

MUSIC THERAPY RESOURCES FOR THE REGULATION OF ANXIETY DERIVED FROM THANATOPHOBIA



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Abstract

Death is undoubtedly an inevitable and frightening truth for all living beings and can awaken hard moments of intense pain in people. Losing a loved one or having been in a near-death experience can generate fear, rejection, and even phobia, which can cause serious havoc if not treated in time. On the other hand, music therapy has been shown to have several benefits on the physical, emotional, and mental health of patients. Thus, the following work proposes the application of music therapy as a method to appease, improve, and regulate the anxiety produced by the fear of death, better known as thanatophobia. To this end, we have worked with two cases of people who suffer from stress caused by the fear of death, to whom music therapy sessions have been applied in order to regulate their anxiety, obtaining a positive result, although demonstrating better results when used as a complement to psychological therapy. Studies by authors such as Borda, Pérez, and Avargues (2011); Andrades-Tobar, García, Concha-Ponce, Valiente, & Lucero (2021); Bruscia (2016), among others, have guided the study of this work.

Keywords: Music Therapy, anxiety, thanatophobia, mourning, wellness

BACKGROUND

Death is an event that life is assured of for oneself and those around us. Near-death experiences are events that do not go unnoticed, and in many cases, there can be an excessive fear of this topic.

It should be noted that the loss of a loved one is not easy, and each person assimilates it differently. Therefore, the grieving process and the length of time it lasts are not the same in all cases. It is important to recognize that grief and its manifestations are natural and human, generally specific to the situation, but when they worsen, they affect people's daily activities; if these occur for a long and anomalous period, they can be considered a problem (Gil-Julia et al., 2008).

In the same way, the mortality of human beings can cause, in some individuals, a latent fear of facing and dealing with death, whether it is their own or that of a close one. It is not uncommon for people who are going through this process to present a picture of anxiety.

In relation to anxiety, the American Psychiatric Association (2014) states that it is the anticipation of a future threat, provoking cautious behaviors or attempts to avoid situations or objects that cause anxiety, for example, germs, open spaces, closed spaces, or even specific activities, among others.

In these cases, it is inevitable to talk about thanatophobia, which, according to Sadock (2011), Borda (2011), and Grau (2008), is the constant and excessive fear of the presence or anticipation of scenarios or elements that imply death, agony, the death of a loved one, fear of aging, of being defenseless, causing patients to feel a threat to their existence. Borda (2011) also mentions that thanatophobia, like other phobic disorders, immediately generates anxiety when in contact with a stimulus related to death, also presenting itself as an anxiety crisis. Thus, most cases occur in people who are in the final stage of their life or who have been diagnosed with incurable diseases. Tachycardia, palpitations, sweating, and insomnia are some of the symptoms presented by a patient with anxiety (Sadock, 2011).

Grau's (2008) study indicates the importance of helping patients, family members, and health personnel cope with death in a way that does not produce pathological anxiety. To this end, over the years, the Templer test, a questionnaire on attitudes towards death (CAM-I), has been used, as well as others that help measure the degree of anxiety about death. However, these must be used with care, as they can sometimes generate greater discomfort and new negative thoughts in the people to whom the test is applied, especially in patients diagnosed with terminal illnesses.

The previous article indicates the importance of taking care of mental health, not only of patients but also of health professionals, who must deal with death on a daily basis and can undoubtedly affect them to a greater or lesser extent emotionally and psychologically.

Therefore, it is imperative to emphasize the importance of receiving adequate accompaniment that allows people who are facing an experience related to death to cope with their fears, uncertainties, and pain in the best way, thus preventing their condition from progressing toward a state of extreme depression.

It should be taken into account that music is an effective tool for expressing and channeling emotions, feelings, and thoughts. Many times, patients in psychotherapy may not find the words or the precise way to express what they have inside them, with music therapy being a necessary complement when working on various pathologies. In addition to being a language, music can also cause different physiological and physical effects, improve other behaviors, act as a sedative or stimulant, communicate the level of pain felt at the moment, and even generate endorphins, thus representing a significant support or replacement for antidepressants. (Jimenez, 2017)

This is how music therapy has found its way as a complementary treatment that seeks the well-being of the patient, taking its place as a great tool when it comes to attending to those who seek to improve their physical, psychological, and mental well-being. It has also proven to be an extremely effective tool

when it comes to providing peace of mind and reducing patients' anxiety and stress levels (De la Rubia et al., 2014)

Eyre (2016) points out some methods and procedures that can be used in patients with anxiety; among these, we find receptive music therapy, such as relaxation, conversation with songs, Bonny method of guided imagery, and music. In the same way, he also mentions musical improvisation as a tool to mobilize affection or explore feelings and songwriting, which can also be used in these cases.

In a case study conducted by Jiménez (2017), The patients with anxious depressive symptoms showed a significant improvement in anxiety levels, as well as a change in their moods and behaviors, an improvement in clarity, and an increase in neuronal activity and brain rhythm, after having worked with activities such as improvisation and musical trips. On the other hand, music, by regulating the heart and respiratory rate, made it possible to reduce the agitation and worry that the patient presented, as well as to stimulate relaxation and avoid muscle rigidity through guided movement through music (Jiménez, 2017).

Studies on music therapy and death phobia are limited, not only in music therapy but also in psychology. However, Borda, Pérez San Gregorio, and Navarro (2011) refer to the cognitive-behavioral method as a treatment for death phobia.

In the study, the patient is followed up for twelve months, in which the main aim is to control her anxiety symptoms, reduce avoidance behaviors, and reduce levels of emotional distress. To this end, relaxation and breathing techniques were used, as well as activities to read stories related to death that give the patient the opportunity to acquire self-control tools as well as reduce avoidance of the subject.

At the end of the treatment, the patient was still unable to accept death. However, it was possible to reduce her avoidance behaviors, control the anxiety symptoms she felt when exposed to issues related to death, and control thoughts pertaining to her death or that of others, showing a significant improvement and thus demonstrating the benefits of music therapy in relieving or regulating phobias or deep fears.

General objective

Apply music therapy as a treatment in patients with anxiety caused by thanatophobia.

Specific objectives of the research

- Determine the patient's anxiety symptoms.
- Plan and implement music therapy sessions focused on the treatment of anxiety disorders.
- Reduce the symptoms of anxiety caused by thanatophobia in patients
- To demonstrate the benefits of music therapy in the regulation of anxiety caused by thanatophobia.

Materials and Method

Participants

We worked with two female patients aged 59 and 20 years who presented anxiety secondary to thanatophobia. In patient A, her condition was related to the presence of a chronic disease, while in patient B, it developed after the loss of a close family member.

Stimuli and measures

Each patient worked individually with a different music therapist, taking into account the individual needs of each one to set the general and specific objectives of the interventions. Likewise, the activities were planned based on the capacities, limitations, and musical tastes of each case.

Patient A

Twenty-five sessions were carried out at the patient's home, divided into three sessions per week of approximately 1 hour; passive and active music therapy activities were used, taking into account that the vital signs are maintained at normal values so that it does not affect their underlying heart disease.

Procedure

The STAI State-Trait Anxiety questionnaire and Templer's death anxiety scale were completed in the interview session and at the end of the last session. In addition, the patient kept a self-assessment diary from the first session to the previous.

The sessions were structured as follows:

- Completion of the comprehensive evaluation questionnaire (5 minutes).
- Taking vital signs (5 minutes).
- Welcome song (5 minutes).
- Central part: (approximately 35 minutes) consisting of two of the following four activities:
 - Instrumental improvisation and use of the voice
 - Verbal Musical Analysis by Confrontation
 - Songwriting
 - Passive Listening to Instrumental Music
- Farewell song (5 minutes).
- Taking vital signs (5 minutes).

To select the two activities of the central part, in each session, the therapeutic objectives, mood, symptomatology, and vital signs of the patient measured at the beginning of the session were considered so that these activities are adjusted to the needs of that moment in favor of an efficient therapy.

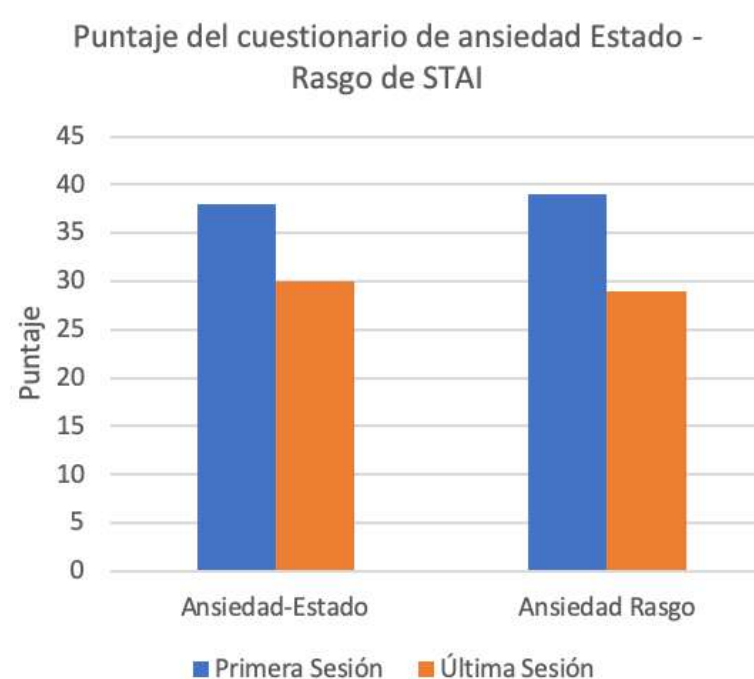
Data analysis

Data were analyzed using five data collection instruments:

1. A progressive improvement was observed in the comprehensive assessment questionnaire, which was made up of the following items: sleep quality, symptoms of the moment, and affective evaluation.
2. Regarding the self-assessment diary, there was a gradual decrease in negative thoughts and an increase in positive thoughts in her day-to-day life, in addition to an improvement in the patient's sleep schedules and everyday symptoms.
3. There is a decrease in the scores on the STAI State-Trait Anxiety questionnaire, being that in the first session, the patient had a score of 38 in State Anxiety and 39 in Trait Anxiety; on the other hand, in the last session, the scores were 30 in State Anxiety and 29 in Trait Anxiety (Figure 1).
4. In the same way, there was a decrease in the score on the Templer Death Anxiety Scale, where 9 was the score in the first session and 5 in the last session (Figure 2).
5. In the music therapy registration form, an improvement was recorded in all its items, especially in the participation and emotional and physical responses of the patient mentioned in Table 1.
6. On the other hand, the data obtained from the observation sheets that covered the characteristics of the activities carried out in each session and the patient's vital signs were as follows:

Figure 1.

Anxiety Status Questionnaire – STAI Trait



Note: In the figure we find the scores of the STAI questionnaire of the first and last session. Own elaboration.

Figure 2.*Templer Death Anxiety Scale.*

Note: In the figure we find the scores of the Templer Death Anxiety Scale for the first and last sessions. Own elaboration.

Table I.*Items on the Registration Form.*

Patient Status	Musical Participation	Answers
Mood predisposition	Singing	Emotional
Fitness	Instrument	Verbal
Emotional state	Improvisation	Physical
Degree of participation	Dance/Body	Eye contact

Note: Adaptation of the PESCU registration form (UNIR).

- In the verbal musical analysis activity by confrontation, music recorded using a speaker was listened to. It is characterized by being mostly of a moderate tempo, with a binary accent and a mezzoforte dynamic. Being a song chosen by the therapist to deal with a particular topic, it was vocal and instrumental, with a usually higher key. At the end of the activity, both the patient and the music therapist shared their impressions regarding the song they heard, thus achieving an emotional expression on the part of the patient.
- The passive listening activity of instrumental music was mostly of a slow tempo, binary accent, piano dynamics, had an instrumental melody, and obtained a calming response when having a relaxing role.

- The instrumental improvisation was based on a repertoire of songs already known by the patient, for example: "La promesa" by Bonanza, "Bésame mucho" performed by Lisa Ono, "Selección de morenadas" by Lljatymanta, and others whose lyrics reflected positivity around life such as: "Gracias a la vida" interpreted by Mercedes Sosa, "Quien dijo miedo" by Gilberto Daza, whose tempo was between 90 bpm to 200 bpm approximately. The instruments used by the patient for improvisation were the reco reco, palo de lluvia, the zampoña, maraca de huevo, and, above all, the bass drum with which she had the greatest affinity. The patient demonstrated joy and tranquility through smiles, spontaneous singing, and body movement to the rhythm of music. The music therapist, on the other hand, used the guitar, body percussion, and the egg maraca.
- The songwriting had a tempo of 172 bpm, dynamic piano, and mezzo-forte, with a recorded instrumental melody of major key, on which a new lyric was created. Smiling, joy, and body movement were some of the responses from the patient.
- Both at the beginning and at the end of the session, the patient's blood pressure, heart rate, respiratory rate, and oxygen saturation were measured. The values of the aforementioned vital signs, mostly at the beginning of the sessions, were at the lower limit of the range that is considered normal; on the other hand, at the end of the sessions, these values increased, especially the oxygen saturation that reached 93% on several occasions.

Patient B

Patient B witnessed the death of a family member, which triggered a series of mental, emotional, and psychological problems. Depression, self-harm, and eating disorders are some of the after-effects of her experience, although anxiety is undoubtedly the main one.

After a few years, she began psychological therapy sessions, allowing evidence and diagnosis of an anxiety disorder, whose main symptoms have been panic attacks, stress, sleep problems, and difficulty managing and facing conflicts.

At the time of the study, the patient is not receiving psychological support, and the symptoms mentioned above continue to be part of her daily life. The patient is a music student, so she has experience playing instruments such as piano and guitar, as well as knowledge of how to handle her voice.

The music therapy sessions in this study seek to appease the symptoms presented and, in this way, regulate the anxiety derived from the death of the family member.

Resources such as a laptop, audio equipment, guitar, percussion instruments, and a video camera were used to carry out the study. For the sessions, activities were proposed that sought to facilitate relaxation, promote emotional expression, and improve the management of emotions, such as welcome songs, breathing and relaxation exercises, vocal improvisation, instrumental improvisation, and guided visualization.

Procedure

For the intervention, eight music therapy sessions of approximately 30 minutes were planned based on the objectives set.

The first session had the purpose of getting to know the case through a conversation that allowed the patient to share her experience with anxiety and the origin of the symptoms. Likewise, we sought to understand their tastes and musical interests and to apply an STAI questionnaire to know their degree of anxiety.

For the sessions, different methods and activities were proposed, such as singing and the use of the voice as a means of expression, the use of receptive music, relaxation exercises, and breathing exercises. In addition, a repertoire was made based on the patient's tastes, which would always be used at the beginning of each session. Among the patient's favorite songs were: Babalú Ayé by Alex Alvear and Mango Blue, Yo vengo a ofrecer mi corazón by Fito Paez and Te guardo by Silvana Estrada.

The sessions were structured as follows:

- Welcome (5 min)

The music therapist greeted the patient with one of the patient's favorite songs. This moment was intended to provide the patient with an environment of trust as well as to make her feel heard and understood.

- Breathing and relaxation (5 min)

Instrumental and slow-tempo songs, characterized by the presence of a piano or cello, were used in order to offer the patient space for relaxation and provide her with tools to manage her emotions and relieve stress and anxiety.

- Central part (10 min)

During this section, vocal or instrumental improvisation activities and guided visualization were alternated.

- Vocal improvisation

The music therapist played a basic rhythm and harmony on the guitar, the tempo and tonality of which would depend on the patient's mood. This space sought to generate a musical conversation with the patient, in which she could express herself while the music therapist accompanied and contained her.

- Instrumental Improvisation

Similar to vocal improvisation, songs from the patient's repertoire were also used. As the music therapist and the patient sang the songs, each of them proposed rhythms on different percussion instruments.

- Guided Visualization

This activity sought to provide the patient with positive thoughts and images that help her regulate her emotions in states of stress or panic.

- Reflection and farewell (10 min)

In this space, the patient shares what she felt during the session and reflects on what she shared with the music therapist during the middle part of the session. In addition, in each session, the patient chooses one of the songs used to accompany her for the rest of her week. The session ends with a farewell song.

During the first sessions, the patient was restless, nervous, and embarrassed. His voice felt tense; there was little eye contact, little trust with the music therapist, and also low emotional expression.

As the sessions and the days progressed, the patient became more enthusiastic about starting the sessions, showed a smile every time she listened to the selected songs of her liking, and was more open to participating in the activities.

The activities that the patient enjoyed the most were those in which she could actively participate by making music with instruments or with her voice. As for vocal improvisation, the patient gradually showed more fluency and expanded the vocabulary used in her improvisations, which allowed her to express more openly what she felt. At first, the lyrics I improvised seemed to be sadder and darker, although, over time, they became slightly more positive.

At the end of the sessions, the collaboration between the patient and her music therapist was much more noticeable; smiles were common in the patient, and she actively participated in the activities, even more so when her favorite songs were included. She was also more able to express her emotions about her family member's death, and some of her symptoms had improved slightly, as well as panic attacks and sleep problems.

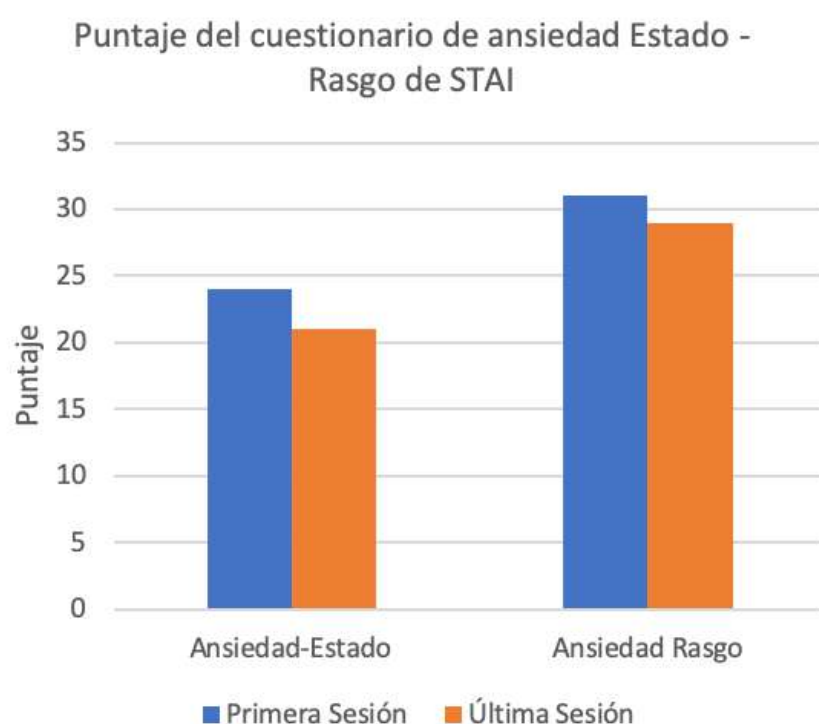
Data analysis

According to the STAI questionnaire applied to the patient, the degree of State Anxiety before the start of the sessions was 24 points, indicating an above-average category. Meanwhile, after the intervention, it resulted in 21, reflecting an average category (Figure 3).

On the other hand, prior to the sessions, the degree of anxiety trait was 31 points, that is, an above-average category. At the end of the sessions, it was 26 points, which is still an average, although to a lesser degree (Figure 3).

Figure 3.

Anxiety Status Questionnaire – STAI Trait



Note: In the figure we find the scores of the STAI questionnaire of the first and last session. Own elaboration.

Additionally, thanks to registration sheets and evaluation diaries, the patient was shown to be more confident when it came to expressing herself, as well as less shy when it came to showing her emotions regarding her anxiety and the death of her family member that triggered it.

All the sessions were linked to the memory of her relative, which, at first, did not seem to generate emotions in the patient. However, with each activity, the environment became more trustworthy and familiar, making it easier for him to talk about what had happened and manifest responses such as crying, laughing, smiling, and so on.

RESULTS

Despite the shyness in patient A's first sessions, a significant improvement in her mood was observed, reflected in her singing and playing musical instruments with greater energy and enthusiasm. In addition, the patient showed a significant decrease in her anxious symptoms, as well as a considerable increase in positive thoughts towards her life and acceptance of her illness.

In the case of patient B, there was a slight decrease in the degree of anxiety. It is important to remember that, at the time of

the study, the patient was not attending psychological therapy, which could have limited a greater reduction in anxiety and its symptoms. On the other hand, through vocal improvisation and the creation of music, the patient expressed and processed her emotions related to the loss, which helped to relieve stress, improve sleep problems, and facilitate acceptance and adaptation to the grieving situation.

Thus, both cases were positive, as indicated in Table 2, demonstrating the benefits of music as a means to regulate, channel, and express emotions, worries, fears, and other emotional aspects.

Table 2.

Comparison of outcomes between patients

	Patient A	Patient B
Emotional expression related to death	Agree to talk about it calmly	Agree to talk about it calmly
Symptoms of anxiety	Decreased	Decreased
Mood	Improved positively	Improved positively
Daily Activities	Better performance	Better performance

Note: Authors' own elaboration

DISCUSSION

Music therapy has emerged as an effective therapeutic approach to address anxiety in diverse populations. This study focused on two cases: a 59-year-old woman with heart disease (patient A) and a 20-year-old woman who experienced anxiety after the death of a family member (patient B). Both participated in music therapy sessions, including passive and active music therapy activities, tailored to their individual needs.

The STAI questionnaire was used to assess anxiety before and after the sessions, revealing a significant decrease in both cases. Although the causes of stress were different, the sessions demonstrated a positive impact on both patients.

In both instances, relaxation activities with music were implemented, which were replicated in their pre-sleep routine, improving sleep quality and relieving insomnia. The active music therapy sessions carried out with percussion and voice instruments allowed the two patients to express emotions positively.

As the sessions progressed, changes in the patient's perception of death were observed. Patient A generated positive thoughts towards life, while patient B was able to express herself emotionally and verbally about the death of her family member, freeing herself from untreated grief.

In the case of patient A, music therapy contributed to improving sleep, reducing physical pain, and addressing sadness, eviden-

cing a significant decrease in anxiety levels. For patient B, music facilitated the grieving process and emotional expression, resulting in decreased panic attacks and stress management.

In summary, this study supports the efficacy of music therapy as an intervention for anxiety derived from thanatophobia, highlighting its positive impact on quality of life and the regulation of anxious symptomatology in both patients.

CONCLUSIONS

Both patients presented a series of anxiety symptoms at different intensities, such as insomnia, palpitations, chest tightness, paresthesias, and panic attacks, among others.

Music therapy sessions were planned and applied to each patient, focused on the treatment of thanatophobia anxiety disorder. To do this, different activities adapted to individual needs and abilities were used.

As the sessions progressed, a gradual decrease in symptoms of anxiety caused by thanatophobia was observed. This allowed the patients' mood to improve, allowing them to better function in their daily activities.

With this work, the benefits of music therapy in the regulation of anxiety produced by thanatophobia were evidenced. It also highlights the importance of psychological treatment that accompanies the process and that can improve the results obtained.

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