

## Chapter 5

### Conclusion

The research on hospice patients, “The Effect of Music on Spiritual Well-being Among Hospice Patients, was an interesting and beneficial study. This research was conducted with patients belonging to the Sapphire and Green teams of LifePath Hospice.

The researcher will stress upon this organization to introduce listening to music as a spiritual tool, along with the comfort level of medical assistance, as a spiritual care prescription. The researcher has been blessed through this study by supporting and helping hospice patients develop spiritual strength and have a healthy spiritual well-being through peace and comfort.

The researcher recommends that organizations introduce music to hospice patients such as this research has implemented, having the patients listen to the music of their own choice regularly, at least one hour per day. They should consider this as a *spiritual care prescription*, just like medical prescriptions. The hospice organizations can include this in their spiritual care support procedures, and they should provide the music tools like a tape recorder and music CDs free of cost to the patients, to encourage them to listen to the music

The researcher has come to the findings of the following effects: “Music is sometimes used to relax and soothe people. After a stressful event, listening to calming or classical music relaxes the body and mind. Music can also induce a more positive state of mind.”<sup>76</sup> It is believed that music triggers different emotions in different people.

Music has a transforming and transcending power to all living beings. Upon awakening in the morning, the melodious songs of the birds will bring a fresh and pleasant feeling to start

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<sup>76</sup> UK Essays, (November 2018). The power of music. Retrieved from <https://www.ukessays.com/essays/music/the-power-of-music.php?vref=1>

off the day. Patients who are experiencing end of life situations are going through emotional, mental, and spiritual pain and agony, they are longing for comfort and peace. Music is a very effective spiritual tool for everyone who experiences physical, mental, and spiritual pain in their distress and loneliness. Sheri Heeb explains that “music therapy enhances and helps the memory and reduces the dementia patient’s anxiety. Music connects with the relationship with the power of God and helps them in spiritual comfort.”<sup>77</sup>

The Alzheimer patients and dementia patients in this researcher’s patient care list, have proven it to be true that when spiritual support through spiritual presence and helping them listen to the music has been provided, the patients experienced spiritual joy and expressed gladness. They forgot their pain and distress and enjoyed listening to the music. The transforming and transcending experience can be seen in their faces and in their actions.

The researcher has seen the same effect in people who were going through PTSD. Post-Traumatic Stress Disorder (PTSD) is developed in persons who have experienced a traumatic event. This can develop in any age and needs to be treated by therapy, counseling, and through medications. “After the event, the person experiences a number of anxiety symptoms, dissociation, and can be found within three days; if these symptoms persist more than 4 weeks, it is confirmed that it is PTSD.”<sup>78</sup> There are effective therapies and treatments for PTSD and the persons who are affected must go through therapies and treatments. The children and adolescents are privileged to have effective treatment through cognitive behavior therapy. The teachers and parents must be able to identify the symptoms in children and need to give them the appropriate

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<sup>77</sup> Sheri Heeb, “Enhancing the Spiritual-Well Being of Alzheimer’s Patients Utilizing Music” (*Masters Theses*, Liberty University School of Divinity, 2017).

<sup>78</sup> Johnson and Johnson, *The Minister’s Guide to Psychological Disorders And Treatments*, Routledge, 2014, 91

therapy and treatments. Veterans who are suffering from PTSD, have different resources to receive effective therapies and treatment through VA hospital benefits. To conclude, it is imperative to educate the seriousness of PTSD and provide the available therapies and treatment to the families and communities. As Dr. Norman Wright stated, “Life is a journey and life’s transition is a period of moving from one state of certainty to another, with an interval of uncertainty and change in between. It’s like traveling from one island to another. We have solid ground to move on. The Bible sees all of life as a pilgrimage.”<sup>79</sup> A classmate of this researcher in the clinical pastoral education, who was a Vietnam veteran, testified that he had PTSD for a long time and now through listening to music he experienced peace and comfort. He stated that “music has a healing power.”

American musician Billy Joel said, “I think music in itself is healing. It’s an explosive expression of humanity. It’s something we are all touched by. No matter what culture we are from, everyone loves music. It is this universal bond with music that has led researchers across the globe to investigate its therapeutic potential.”<sup>80</sup>

“A study led by Brunel University in the UK suggested that music may reduce pain and anxiety for patients who have undergone surgery. By analyzing 72 randomized controlled trials involving more than 7000 patients who received surgery, researchers found that those who were played music after their procedure, reported feeling less pain and anxiety than those who did not listen to music, and they were also less likely to need pain medication.”<sup>81</sup> Socrates said, “When the soul hears music, it drops its best guard. That for me is one of the best descriptions of the

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<sup>79</sup> Dr. Wright, H.N, Crisis & Trauma Counseling, Bethany House, 2011

<sup>80</sup> <https://www.medicalnewstoday.com/articles/302903>

<sup>81</sup> <https://www.medicalnewstoday.com/articles/302903#Reducing-pain-and-anxiety>

power that music has. With music it is possible to open a door in the heart of the listener. Once inside, the musician can either beautify the interior of that soul or desecrate that most holy of place.”<sup>82</sup>

It has been proven through research studies that music is considered as the bridge which the physical and spiritual are connected. The body, soul and the Spirit are the three components united to the function as a person. The healing of the body, soul and spirit is inevitable for a healthy personality.

The patients feel exhausted and distressed when they are going through pain and uncertainty. Fear is the most prominent strong enemy, which drives these patients into hopelessness and an unpeaceful life. Fear of known and unknown reasons will add more physical and spiritual pain to their life. Music will help them to overcome these kinds of fear and will help them to connect with supernatural power. Music has a transforming power to help the patients become stronger and help them to accept the difficulties as stepping steps to the healing process. Thus, music will bring them an attitude of self-conscience power to fight through the weakness and hopelessness. It is a proven life experience that the more they spend time listening to the music of their own choice, the sooner they will experience spiritual strength and emotional healing. The researcher has heard inspirational testimonies concerning music from patients who were suffering with physical pain and emotional pain due to cancer. After listening to music, their pain decreased and they become stronger every day, leading them to proclaim that they wanted to live longer and felt safe to enjoy the rest of their life, even with the infirmities and uncertainties. The hope redemption is a real power they experience during this crisis. They will

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<sup>82</sup> <https://www.crosswalk.com/faith/spiritual-life/from-the-study-the-power-of-music-1297002.html>

live with the present situation as they are. It is very important to accept who they are, and they can go on with their limitations and weaknesses.

The care givers and family members of each participant were very helpful to the patients, encouraging them to listen to the music regularly. This attitude helped the participants to continue to listen to the music of their own choice and enjoy the benefit of listening to the music for their healing of the body, soul, and mind.

Beverly Merz, Executive Editor, Harvard Women's Health Watch, stated that "Music therapy is a burgeoning field. Those who become certified music therapists are accomplished musicians who have deep knowledge of how music can evoke emotional responses to relax or stimulate people or help them heal."<sup>83</sup> These trained music therapists are competent to introduce the best way of listening to music according to the specific needs of the patient's physical and spiritual healing. There are patients who are suffering from different types of cancer, and the music has a healing power if they constantly listen to the music. It will bring comfort, peace, and hope to the soul and spirit.

Participants of this writer's research study who were suffering from cancer were benefitted by listening to music. They testified that when they were going through severe pain, the music helped them to experience a soothing feeling and no feeling of pain. Merz in her article further stated that the trained music therapists, "combine their knowledge in music with a wide variety of musical styles to find the specific kind that can get you through a challenging physical rehab session."<sup>84</sup> They may play music for the patients or with patients, or even teach them how

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<sup>83</sup> Beverly Merz, Executive Editor, Harvard Women's Health Watch, posted November 05, 2015, "Healing through Music."

<sup>84</sup> Merz, "Healing through Music."

to play a musical instrument. “Technology gives us so much access to all kinds of music that we can find and play almost any kind of music you like.”<sup>85</sup> It was noticed in this research study that the cancer participants testified that music is very effective for reducing side effects. Merz stated that, “Listening to music reduces anxiety associated with chemotherapy and radiotherapy. It can also quell nausea and vomiting for patients receiving chemotherapy”<sup>86</sup>

Studies have shown that music improves invasive procedures. Merz states, “In controlled clinical trials of people having colonoscopies, cardiac angiography, and knee surgery, those who listened to music before their procedure had reduced anxiety and reduced need for sedatives. Those who listened to music in the operating room reported less discomfort during their procedure. Hearing music in the recovery room lowered the use of opioid painkillers.”<sup>87</sup>

Listening to the music has a very powerful effect on people who are experiencing pain and distress. In the research study of Beverly Merz, it is reported that

Music therapy has been tested in patients ranging from those with intensive acute pain to those with chronic pain from arthritis. Overall, music therapy decreases pain prescription, reduces the amount of pain medication needed, helps relieve depression, and gives people a sense of better control over their pain. Music improves quality of life for dementia patients. The ability to engage with music remains intact late into the disease process, listening to music can help to recall memories, reduce agitation, assist communication, and improve physical coordination.<sup>88</sup>

This researcher confirms that the findings of Merz is true in reference to dementia patients. His father-in-law was suffering from dementia, and he liked to listen to music. Listening to music helped him with reducing pain and increased his quality of life. Finally, after five years with dementia, his life ended, and he is resting in peace. Music has a magical power.

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<sup>85</sup> Merz, “Healing through Music.”

<sup>86</sup> Ibid

<sup>87</sup> Ibid.

<sup>88</sup> Ibid.

Elizabeth Scott, in her research (recommended and reviewed by Carly Snyder, MD) discusses the therapeutic power of music: “Listening to the music can be a quick route to getting anyone into a better mood, but it’s becoming increasingly clear that there’s much more to the benefits of music than just a quick boost for his outlook. Research has shown that music has a profound effect on body and psyche.”<sup>89</sup> Scott stated that “Those who practice music therapy are finding a benefit in using music to help cancer patients, children with ADD, and others, and even hospitals are beginning to use music and music therapy to help with pain management, to help ward off depression, to promote movement, to calm patients to ease muscle tension, and for many other benefits that music and music therapy can bring. This is not surprising, as music affects the body and mind in many powerful ways.”<sup>90</sup>

Elizabeth Scott describes in her article about the effects of music and how music can be a therapeutic tool in the healthcare to bring healing to the body, mind, and spirit. She believes in the therapeutic effects of music which explains the effectiveness of music therapy as follows. “Brain Waves: Music with a strong beat can simulate brainwaves to resonate in sync with faster beats bringing sharper concentration and more alert thinking, and slower tempo promoting a calm, meditative state. The change in brainwave activity levels that music can bring, can also enable the brain to shift speeds more easily on its own as needed, which means that music can bring lasting benefits to the state of mind, even after one has stopped listening.” “Breathing and Heart Rate: Listening to music can be benefitted in breathing and heart rate due to the relaxation response and it brings slower breathing and slower heart rate.”<sup>91</sup>

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<sup>89</sup> [Elizabeth Scott, MS](#), “How Music Can Be Therapeutic,” Medically reviewed by [Carly Snyder, MD](#) on March 5, 2020.

<sup>90</sup> Ibid.

<sup>91</sup> Scott, “How Music Can be Therapeutic.”



Music reduces chronic stress and can be benefitted to achieve positive mental attitude to create a depression and anxious free state of mind. Scott confirms that listening to music can help to lower blood pressure, so it reduces the risk of stroke and other health problems. There are many more benefits in listening to music as a therapeutic means to develop one's own discipline. "Using music on your own to improve health," as Scott describes that "music has great influence in forming and developing self -discipline."<sup>92</sup>

The spiritual well-being of patients will help promote physical and mental healing, and the use of music enhances their spiritual well-being. Quoting the following words of Elizabeth Scott, "Music can be used in daily life for relaxation, to gain energy when feeling drained, for catharsis when dealing with emotional stress, and in other ways as well. Most of us know from experience that music can dissolve the stress of a long drive, keep us motivated to exercise, and take us right back to positive experiences in our past, which can be a happiness booster and stress reliever."<sup>93</sup>

The participants and the family members in this study enjoyed the opportunity they received to listen to the music of their own choice when they were going through the crisis. Their words of thanks and gratitude will be encouraging to the hospice patients to accept the spiritual tool of music. Listening to music will help make a difference in their spiritual well-being and end of life circumstances, to celebrate their life. "The Effect of Music on Spiritual Well-Being Among Hospice Patients" provides an introduction of a new spiritual tool to be added to the present methodology of spiritual support and care.

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<sup>92</sup> Scott, "How Music Can be Therapeutic."

<sup>93</sup> Ibid.

There is more study to be done regarding music therapy and the hospice patient. This research was limited to a small group of patients within a limited amount of time. It was difficult to carry out the study during a nationwide pandemic, along with the restrictions placed on visiting the patients in person. However, it brought great joy seeing the patients respond to the music. It was hard to track every area in the study for each patient because some of the patients transitioned before the study was over.

Through this study, this researcher has learned valuable information about relationships with patients and how compassion can be manifested in other ways, such as using the tool of music therapy. The power of music in the transition of a soul from this life to the next can bring an abundance of peace and comfort to terminal patients.

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## APPENDIX A

### Unique Care: Spiritual & Emotional Needs in Hospice

Posted on Wednesday, March 8, 2017, in Hospice Education

When people envision healthcare at the end of life, they typically think of the nurses and aides providing physical care such as checking vital signs, administering medication, and bathing. While those actions are vitally important, in hospice care, the *whole* patient is treated. This means giving equal attention to the patient's **emotional and spiritual needs**.

*"Hospice care is holistic by design. You cannot attend to the physical side of the process without being mindful of the spiritual and emotional aspects of dying,"* explains **Sherri Bickley**, LMSW, M.Th., Vice President of Clinical Support Services for **Crossroads Hospice & Palliative Care**.

#### Hospice emotional care

Understandably, terminally ill patients may suffer from depression, anxiety, and anger about their situation. In addition, as patients review their lives, they may find regrets over things they have said or done – or things they never got to say or do. All of this can greatly diminish a patient's quality of life. Hospice social workers are trained to offer hospice emotional care – working with the patient, listening to their stories, and addressing their concerns.

Emotional support is also available to the families of patients. Caregivers have their own sadness and anxiety over the impending loss of a loved one. They may also feel resentment and anger over the situation or toward other family members. Tension within the family can create a great deal of stress for the people surrounding the patient – from disappointments and disagreements to substance abuse issues. Crossroads' social workers understand the family dynamics at play and can create a plan to work through concerns.

#### Hospice spiritual care

In addition to emotional concerns at end of life, many patients experience spiritual concerns. They may have questions about their faith or worry about the impact of decisions they have made in their lives. Hospice spiritual care from Crossroads' chaplains can provide solace and address spiritual concerns.

Veterans often feel regret about some of the decisions they made on the battlefield. For some, the horrors of war lead to post-traumatic stress disorder (PTSD) late in life. Crossroads' staff receives specialized training to assist Veterans who are struggling with emotional, psychological, and spiritual concerns at end of life.

**Hospice care for the whole patient.**

Treating both the physical needs as well as the emotional and spiritual needs of terminally ill patients is an essential tenet of hospice care. Crossroads' team provides support for the mind, body, and soul, so that patients can make the most of every day they have left.

If you know someone who could use the support of hospice or would like to know more about the [hospice care programs](#) offered at Crossroads, please call us at 1-888-564-3405.

**Recommended Reading:**

[Unique Care Plans: Veterans](#)

[3 Ways to Manage Caregiver Resentment](#)

[Spiritual Care is a Team Effort](#)



## APPENDIX B

### LIBERTY ONLINE DMIN PACO 840-B02 RESEARCH PAPER

#### **THERAPIES AND TREATMENT FOR POST-TRAUMATIC STRESS DISORDER (PTSD)**

**Presented by Mathai Abraham**

##### **Abstract**

According to Heather Hanks, Post-Traumatic Stress Disorder (PTSD) is a mental health condition, a psychiatric problem due to either experiencing a traumatic life event or witnessing a terrific event like an accident, disaster, death dear ones, rape, personal assault. The common symptoms are anxiety, nightmares, flashbacks, obsessive, or uncomfortable feelings and thoughts. It can be found in children and adolescents, adults, and those who served in the military services during WWI, WW II, Korean War, Vietnam War as our veterans. We honor them for their great services rendered to the freedom of the nation. The traumatic events they had experienced in their life can develop to a post-traumatic stress disorder, and they need to be given professional counseling, therapy, and treatments. Psychological therapies are available for the treatment of PTSD. Cognitive therapy and group exposure therapies are effective and acceptable for the treatment of PTSD in children and adolescents and veterans. Medicine such as SSRI antidepressants and other medications are now available as effective treatments. Other alternative treatments include relaxation, massage, hypnosis, attention control, and behavior reinforcement (AACAP 1998, Perrin 2000), Hyperbaric Oxygen Therapy as a Potential Treatment for PTSD with Traumatic Brain Injury, Virtual reality exposure-based therapy: Spiritually Integrated Cognitive Processing Therapy, A New Treatment for Post-Traumatic Stress Disorder That Targets Moral Injury. There are more advanced therapies and treatments available and need to be educated to the individuals, families, and communities.

## Introduction

I am presenting a research paper on the topic “Therapies and Treatments for Post-Traumatic Stress Disorder.” Post-traumatic stress disorder (PTSD) is a psychiatric disorder. It can be found in children and adults. People who have experienced or witnessed a traumatic event such as a natural disaster, a serious accident, a terrorist attack, war combat, rape, or other violent personal assault may develop PTSD. This has been known as “shell shock” during WW I and combat fatigue after WW II. “It can occur in all people of any ethnicity, nationality, or culture at any age. It is affected by 3.5 percent of U.S adults, an estimated 1 in 11 people in their lifetime. Women are twice as men with PTSD”.<sup>94</sup> The diagnosis stated that the people affected by PTSD experience high intense of disturbing thoughts and feelings related to their experience that last long after the traumatic event has ended. People with PTSD may feel sadness, fear, anger. It is brought out by the flashback and nightmares. There are effective therapies and treatments available for PTSD and need to be educated in the families and communities for the awareness of the need for the treatment and therapies.

I will be focusing on the available sources of therapies and treatments for PTSD so that it will be benefitted to the people who are affected by PTSD. In my ministry as a Chaplain, I have had lots of veterans served in WW I, WW II, and the Korean War, Vietnam War suffering from PTSD. It is a blessing for them to know about the available sources of therapies and treatments out there for them

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<sup>94</sup> Ibid.

## Body

According to the Ranna Parekh, from his review in this topic, he stated the Synopsis of Post-Traumatic Stress Disorder falls under four categories. It can vary in severity and intensity.

1. Intensive thoughts, such as memories, distressing dreams, flashbacks of the traumatic event. People feel they are reliving the traumatic experience or seeing it before their eyes.
2. They may avoid people, places, activities, objects, and situations that bring on disturbing memories to them. They may resist talking about what happened or how they feel about the incident.
3. People will have negative thoughts and feelings in their ongoing and distorted beliefs about themselves and others. Self-accusation of self: “I am bad” “No one can be trusted.” These come from their fear, anger, guilt, or shame. They may lose interest in activities previously enjoyed due to a feeling of detachment or estranged from others.
4. They reflect arousal and reactive symptoms like being irritable and having an angry outburst, behaving recklessly or in a self- destructive way, being easily started or concentrating on problems or sleeping.”<sup>95</sup>

The research reveals that many people who are exposed to PTSD the symptoms last for more than a month and persist for months and years. The symptom may appear in various forms and cause significant distress, depression, substance use, memory problems, and other physical and mental and spiritual problems. Acute stress disorder is related with PTSD, and it can cause distress and detachment from others and feel less interest in the previous lifestyle which they enjoyed in the past. As per Ranna Parekh, “13- 21 percent of survivors of car accidents develop acute stress disorder and between 29-50 percent of survivors of assault, rape or mass shootings develop it. Treatment of this acute stress disorder is available as Psychotherapy, including

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<sup>95</sup> Ibid.

cognitive behavior therapy help to control the symptoms and to prevent them from getting worse and developing into PTSD. Medicine such as SSRI antidepressants can help the symptoms. “<sup>96</sup>

It is interesting to learn how the children and adolescents with PTSD can be treated stated Parekh in his review that “controlled trials of psychological therapies compared to a pharmacological control therapy or other treatments will be effective for children and adolescents.”<sup>97</sup>

Research is conducted on children and adolescents by a group of researchers, Donna Gillies, Fiona Taylor, Carl Gray, Louise O’ Brian, and Natalie D’Abreu; they stated that “PTSD is highly prevalent in children and adolescents who have experienced trauma and have high personal and health costs. Although a wide range of psychological therapies have been used in the treatment of PTSD, there are no systematic reviews of these therapies in children and adolescents”<sup>98</sup> The above group of researchers conducted research on 758 participants. The participants were exposed to sexual abuse, civil violence, natural disaster, domestic violence, and motor vehicle accidents. “These participants were clients of trauma-related support service. The psychological therapies used in these studies were cognitive behavioral therapy (CBT), exposure-base psychodynamic, narrative counseling, and eye movement desensitization and reprocessing (EMDR).”<sup>99</sup>

After their research studies, they came up with the conclusions, “There is evidence for the effectiveness of psychological therapies. CBT is also effective for treating PTSD in children and adolescents. The findings of these reviews are limited by the potential for methodological biases

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<sup>96</sup> Ibid Ranna Parekh

<sup>97</sup> Ibid.

<sup>98</sup> Donna Gillies, Fiona Taylor, Carl Gray, Louise O’ Brian, Natalie D’ Abreu *Psychological therapies for the treatment of post-traumatic stress disorder in children and adolescents, Cochrane Review*<sup>98</sup> Ibid.

- Intervention Version published: 12 December 2012

<sup>99</sup> Ibid.

and the small number. There was evidence of substantial heterogeneity in some analyses, which could not be explained by a subgroup of sensitivity analysis.”<sup>100</sup>

Regarding advance studies on this type of treatments, the following findings are reported by Robertson, 2004 who stated that “Because people who have undergone trauma often have impaired social and interpersonal responses, interpersonal therapy is used to improve their social and interpersonal function. The aim of exposure therapy is to help patients overcome PTSD symptoms through exposure to specific or non-specific cues or memories related to the trauma (Neuner 2004, Robertson 2004)”<sup>101</sup>

According to Neuner 2004, the fragmentation and distortion of memories and cognitions associated with trauma are thought to prevent symptom resolution, and narrative therapy is used to help someone reconstruct a consistent narrative about the trauma. In psychodynamic psychotherapy and individual works with a therapist to develop a better understanding of their responses to the trauma and how it impacts their feelings, behavior, and relationships (AACAP 2010, Blue Press 2012)”.<sup>102</sup> Further studies revealed that the psychotherapy is compared with the pharmacological treatment (AACAP1998.) and Donnelly, 2002, “at this present time there is not enough evidence to recommend their use for the treatment of PTSD in Children and adolescents.” Other alternative treatments include relaxation, massage, hypnosis, attention control, and behavior reinforcement (AACAP 1998, Perrin 2000)<sup>103</sup> Virtual reality exposure-therapy, prolonged exposure treatment, Hyperbaric Oxygen Therapy as a Potential Treatment for PTSD with Traumatic Brain Injury,

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<sup>100</sup> Ibid.

<sup>101</sup> Ibid.

<sup>102</sup> Ibid.

<sup>103</sup> Ibid.

### **Group Exposure Therapy Treatment:**

Castillo DT, C' de Baca, Qualls S, Bornovalova MA, researched PTSD on female veterans through group therapy method and recorded the objectives, methodology, and results of group therapy. It is a very informative outcome of the research in this field of study. "The purpose of this study was to examine the application of a group exposure therapy model. It consisted solely of repeated imaginal exposure during sessions, in a clinical sample of female veterans with PTSD. Group therapy delivery of exposure therapy will expand options, increase efficiency, and introduce group curative factors. Eighty- eight female veterans with PTSD completed a six sessions exposure group. Three participants per group as a component of a larger treatment program. The PTSD symptoms checklist (PCL) was used as the outcome and administered in each session. The result of this method with 40% of completers showing at least 10- point drop in the PCL scores. A repeated measures analysis of variance showed a significant main effect and a significant quadratic equation. With expected initial increases in the PC, followed by a decrease below baseline at session 6. They came with the conclusion that "the group exposure treatment protocol showed positive outcomes on PTSD symptoms in a real - world clinical sample of female veterans. It is a blessing for the therapist to use this model of treatment as a choice for the female veterans with PTSD".<sup>104</sup>

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<sup>104</sup> Castillo DT; C' de Baca J; Qualls C; Bornovalova MA, Military Medicine [Mil Med], ISSN: 0026-4075, 2012 Dec; Vol. 177 (12), pp. 1486-91; Publisher: Association of Military Surgeons, United States; PMID: 23397693.

### **Virtual reality exposure-based therapy:**

Cristina Botella, Berenice Serrano, Rosa M Banos, and Azucena Garcia-Palacios did their combined research on Virtual reality exposure-based therapy for the treatment of the post-traumatic disorder, a review of its efficacy, the adequacy of the treatment protocol, and its acceptability. According to them, the exposure therapy has limitations. Virtual reality (VR) is beneficial to improve prolonged exposure. The reason for this is that “it creates fictitious, safe, and controllable situations that can enhance emotional engagement and acceptance. The purpose of this study was to contribute to analyzing the use of VR-EBT by first, evaluating the adequacy of psychological treatment protocols that use VR-EBT to treat PTSD., and second analyzing the acceptance of VR-EBT.”<sup>105</sup> Their methodology was replica research with descriptors and databases used in two previous reviews and updated to April 2015. They carried out an evaluation of the efficacy, adequacy, and acceptability of VR-EBT protocols. The results showed that the VR-EBT was effective in the treatment of PTSD. The findings are very promising, and patients reported high acceptability and satisfaction of VR in the treatment of PTSD. In their conclusion, “the main weakness they identified in the review focus on the need for more controlled studies, the need to standardize treatment protocols using VR-EBT, and the need to include assessment of acceptability and related variables.”<sup>106</sup>

### **Prolonged Exposure Treatment:**

“<sup>107</sup>American Psychological Association considered prolonged exposure to be a psychological treatment with strong empirical support. As per the division 12 of the APA, it is supported by

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<sup>105</sup> Cristina Botella, Berenice Serrano, Rosa M Banos and Azucena Garcia-Palacios, *Neuropsychiatric Disease and Treatment Annual 2015*, p. 2533.

<sup>106</sup> Ibid.

<sup>107</sup> Ibid.

two well-designed studies conducted by independent investigators. The studies on present-centered therapy, cognitive processing therapy, seeking safety for PTSD with comorbid substance use disorder. The National Institute for Clinical Excellence also recommends the use of prolonged exposure as the treatment of choice because it is considered the best-evaluated PTSD treatment is focusing on exposure. Therefore, it is important to work on improving the dissemination of prolonged exposure and facilitate its use in people who have difficulties imagining the traumatic memory or engaging emotionally, in addition to increasing the acceptance of exposure therapy by both patients.”

### **Cognitive Behavioral Therapy:**

According to Nilamdhhab Kar, Department of Psychiatry, Wolverhampton City Primary Care Trust, Wolverhampton, UK, PTSD is a psychiatric sequel to a stressful event or situation of an exceptionally threatening or catastrophic nature. Cognitive behavioral therapy (CBT) has been used in the management of PTSD for many years. “The author reviews the effectiveness of CBT for the treatment of PTSD following various types of trauma. CBT has the potential to prevent PTSD. The methods used in CBT reflected on the mechanisms of action of CBT in PTSD. It reveals evidence of CBT is a safe and effective intervention for both acute and chronic PTSD seen in various experiences in adults, children, and adolescents. Nonresponse to CBT by PTSD can be as high as 50%, contributes to various factors such as comorbidity and nature of the study population. CBT has been validated and used across many cultures and community therapists following brief training in individual and group settings. There is scope for further research on the implementation of CBT following major disasters, its preventive potential following various traumas, and the neuropsychological mechanisms of action.”<sup>108</sup>

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<sup>108</sup> Nilamadhab Kar, Cognitive behavioral therapy for the treatment of post-traumatic stress disorder: a review, Published 4 April 2011 Volume 2011:7(1) Pages 167—181



## **Cognitive Therapy as an early treatment for Post-traumatic stress disorder in Children and Adolescents.**

The research conducted by a group of researchers, Richard Meiser-Stedman, Patrick Smith, Anna McKinnon, Clare Dixon, David Trickey, Anke Ehlers, Davis M Clark, Adrian Boyle, “on twenty-nine youth (8-17 years) with PTSD after a single- event trauma in the previous 2-6 months were randomly allocated to Cognitive Therapy for PTSD for 10 weeks. This trail provides preliminary support for the efficacy and acceptability of CT-PTSD as an early treatment for PTSD in youth. “An alternative approach is to intervene early only with those who show initial PTSD symptoms or present with PTSD. Information provided in the first 2 weeks post-trauma may reduce PTSD symptoms in youth with marked traumatic stress (Kenardy, Cox, & Brown, 2015)”.<sup>109</sup>

## **Hyperbaric Oxygen Therapy as a Potential Treatment for PTSD with Traumatic Brain Injury**

The authors of this treatment are David J Eve, Martin R Steele, Paul R Sanberg, Cesar V Borlongan, published as *Neuropsychiatric Disease and Treatment*, 2016, volume 12. 2689-2705. Their research on “Traumatic brain injury (TBI) describes the presence of physical damage to the brain because of an insult and frequently possesses psychological and neurological symptoms depending on the severity of the injury. The recent increased military presence of US troops in Iraq and Afghanistan has coincided with greater use of improvised exploding devices, resulting

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<sup>109</sup> Richard Meiser-Stedman, Patrick Smith, Anna McKinnon, Clare Dixon, David Trickey, Anke Ehlers, Davis M Clark, Adrian Boyle, *Cognitive therapy as an early treatment for post-traumatic stress disorder in children and adolescents: a randomized controlled trial addressing preliminary efficacy and mechanisms of action*, First published: 15 December 2016

in many returning soldiers suffering from some degree of TBI”<sup>110</sup> The repeated studies and research on this type of treatment is deemed to be very successful as per the authors. They stated that, “HBOT has been shown to reduce apoptosis, upregulate growth factors, promote antioxidant levels, and inhibit inflammatory cytokines in animal models, and hence, it is likely that HBOT could be advantageous in treating at least the secondary phase of TBI and PTSD.”<sup>111</sup> It is convincing that this review of HBOT suggests future directions, including prophylactic use and chronic treatment.

**Trauma-focused cognitive behavior therapy versus treatment as usual for post-traumatic stress disorder (PTSD) in young children aged 3-8 years: study protocol for a randomized controlled trial.**

The researchers are Tim Dalglish, Benjamin Goodall, Isobel Chadwick, Aliza Werner-Seidler, Anna McKinnon, and Nicola Morant. According to their research, based on the three questions, “First, do children, diagnosed with PTSD, experience symptom reduction to sub-clinical levels following TF-CBT-YC? Secondly, is the treatment feasible and acceptable? Thirdly, is the cost of implementing TF-CBT-YC likely to represent a saving to the UK National Health Service (NHS) in terms of reducing the overall costs associated with service use post-trauma?”<sup>112</sup> Their study is based on a “two-arm pilot randomized controlled trial (RCT) comparing TF-CBT-YC with treatment as usual (TAU). The participants allocated to the TAU arm will be offered the intervention after 12 weeks of waiting time if still indicated. Participants

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<sup>110</sup> David J Eve, Martin R Steele, Paul R Sanberg, Cesar V Borlongan, published as *Neuropsychiatric Disease and treatment*, 2016, volume 12. 2689-2705.

<sup>111</sup> Ibid.

<sup>112</sup> Tim Dalglish, Benjamin Goodall, Isobel Chadwick, Aliza Werner-Seidler, Anna McKinnon and Nicola Morant. Trauma-focused cognitive behavior therapy versus treatment as usual for Post-Traumatic stress disorder (PTSD) in young children aged 3 to 8 years: study protocol for a randomized controlled trial

will be assessed four times during the study, at baseline, at the post-TAU or treatment, and at months and 12 months follow up for participants allocated to the treatment condition. The post-treatment assessment will be conducted in the week following treatment completion, and the post-TAU assessment will be at a comparable duration in the TAU arm.”<sup>113</sup>

**Spiritually Integrated Cognitive Processing Therapy, A New Treatment for Post-Traumatic Stress Disorder That Targets Moral Injury.**

Michelle Pearce, Kerry Haynes, Natalia R Rivera, are the authors of this research, and they claim this as a new treatment for the PTSD that targets Moral Injury. In their findings, moral injury is a concrete reason for the unresolved results in the treatment of PTSD and found that it has not been effective in many military veterans. As per their statement, “Moral injury (MI) may be one of the barriers that interfere with recovery from PTSD, particularly among current or former military service members.”<sup>114</sup> They adopted a spiritual belief system and the practices of religious faith in addition to the psychotherapy and other cognitive treatment to the people who had PTSD due to Moral injury. Along with the usual treatments, the introduction of treatment of the spiritual beliefs and practices people are interested in, were found to be very successful, healing the moral injury of people, those who have guilt and feelings of shame and distress. According to Scott Floyd, “stress, crisis, and trauma all have the ability to negatively impact individuals. People need to be normalizing the aftermath of any trauma and crisis through

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<sup>113</sup> Ibid.

<sup>114</sup> Michelle Pearce, Kerry Haynes, Natalia R Rivera, Spiritually Integrated Cognitive Processing Therapy: A New Treatment for Post-traumatic Stress Disorder That Targets Moral Injury, First Published February 20, 2018, Research Article

effective intervention. Spiritual encouragement and uplifting the victims to a state of hope and peace will enable the victims to rebuild their normal lifestyle.”<sup>115</sup>

### **Conclusion**

Post-traumatic stress disorder (PTSD) is developed in persons who have experienced a traumatic event. It can be developed in any age and needs to be treated by therapy, counseling, and through medications. “After the event, the person experiences a number of symptoms of anxiety, dissociation, and can be found within three days. If this symptom persists more than 4 weeks, it is confirmed that it is PTSD.”<sup>116</sup> There are effective therapies and treatments for PTSD, and the persons who are affected, must go through the therapies and treatments. The children and adolescents are privileged to have effective treatment through cognitive behavior therapy. The teachers and parents must be able to identify the symptoms of children and need to give them the appropriate therapy and treatments. The veterans those who are suffering from PTSD, they have different resources to receive effective therapies and treatment through VA hospital benefits.

To conclude, it is inevitable to educate the seriousness of PTSD and provide the available therapies and treatment to the families and communities. As Dr. Norman Wright stated, “life is a journey, and Life’s Transition is “period of moving from one state of certainty and to another, with an interval of uncertainty and change in between. It’s like traveling from one island to another. We have solid ground to move on. The Bible sees all of life as a pilgrimage.”<sup>117</sup>

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<sup>115</sup> Floyd, Scott. *Crisis Counseling, A Guide for Pastors and Professionals*, (Grand Rapids: Kregel Academic, 2008), 139.

<sup>116</sup> Johnson and Johnson, *The Minister’s Guide to Psychological Disorders And Treatments*, Routledge, 2014, 91

<sup>117</sup> Dr. Wright, H.N, *Crisis & Trauma Counseling*, Bethany house, 20

## Appendix C

### Report of Research Study

### Effect of Music Research Questions

Patient	1	2	3	4	5	6	7	8	9	10
Age	68	43	79	65	85	76	93	55	37	56
Gender	F	F	F	M	F	F	F	M	F	M
Race	W	H	W	W	W	W	W	W	A	W
Religion	G	C	None	C	Chr	Non-Deno Chr	P	C	H	Chr
Marital Status	M	D	W	S	M	M	W	S	M	D
Diagnosis	COPD	CA-U	CA-LU	COPD	CA-LI	CA-K	CA-E	CA-LU	CA-BRA	CA-E
Spiritual Well Being Scale (B)										
1	6	6	1	6	6	6	6	6	6	6
2	6	1	1	6	6	6	6	6	6	6
3	6	3	1	6	6	6	6	6	6	6
4	6	6	1	6	6	6	6	6	6	6
5	6	1	1	6	6	6	6	4	6	6
6	6	1	4	6	4	6	4	6	6	4
7	6	4	4	6	6	6	6	6	6	6
Total:	42	22	13	42	40	42	40	40	42	40
Spiritual Well Being Scale (A)										
1	6	Declined 11/15/19	2	6	Died 11/13/19	Declined	6	Declined	6	6
2	6		2	6			6		6	6
3	6		3	6			6		6	6
4	6		3	6			6		6	6
5	6		6	6			6		6	6
6	6		6	6			6		6	6
7	6		6	6			6		6	6
Total:	42		28	42			42		42	42
1	1		0	1			1		Did Not Answer	1
2	1		1	1			1		Did Not Answer	1
3	4		3	4			3		Did Not Answer	1
4	1		1	1			1		1	1
5	1		1	1			1		1	1
6	1		0	1			1		1	1
7	1		1	1			1		Did Not Answer	1
8	1		1	1			1		1	1
9	1		1	1			1		1	1
10	1		1	1			1		Did Not Answer	1
Total Hours Week 1:	16.3		21.5	6			8.8		4	3
Total Hours Week 2:	7.1		17.8	7			7.5		7	7
Total Hours Week 3:	7.8		20	6			7.3		7	7
Total Hours Week 4:	7.4		15	7			7.3		10	11
Grand Total Hours:	38.5	N/A	74.3	26	N/A	N/A	30.8	N/A	28	28
Average Hours:	9.6	N/A	18.6	6.5	N/A	N/A	7.7	N/A	7	7

IRB Approval Letter

**LIBERTY UNIVERSITY**  
INSTITUTIONAL REVIEW BOARD

July 19, 2019

Mathai Abraham

IRB Exemption 3819.071919: The Effect of Music on Spiritual Well-Being among the Hospice Patients

Dear Mathai Abraham,

The Liberty University Institutional Review Board has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the exemption category 46.101(b)(3), which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:101(b):

(3)(i) Research involving benign behavioral interventions in conjunction with the collection of information from an adult subject through verbal or written responses (including data entry) or audiovisual recording if the subject prospectively agrees to the intervention and information collection and . . . the following criteria is met:

(B) Any disclosure of the human subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement, or reputation;

Please note that this exemption only applies to your current research application, and any changes to your protocol must be reported to the Liberty IRB for verification of continued exemption status. You may report these changes by submitting a change in protocol form or a new application to the IRB and referencing the above IRB Exemption number.

If you have any questions about this exemption or need assistance in determining whether possible changes to your protocol would change your exemption status, please email us at [irb@liberty.edu](mailto:irb@liberty.edu).

Sincerely,

[Redacted Signature]

**G. Michele Baker, MA, CIP**  
*Administrative Chair of Institutional Research*  
**Research Ethics Office**

**LIBERTY**  
UNIVERSITY.

*Liberty University | Training Champions for Christ since 1971*