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Culturally Tailored Indian Classical Music Therapy as an Oncology Supportive-Care Intervention: A Randomized Controlled Trial

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Abstract

Background

Cancer treatment extends beyond tumor control to addressing the physical, psychological, social, and functional consequences of cancer and its treatment. Chemotherapy, despite improving disease outcomes, may be accompanied by fatigue, psychological distress, functional impairment, and reduced overall quality of life, highlighting the importance of integrating supportive-care strategies into routine oncology practice. Music-based interventions have demonstrated potential benefits in alleviating psychological distress and improving patient well-being during cancer treatment. However, evidence remains limited regarding culturally tailored approaches incorporating Indian classical and patient-preferred music, particularly the combined use of Music-Assisted Relaxation (MAR) and the Music Collage (MC) technique in patients receiving chemotherapy. We therefore conducted a randomized controlled trial to evaluate the clinical effects of this structured music therapy intervention as an adjunct to conventional oncology care.

Methods

In this two-arm, open-label randomized controlled trial, 42 patients receiving chemotherapy were allocated to Adjuvant Music Therapy (AMT; n=22) or Standard Medical Management (SMM; n=20). The AMT intervention comprised four 60-minute sessions integrating MAR followed by MC, supplemented by home-based music listening. Outcomes included physical, psychological, and functional impairments; Overall Valuation of Life (OVL) was assessed using the Rotterdam Symptom Checklist (RSCL); Sense of Coherence (SOC) using the SOC-13; and cooperation during chemotherapy assessed using a 5-point Likert scale. Stakeholder perspectives from caregivers, nursing staff, physician assistants, and clinicians were explored through semi-structured interviews. Statistical significance was set at $P<0.05$.

Results

Compared with SMM, patients receiving AMT demonstrated a significant reduction in psychological symptoms (P=0.001) and significant improvement in OVL (P=0.01) following the intervention. The AMT group also showed attenuation of progression of physical impairment compared with standard care. Cooperation during chemotherapy improved significantly with AMT (P=0.001), suggesting potential benefits for treatment engagement and the chemotherapy experience. SOC scores did not

demonstrate a statistically significant change. Improvements were observed across different disease stages and in both curative and palliative treatment settings.

Conclusion

A structured, culturally tailored music therapy intervention combining Indian classical and patient-preferred music with MAR and MC improved psychological symptoms, overall valuation of life, and cooperation during chemotherapy, while attenuating progression of physical impairment. These findings support music therapy as a potentially feasible, culturally relevant adjunct to conventional oncology supportive care and provide a rationale for larger, adequately powered multicenter trials to confirm effectiveness and define its integration into routine cancer care.

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