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CHINESE MUSIC THERAPY IN PSYCHO-ONCOLOGY

Gastric cancer is not only the most common cancer in eastern countries, but also the second most common lethal cancer and the third most common cancer causing death in China. A growing body of evidence has confirmed that music therapy to alleviate physical and mental symptoms in oncological patients such as anxiety, depression and pain alongside considerable improvement of quality of life. However, due to the fact that incidence rates of gastric cancer are rather low in Western countries and both in China and abroad a great deal of research is focusing on breast cancer as a predominant challenge, studies on music therapy in cancer patients is still very scarce. Regarding important differences between Chinese and Western gastric cancer patients we identified a pervasive phenomenon of collective cultural recognition and identity, which goes hand in hand with a vivid presence of traditional Confucian thought in the Chinese population. Moreover, Chinese patients widely differ from Western patients in terms of family functioning, social gender roles, disease-related information disclosure, pain characteristics, as well as attitudes towards health, disease and existence in terms of subjective philosophy. Moreover, there are crucial differences in music aesthetic preferences alongside considerable impacts from social and cultural environments. Broadly speaking, there is a huge lack of music therapeutic intervention programs specifically tailored to Chinese patients, and evidence-based research in this domain is still lacking.

For this reason, the present research on gastric cancer patients was designed to explore relevant cultural characteristics and social-psychological conditions. Aiming at the development of a new model of music therapy for Chinese gastric cancer patients, the study started with complex considerations about the construction of adequate music therapeutic interventions, their implementation within comprehensive clinical treatment programmes alongside general feasibility, adequate ways to evaluate effect-sizes and effect-qualities, as well as to explore related psychological mechanisms from Western and Chinese perspectives.

Being a typical mixed-methods study combining quantitative and qualitative techniques, the whole research process encompassed three constituent parts:

Together with literature analysis and constructive approaches, Study 1 was based on a modified form of action research. In this context, the both existentialist and therapeutic concept of Viktor Frankl played a crucial role and importantly impacted on the following music therapy. In the end, Frankl's thought essentially influenced the theoretical framework of the present meaning-oriented music therapeutic intervention for cancer patients. The whole interdisciplinary developmental process resulted in an integrated music therapeutic programme that essentially involved: (i) the (three) dimensions of meaning-realisation, (ii) characteristics of the cultural background of Chinese gastric cancer patients, (iii) elements of Western music therapy, as well as (iv) key principles such as narrative therapy, mindfulness therapy and other post-modern psychotherapeutic concepts/techniques. After two rounds of expert consultation and feedbacks from participants of the pre-trial, the program was re-adjusted and brought in its final form, which



was finally used as semi-standardised research intervention program. Additional outcomes of the 1st study concerned (i) suitability for Chinese gastric cancer patients, (ii) feasibility in clinical areas and (iii) potential multifaceted curative effects.

The quantitative Study 2 used the Hospital Anxiety and Depression Scale (HADS) and the European Organization for Research and Treatment of Cancer Quality of Life Questionnaire (EORTC QLQ-C30) – both in authorised Chinese translation – to evaluate the effectiveness of the intervention model and treatment protocol. The results showed that the average scores of emotional function, cognitive function, general health, pain and insomnia in HADS and EORTC QLQ-C30 decreased across three measurepoints, i.e. before the first intervention, after the third intervention and after the sixth intervention. Differences were statistically significant ($P < 0.01$), while the mean values of physical function, role function, social function and fatigue did not differ significantly, but showed a distinct (beneficial) downward trend. Accordingly we may suggest that the intervention model/program constructed in this study effectively reduces psychological distress in patients with gastric cancer, relieves anxiety and depression, and improves the quality of life – at least to a certain extent which depends on many individual personality and pathological factors.

The qualitative part (Study 3) was organically embedded in the intervention trial of Study 2. Qualitative data such as interviews were collected and analysed to explore/verify consistency with the (preliminary) results of Study 2. A further epistemological core of Study 3 was to reveal mechanisms underlying the improvement of psychological distress in gastric cancer patients through music therapy. These qualitative data suggest that improvements of emotional and physical symptoms through music therapy depend on three bundles – (i) systemic factors within intervention, (ii) perceived factors of music, and (iii) internal factors within the self – alongside their interactions. In sum, Study 2 and Study 3 are mutually complementary. The integration of qualitative and quantitative results substantiate sizes and qualities of multifaceted effects. Limitations of intervention generating studies with preliminary effect assessment are normal.

Nonetheless, outcomes of this study are encouraging and further studies on the present music therapeutic model are suggested. They may particularly involve quantitative standardised designs (e.g. RCT), various Chinese sociocultural conditions (e.g. ethnic minorities), other oncological areas (e.g. colon cancer) and cross-cultural applicability.