Alternative Therapies for Anxiety

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## Anxiety

 Anxiety is the condition of uneasiness, nervousness, or worry about something such that a person is uncertain about its outcome. It is normal to experience anxiety at times in life. However, an anxiety disorder is said to happen when a person begins to experience feelings of worry and fear frequently in day-to-day situations (Levitt, 2015). That implies the patient experiences feelings of anxiety repeatedly, and these feelings become extremely tense within no time. The patient suffers from considerable disturbance in managing everyday activities, finds difficult to come over the feeling of anxiety, and remains uncertain of how long they will last. Common signs and symptoms of anxiety disorders are: to feel nervous or tense, expect some danger without reason, have an increased heart rate, breathe with unusual fast pace, have problems related to gastrointestinal tract, be unable to focus on a subject, and have trouble in sleeping.

 The anxiety disorders are of various types and caused by several reasons. A person’s life experiences can cause anxiety disorders if the person is likely to acquire this disorder already. Some distressing incidents observed in life can leave a long-lasting disturbing effects on the mind of such a person. These effects can appear in the form of anxiety disorder sometime later in the person's life. However, the medical causes of anxiety disorders have also been reported besides those caused by observing or experiencing trauma. The medical causes associated with anxiety disorders include cardiovascular disease; diabetes; respiratory disorders; withdrawal from drug, alcohol, or relaxing pills; side-effects of using certain medicines, or thyroid problems (Bandelow & Michaelis, 2015). Further, anxiety disorders can also be caused due to certain medical conditions of the patient.

**Alternative Therapies for Treating Anxiety**

Alternative therapies for treating anxiety disorders might be natural remedies, psychotherapy, and medications. The doctor might suggest any of these alternative therapies based on the condition of the patient. The natural remedies for anxiety disorders include exercise daily, yoga, meditation, group discussions, travelling, writing, sports, and many others (Stonerock, et. al., 2015). Psychotherapy involves having counselling sessions periodically with a therapist so that the symptoms of anxiety can be reduced. Psychotherapists mostly apply cognitive behavioural therapy to teach the patient-specific skills for coping with the disorder. The patient is required to confront the disturbing situations intentionally to overcome the feeling of anxiety. Among the medications used in treating anxiety disorders are some anti-depressants, anti-anxiety medications, sedatives, etc (Er, 2015). The doctor can also suggest certain changes in the lifestyle such as keeping oneself physically active, refraining from alcoholic products, omitting drugs, quitting smoking, relaxing therapies, and trying to have a proper sleep.

**Music Therapy: Literature Reviews**

Music therapy is used to treat patients of anxiety disorders by addressing their cognitive, emotional, or social needs. The therapist may use various activities to fulfil the purpose, asking the patient to listen to certain melodies, playing a musical instrument, writing songs, or indulging in music composition depending upon the background of patients (Bidabadi & Mehryar, 2015). Researchers have studied the music therapy used in the treatment of anxiety disorders. While using the music therapy for reducing anxiety, the therapist uses music as the main tool to interact with the patient. Music therapy has proved to be effective in treating anxiety especially in children and young people. Listening to music improves the mood of the patient and provides relief by relaxing the muscles of the body. The therapists have successfully used music therapy for treating patients with symptoms of stress, cancer, mental disorders, cardiovascular diseases, and others. It might be perceived usually that medicine has more curative effects on the patient with anxiety than the music therapy. However, some researches describe that music has more relaxing effects on the patient than that of medicine.

According to a research conducted to find out the potential therapeutic benefits of music therapy for the critically ill, patients accommodated in intensive care units acquire stress and anxiety, especially those kept under mechanical ventilation. Anxiety created in this scenario can result in delayed recovery of patients (Mofredj, et. al., 2016). It was suggested that music therapy can be a reliable way of treating this problem. Music therapy can decrease stress, abate anxiety caused by mechanical ventilation, and create a relaxation response without using any medication. As a result, the patient will find an ease in ventilation due to decreased cardiac workload and increased oxygen consumption. The findings of the research also indicated, that music has a positive effect on the sleep quality. It reduces the patient’s suffering by decreasing the sedative exposure. This leads to an expedited ventilator weaning process and faster delivery.

A research was conducted to find out the role of music therapy in generalized anxiety disorders. The study presented results of pilot interventions with patients retained under clinical control. The research deployed music therapy to decrease the symptoms of this disorder. This study entailed seven patients, and the researchers programmed twelve sessions for the group, each session lasting for 2 hours (Gutiérrez & Camarena, 2015). The results revealed that music therapy was effective to alleviate levels of anxiety and depression.

A research was conducted to establish the fact whether the music therapy has a positive effect in reducing anxiety and depression in patients of Alzheimer’s or not. The study evaluated the effectiveness of implementing a short protocol of music therapy to alleviate anxiety and bring improvement in the emotional quotient of the patients suffering from Alzheimer's disease. The study proceeded with a group of 25 patients who underwent music therapy session that lasted for one hour. The test procedure comprises an analysis of a patient's saliva to measure the level of cortisol therein. It was completed using the immunoassay technique. Further, a questionnaire was filled out to quantify anxiety levels (de la Rubia Ortí et al., 2017). The results verified that using this therapy decreases the stress level as well as depression and anxiety in the patients. The research identified that there is a direct relation between the variation of these variables and that of the cortisol. The music therapy used as a short protocol can prove to be an alternative medicine to improve the emotional variables in patients of Alzheimer’s.

Another important research measured the effects of music therapy to reduce stress and anxiety in patients having a spinal cord injury. To conduct the study, forty patients experiencing anxiety and depression with a spinal cord injury were selected for the control group. After admitting these patients, they were given music therapy once a day, one hour one time for four weeks, besides continuing the psychological nursing procedures. The patients were checked against Hamilton’s anxiety scale and depression scale scores respectively. The recordings showed that music therapy can reduce anxiety and depression in the patients with spinal cord injuries significantly, and expedite the recovery process.

## Research Statement, Method, and Results

Radiation therapy is linked with increased possibilities of higher stress levels. The research statement for the study was “to evaluate the effectiveness of music therapy in reducing anxiety and distress in patients who are newly diagnosed head and neck or breast cancer during simulation for radiation therapy.” The study aimed at identifying patients’ baseline levels of anxiety disorders before undergoing the simulation procedure. It also aimed at examining the impact of music therapy in reducing the levels of anxiety and discomfort of patients during the therapy. The study was conducted by simulating with and without the use of music therapy. The anxiety inventory questionnaire as well as distress thermometer were used to calculate the measurements. Patients had a conversation with a music therapist and their choice of music was given priority. The patients with no music therapy did not need taking a consultancy session with the music therapist. They also did not hear any music during the simulation for radiation therapy. After the simulation, all patients repeated the selected anxiety questionnaire and the symptoms distress thermometer (Rossetti et al., 2017).

 The results established that music therapy lowered the patients’ anxiety and distress significantly. The results were obtained by using music therapy during the simulation procedure for radiation therapy based on the STAI-S questionnaire and symptoms distress therapy. The study concluded that music therapy-induced during simulation can be used as an effective intervention to reduce the anxiety and stress (Bian, Jiang, & Fan, 2015). It is most probable that continued research conducted on the role of music therapy in treating anxiety, stress, and depression will yield sound principles and more established results on the subject.

**Conclusion**

 Anxiety disorders can be acquired through traumas or hereditary factors. Natural remedies, psychotherapy, cognitive behavioural therapy, alternative medications, and music therapy can be used to reduce anxiety. Several researches conducted to establish the fact that music therapy when administered systematically would significantly reduce anxiety, stress, and depression. Music has a relaxing effect on the mind and muscles of the body. It relieves tension, removes worries of patients, and help in more effective recovery from the disease. It is a very appropriate tool to keep the patients relaxed during the clinical procedures that cause anxiety and stress.

Works Cited

Bandelow, B., & Michaelis, S. (2015). Epidemiology of anxiety disorders in the 21st century. *Dialogues in Clinical Neuroscience*, *17*(3), 327.

Bian, M., Jiang, J., & Fan, D. (2015). Effect of music therapy on anxiety and depression in patients with spinal cord injury. *Modern Clinical Nursing*, (7), 47-49,50.

Bidabadi, S. S., & Mehryar, A. (2015). Music therapy as an adjunct to standard treatment for obsessive compulsive disorder and co-morbid anxiety and depression: A randomized clinical trial. *Journal of Affective Disorders*, *184*, 13–17.

de la Rubia Ortí, J. E., García-Pardo, M. P., Iranzo, C. C., Madrigal, J. J. C., Castillo, S. S., Rochina, M. J., & Gascó, V. J. P. (2017). Does Music Therapy Improve Anxiety and Depression in Alzheimer’s Patients? *The Journal of Alternative and Complementary Medicine*, *24*(1), 33–36. <https://doi.org/10.1089/acm.2016.0346>

Er, I. (2015). Diagnosis and management of generalized anxiety disorder and panic disorder in adults. *Am Fam Physician*, *91*(9), 617–624.

Gutiérrez, E. O. F., & Camarena, V. A. T. (2015). Music therapy in generalized anxiety disorder. *The Arts in Psychotherapy*, *44*, 19–24. <https://doi.org/10.1016/j.aip.2015.02.003>

Levitt, E. E. (2015). *The psychology of anxiety*. Routledge.

Mofredj, A., Alaya, S., Tassaioust, K., Bahloul, H., & Mrabet, A. (2016). Music therapy, a review of the potential therapeutic benefits for the critically ill. *Journal of Critical Care*, *35*, 195–199. <https://doi.org/10.1016/j.jcrc.2016.05.021>

Rossetti, A., Chadha, M., Torres, B. N., Lee, J. K., Hylton, D., Loewy, J. V., & Harrison, L. B. (2017). The Impact of Music Therapy on Anxiety in Cancer Patients Undergoing Simulation for Radiation Therapy. *International Journal of Radiation Oncology\*Biology\*Physics*, *99*(1), 103–110. <https://doi.org/10.1016/j.ijrobp.2017.05.003>

Stonerock, G. L., Hoffman, B. M., Smith, P. J., & Blumenthal, J. A. (2015). Exercise as a treatment for anxiety: Systematic review and analysis. *Annals of Behavioral Medicine*, *49*(4), 542–556.