

Comfort Sound Drumming

Successfully adapting the traditional drum circle for hospitalized cancer patients and their caregivers

By John R. Beck



Beginning in 2015, HealthRHT-YHMS drumming facilitator John R. Beck and therapeutic harpist Ruth Moskop Ph.D. added interactive group drumming to the live music listening experiences offered at Wake Forest Baptist Medical Center Comprehensive Cancer Center in Winston-Salem, N.C., where there are currently no music therapists. Their weekly drum circles presented through the Cancer Patient Support Program took place in the outpatient waiting area and inpatient activity room. After hearing patients' and caregivers' remarks during drumming they were motivated to pursue an IRB-approved research study to investigate and document the ways and the extent to which hospitalized people "feel better" after drumming. A secondary goal of the study was to gather data that might serve to increase hospital administrators' awareness about how patient experience improves when interactive music is integrated into their health care.

During the 22-month research study¹ Beck and Moskop collaborated with oncologists, psychologists, and nursing staff at the medical center to use interactive group drumming with stem-cell transplant recipients and record levels of pre- and post-intervention energy, mood, relaxation, distress, pain, and anxiety. They played Remo Tubanos with Comfort Sound heads, plastic shakers, and a Buffalo Drum, transforming the traditional high-energy group drum circle into a relaxing activity that takes place in the hospital room. Review of the survey data they collected indicates that patients reported a statistically significant increase in energy, mood, and relaxation, and decrease in distress and anxiety after drumming. Many patients also reported a reduction in pain, but the study protocol did not address the timing of pain management drug administration relative to the drumming activity.

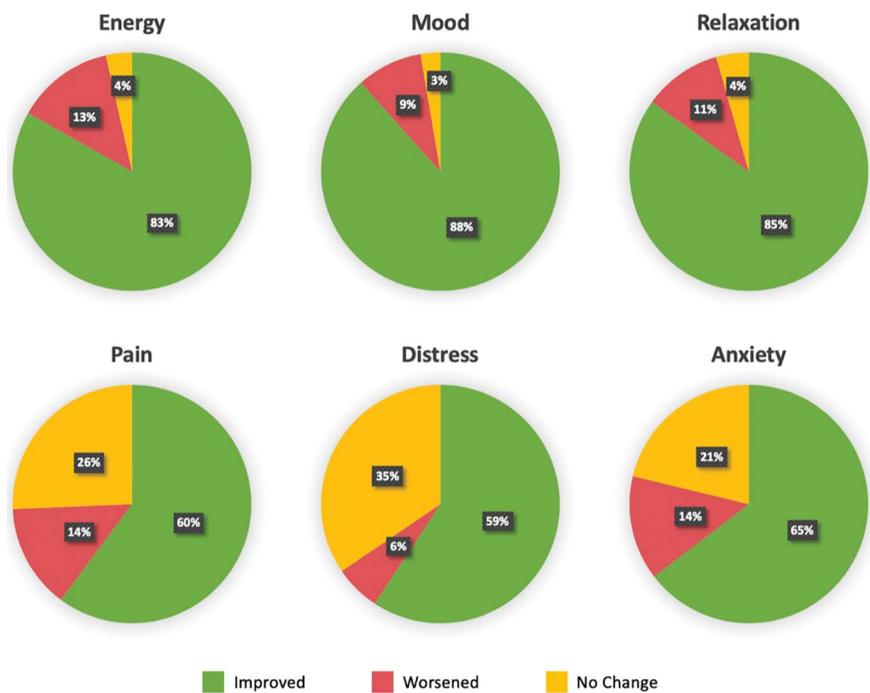
Figure 1 shows survey results for 113 drumming interventions with 35 patients.

Study patients participated in four

30-minute drumming sessions using new 11-inch Remo Versa Tubanos with low-volume Comfort Sound heads. When the study was introduced at an education day about the transplant process, the investigators gave patients DrumSTRONG finger shakers as part of the invitation to join the study. Participants kept their drums to use for self-care at home when they left the hospital. Versa Tubanos with Comfort Sound heads were ideal for the hospital environment, and the texture of the head was pleasant to the touch. The

**"I've been in and out of hospitals for years, and this is the best I have ever felt."
—Hematology patient**

FIGURE 1



Statistician's Report		
Variable	Difference (95% Confidence Level)	p-value for change
Energy	19.4 units (12.2, 26.6)	<0.0001
Mood	14.2 units (9.3, 19.1)	<0.0001
Relaxation	17.6 units (11.9, 23.3)	<0.0001
Distress	-1.4 units (-1.8, -0.9)	<0.0001
Anxiety STAI (state anxiety)	-6.4 units (-11.2, -1.6)	0.011
Pain	-3.0 units (-6.7, 0.7)	0.12

The STAI was based on the difference of Visit #4 and Visit #1 values. All other reported values incorporate all sessions of Interactive Group Drumming for each patient.



“I could see the relaxation in her face as soon as she started drumming.”
—Cancer patient support program intern

hospital-room drum circle was often a triangle, composed of the two facilitators and the patient, although whenever possible, family members, friends, or nurses joined in.

A typical first session included:

10 minutes

- Introduction to the drum by tickling the head (rain drops), rubbing with finger tips (wind), scratching with fingernails (hurricane), and rumbling fists with humming (thunder).
- A slow, soft groove at 60 beats per

minute in simple meter initiated by the facilitator where the patient was encouraged to “join the beat.”

- Stopping and starting the rhythm using a “4-3-2-1-Stop” countdown and the rhythmic phrase “Back to the Beat.”
- A traditional Guinean song (see Figure 2) with the established drum beat where everyone in the circle stated their name and was welcomed to the group with a vocal response.

- After a few minutes of entrainment (finding the unified beat), the group made a musical pizza using the rhythm of the words such as “cheese pizza,” “mushroom pizza,” “pepperoni pizza,” “green pepper pizza.”
- Without stopping the rhythm, short body percussion breaks were added using finger snapping, hand clapping, leg tapping, and a creativity exercise using an improvised combination of sounds before going back to drumming alone.
- A unison group rhythm ended the first phase of drumming using the words “apple pie” and “peanut butter pie” as an onomatopoeic instruction rather than traditional western music counting terminology such as “1&2,” and “1e&a2.”

If patients had prior music training, notation was mentioned, but the playful nature of using food rhythms encouraged laughter, which was an essential part of the experience. If the thought of food made patients nauseous, the rhythm of the patient’s favorite sports team name and terminology were used.

5 Minutes

- A game of “Pass the Apples” using one- and two-note signals for reversing the direction of the rhythm around the group, which always resulted in laughter and was a great ice-breaker activity. This was also explained as a game of Drum Uno,

FIGURE 2

Akabeolay

Traditional Guinea
WASykes

**“I was just diagnosed with cancer and felt lost. I felt paralyzed. This drumming has cleared my mind. Now I can go forward.”
—Hospital nurse**

with a reverse rhythm cue instead of a reverse card.

15 minutes

- Compound meter was introduced using the words “pineapple pie” and “do-si-do.” Once a swing/shuffle groove was established, the group sang “I’ve Been Working on the Railroad.” A key component of this four-verse song is memory. Song lyrics were a fun way to challenge the patient in a manner that was less frustrating than remembering words alone, especially during the disorientation of hospitalization and powerful medication.
- Call-and-response rhythms taking turns as the leader.
- Patients were encouraged to play along with their favorite songs on a smart phone after the facilitators introduced them to the simplicity of tapping a beat to “My Girl,” “In My Life,” “Just a Closer Walk With Thee,” and “I Feel Good,” or shake a plastic egg (or Fruit Shake) to “Three Little Birds” or “Jump in the Line.”

CONCLUSION

Beck and Moskop hope that the patients will continue to use drumming (and music) as a form of self-care at home, and that the medical center will include music therapists and drum circle

facilitators as a regular part of an integrative medicine experience. They encourage others to replicate the Comfort Sound Drumming protocol and report their results.

ENDNOTE

1. Does Interactive Group Drumming (IGD) Improve the Hospital Experience of Patients Undergoing Hematopoietic Stem Cell Transplant? - A Pilot Study at Wake Forest Baptist Medical Center (11/17 - 9/19)

EDITORIAL CONSULTANTS FOR THIS ARTICLE

David Beck, BSE, Research Engineer, Ford Motor Company

Ruth Moskop Ph.D., CCM, Therapeutic Music - Harp at Wake Forest Baptist Medical Center

Andrea Williamson, M.D., Resident Physician at University of Utah Health

John R. Beck serves on the faculties of the University of North Carolina School of the Arts and Wake Forest University, and he is a performer with the Winston-Salem and Greensboro Symphony orchestras, Brass Band of Battle Creek, the Philidor Percussion Group, and the Blue Mountain Ensemble. Beck is a Past President of PAS and holds degrees from the Oberlin Conservatory and the Eastman School of Music. He is a recipient of the 2018 League of American Orchestras Ford Musician Award for Excellence in Community Service for his hospital research using group drumming with cancer patients. [PN](#)