Short Guided Imagery and Music (GIM) in Active Treatment of Gynecologic Cancer: A Feasibility Study

Evangelia Papanikolaou, (MA, MSc)
Fellow and Primary Trainer, Association for Music & Imagery

Doctoral School of Music Therapy, Department of Psychology & Communication, Aalborg University, Denmark

This presentation outlined a new research study on the potential effects and usefulness of GIM as a complementary, psychological intervention with women diagnosed with gynecologic cancer while in chemotherapy treatment, in a Greek hospital setting. The study is still ongoing; therefore, no results were presented.

Keywords: GIM; gynecologic cancer; treatment; quality of life

Women with gynecologic cancer (GC) present with high incidence and mortality rates and literature suggests that they are at greater risk for psychological maladjustment than other cancer survivors, even after the treatment period (Johnson et al., 2010; Parker et al., 2003). Additionally, those experiencing psychological distress may be more inclined to resort to complementary medicine (Lengacher et al., 2006). There is growing evidence supporting the integration of non-pharmacological therapies as part of a multidisciplinary approach to mainstream cancer care (Cassileth, 2014; Society for Integrative Oncology, 2009) and the benefits of integrating creative arts therapies in the treatment of adults with cancer have been well documented (Gladding & Newsome, 2003).

It is therefore promising to explore the potential of GIM as a mind-body therapy and to hypothesize that it may potentially contribute positively to diverse aspects of quality of life (QOL) via its powerful components. Imagery evoked by music that comes from different layers of consciousness, including unconscious information, has the potential to be a powerful source of insight into and expression of deep life issues, as well as offer a creative path that sustains life energies.

Although GIM has been used with cancer patients and survivors, most studies have examined its applications within treatment, rehabilitation, or palliative phases using modified or group forms of GIM (Allen, 2010; Bonde, 2004; Burns, 2001; Cadrin, 2009; Dimicelli-Mitrant, 2015; Hale, 1992; Hertrampf, 2015; Marr, 1998-99; Meadows, 2015; McDougal Miller, 2016; Wärja, 2015). However, there seem to be no previous studies exploring the potential of GIM offered in a series of a one-to-one therapy sessions during treatment of gynecologic cancer (GC), a fact that amplifies the need for implementing such a study. Thus, the rationale of this study lies on the potential role of GIM (with sessions of shorter duration) on various dimensions of the patients’ health including: physical health, psychological state, independence level, relationships, personal beliefs as well as the way they relate to salient features of the environment. Additionally, it is important to note that there is no provision of any form of psychological or complementary therapies in Greek hospitals where the treatment approach is mostly based on biological understandings of disease and provision of standard pharmacological care.

Therefore, the purpose of the current study is to explore and evaluate the potential impact of a series of six short individual GIM sessions as a psychological support therapy for women with GC in a post-operative phase, during chemotherapy or radiotherapy treatment. It will also investigate how a Greek hospital setting that generally ascribes to a medical approach, can make use of GIM as a complementary, psychological intervention to facilitate or enhance cancer care. The project will be executed in two parts: a feasibility study followed by a small clinical trial (not yet formulated). At this
stage, my focus is on the feasibility study where I am proposing a series of six short GIM sessions, up to 50-minutes long, with the following aims:

- **Aim 1:** To investigate the feasibility of short GIM sessions as a psychological intervention for women with GC who are receiving chemotherapy and/or radiotherapy treatment in a Greek hospital;
- **Aim 2:** To explore the usefulness of short GIM sessions by examining potential for decreasing anxiety and depression as well as improving quality of life, fatigue levels, and sense of hope amongst women with GC during preliminary level treatment;
- **Aim 3:** To discover participants’ perceived impact of the experience of short GIM sessions.

**METHODOLOGY**

**Design**

The feasibility study is a mixed methods design, a synergetic model that integrates a combination of quantitative and qualitative research methods/procedures for data collection and analysis (Borkan, 2004; Mertens & Hesse-Biber, 2013) thereby strengthening the validity and reliability of the study. This design will address the study’s questions at different levels and is recommended at this stage as potential participants and practitioners can be actively involved in the research to assess the feasibility of an intervention and to ensure a good intervention-context fit (O’ Cathain et al., 2015). A mixed methods design will produce a range of qualitative and quantitative feasibility data, which will be gathered before, during, and after each participant’s series of short GIM sessions. This will include logs, event recordings, researcher’s and therapists’ notes, and psychometric questionnaires. Individual interviews will be conducted with participants at the end of the series of short GIM sessions. For the feasibility component of this study, more focus will be placed on the qualitative data (i.e., a qualitative-dominant mixed analysis) as it is expected to produce more important information upon which the rest of the study will be built. The various forms of data may be collected concurrently but elaboration on the results will require a sequential design.

The study aims to use the original format of an individual GIM session. However, because of the limited physical and psychological capacity of this client group, a shorter form of individual GIM will be used. Each session will have no more than 20 minutes of music and the duration of the entire session will be no longer than 50 minutes. The music selections will include shorter and supportive GIM programs (e.g., shorter versions of *Caring, Nurturing, Comforting*) as well as other selections from classical, film, new age, or world music genres. The music should provide some stability and a clear structure so as to be safe enough for the participants to complete their experience but at the same times contain qualities that will evoke a mixture of supportive and slightly challenging experiences (Wärja & Bonde, 2014). Music used in early sessions will be less complex and short in duration (small to medium container range). Once the women become more acquainted with the method, more complex music with a slightly stronger dynamic structure may be introduced. Repetitive music listening may also be explored as an option (Summer, 2015).

**Participants**

For the first phase of this study (feasibility) I will recruit a convenience, purposive sample of five women with any kind of GC, who have undergone surgery, and are in the beginning or middle of a chemotherapy or radiotherapy treatment course. These individuals will be recruited from the two major collaborating hospitals (Areteio University Hospital and Iaso Private Clinic). They must be at least 18
years of age, understand the treatment protocol, and be willing to provide informed consent. The research will exclude individuals that are not fully informed about their diagnosis, individuals with cognitive impairments, psychosis, or PTSD with untreated symptomatology, and those who are receiving other forms of psychological support.

Data Collection and Analysis Procedures

Initials appointments, GIM therapy sessions, and post-session interviews will take place at the hospitals, in rooms carefully chosen to meet the standards of a therapy environment. Each participant will meet once a week for six subsequent weeks with one of two GIM therapists who are facilitating the sessions for this study. The session format will include a pre-talk, relaxation induction, music listening, and post-talk. Before, during, and after termination of treatment, the participants will complete two quantitative psychometric questionnaires: The Hospital Anxiety Depression Scale (HADS) for anxiety and depression, and the Functional Assessment of Cancer Therapy-General (FACT-G) for quality of life. In addition, two Visual Analogue Scales (VAS) will be used before and after each single session to assess levels of fatigue and sense of hope. The week after completion of treatment, I will conduct semi-structured interviews with each participant. The same open-ended questions will be asked of each participant, focusing on significant aspects of their experience, their impressions, possible issues of practicality or other burdens, proposed changes, and recommendations for improvement. These interviews will each last approximately 30-50 minutes and will be recorded and transcribed.

A typical demographic questionnaire will be designed and used to collect information about age, gender, education, professional and marital status, and medical condition. The therapists and researcher will keep notes, narratives, and logs on all aspects of the feasibility study. These notes will be used to provide general information and evaluate feasibility questions as well as to identify key issues, problematic areas, and/or aspects of the research that need change or be further developed.

Data from all sources will be analyzed independently and integrated to address the overall study objectives. The therapists’ notes and narratives as well as the interview transcripts will be analyzed using Interpretative Phenomenological Analysis (IPA) where pertinent themes will be formulated by identifying and reporting patterns that emerge from the notes and interviews. The main steps of analysis in IPA as set out by Smith et al. (2009, p. 83-84) are: first impressions, initial comments, descriptive comments, linguistic comments, conceptual/psychological comments, and emergent themes. Themes will be grouped together into clusters of concepts organized under headings that specifically address the study objectives and research questions (Smith & Osborn, 2003).

Quantitative data will be analyzed following the analysis of the descriptive and exploratory (i.e., qualitative) data in order to provide an accurate outline of the parameters affected during this study. Although statistical analysis of preliminary data is usually not recommended in such a small sample, by examining distribution, central tendency, and dispersion I will still be able to determine if the measurement tools utilized are yielding trends in the predicted direction.

The research will be carried out according to the ethical standards of AMI and the University of Athens-School of Medicine. All procedures of the study protocol were reviewed and approved by the Ethics Review Board of Aretaeo University Hospital, in Athens, Greece, and assigned protocol number EE-2/01/31/1/2017

IMPLICATIONS

The feasibility study will help to establish the parameters needed for the main study—a small clinical trial. Findings of the feasibility study and the main study will both be evaluated and should these confirm that short GIM was an effective treatment in these Greek hospital settings, this will hopefully
encourage optimal clinical practice that uses GIM therapy during active cancer treatment. The findings may also implicate the need for a larger scale RCT protocol.

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Address for correspondence
Evangelia Papanikolaou, PhD student, MA, MSc
Doctoral School of Music Therapy, Aalborg University, Denmark; Email: epapa@hum.aau.dk

References


