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The effect of music therapy on reducing patient distress  
associated with external radiation simulation procedure: Four Case Studies

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### Abstract

The purpose of this study was to examine the effect of music therapy in alleviating distress associated with radiation therapy simulation procedures. Research was conducted at the radiation-oncology unit at University Hospitals of Cleveland. Results using the POMS scale were not conclusive. Participants, however, reported that they found the intervention enjoyable and beneficial.

The effect of music therapy on reducing patient distress associated with external radiation simulation procedure

Cancer is an umbrella term for many diseases that begin in body cells. In order to keep healthy, body cells in human body divide to produce more cells. Cancer occurs when cells keep dividing when new cells are not needed, forming a mass of tissue called a tumor (National Institute of Health [NIH], 2000). According to the National Cancer Institute [NCI] (2002), the estimated number of females and males alive in the U.S. diagnosed with cancer in the last 20 years is 7.1 million. Prostate and genitourinary malignancies (e.g. bladder, testis, and kidney) represent over 50% of cases in males alive with cancer in the last twenty years. For women, 58% are survivors of breast or gynecologic cancers (e.g. uterine, cervical and ovarian). The American Cancer Society (2002) estimates that during 2002, 1,284,900 people in the U.S. will be diagnosed with cancer. The estimated figures accentuate the need for expanding current and developing new treatments for cancer.

In conjunction with their regular treatment regimen, patients with cancer often use complementary and alternative therapies in an effort to reduce stress, prevent or reduce side effects and symptoms, or control disease. Empirical studies and clinical observations indicated that music therapy is a beneficial complementary treatment for people with a cancer diagnosis. Music therapy can address numerous needs such as: (a) reducing anxiety and distress, (b) provide nonpharmacological management of pain and discomfort, (c) facilitating positive changes in mood and emotional states, (d) providing an outlet for regaining control and self-confidence, (e) teaching coping skills and providing emotional support, (f) refocusing attention during treatment procedures, (g)

influencing biological responses such as heart-rate, blood pressure, or increasing immune function, and (h) providing a medium for increased communication between patient and caregivers (American Music Therapy Association [AMTA], 2002; University Hospitals of Cleveland, 2002).

A plethora of references in research literature documented how music influences psycho-physiological responses. Listening to music: (a) decreased stress hormones (noradrenaline, t-PA antigen, and cortisol levels) and improved mood of both healthy subjects and patients with hypertension (Moeckel, Stoerk, Vollert, Roecher, Danne, Hochrein, Eichstaedt, & Frei, 1995), and (b) increased immune agents interleukin-1 and decreased cortisol levels (Bartlett, Kaufman, & Smeltekop, 1993). Moreover, listening to a 17-minute tape of imagery instructions with original background music designed to enhance imagery increased secretion of immunoglobulin A levels (Rider, Achterberg, Lawlis, Goven, Todedo, & Buttler, 1990). The addition of certain types of background music during relaxation training with deep-diaphragmatic breathing and methal imagery deepened and slowed breathing, induced relaxation in a shorter period of time, and an electroencephalogram (EEG) showed decreases average theta and increases alpha brainwave frequencies (Fried, 1990). According to Rider (1997), “Theta [brainwave frequency] is found during drowsiness and intense emotional states crucial to an organism’s survival. Alpha is found during dreamy passive states of relaxation” (p. 5). During medical procedures, music listening through headphones reduced pain, anxiety, and medication during femoral angiographies (Mandel, Domar, Harrington, Leserman, Bozadjian, Friedman, & Benson, 1990) and reduced anxiety of surgical patients during operations under epidural anesthesia (Tanioka, Takazawas, Kamata, Stoh, Matsuki, &

Oyama, 1985). Conclusively, music listening profoundly influences biological and psychological responses and thus has the potential of becoming a viable therapeutic medium.

Research has indicated that music listening can also be beneficial for patients diagnosed with cancer. Listening to music during chemotherapy treatment effectively reduced treatment related anxiety and tension (Standley, 1992; Harper, 2001), was used for relaxation and diversion purposes (Weber, Nuessler, & Wilmanns, 1997) and reduced nausea (Standley, 1992). In addition, participants at a relaxation program developed at the Vancouver Center of the British Columbia Cancer agency reported that live music and imagery enhanced relaxation effects (Nicholson, 2001). Pfaff, Smith, and Gowan (1989) have found that music-assisted relaxation during bone marrow aspirations with six pediatric cancer patients reduced anticipatory fear, experienced pain, and experienced fear. Moreover, Beck (1988) investigated the therapeutic effect of music listening as an adjunct to scheduled analgesics for patients with cancer-related pain. Results indicated that even though music was perceived as relaxing and distracting, it did not always increase the patient's sense of control over pain. Moreover, the effect of music listening on pain varied significantly for every individual. Beck's study indicated that even though music listening may function therapeutically, responses are highly individualized. Therefore, music interventions selected by a trained music therapy professional based on assessment and tailored according to individual needs, strengths and preferences may have a greater therapeutic potential.

Music therapy emphasizes personal contact and values patients as creative and productive human beings. It can facilitate psychologically positive hospital experiences,

empower oncology patients, encourage active involvement in treatment, and may prevent anxiety and depression associated with procedures and hospitalization (Hirsch, & Meckes, 2000). Persons diagnosed with cancer are faced with tremendous loss of control. Music Therapy can offer choices, which elicit an internal locus of control. Patients may select the music, the songs, choose interventions or even decide whether or not to have music or music therapy at a given time (West, 1994). Specifically with hospice patients, supportive music and interventions selected by a qualified music therapist may significantly improve quality of life and ease through the phases of dying (West, 1994). The importance of the human element inherent in music therapy has been validated by research. In a study with 50 hospitalized patients, participants who listened to live music singing and guitar playing reported significantly less tension, less physical discomfort, and more vigor than participants who listened to tape-recorded presentations of the same material (Bailey, 1983).

Case studies provide subjective evidence regarding the effectiveness of music therapy interventions. In a case study with a 35-year-old woman with breast cancer, Aldridge (1996) described how musical improvisation and active music making during individual music therapy sessions enabled the patient to cope with the disease. Jackson (1995) documented that music therapy sessions helped a 50-year-old woman diagnosed with terminal breast cancer to connect to friends and family. Other case studies have indicated how Guided Imagery with Music (GIM) sessions helped patients diagnosed with terminally ill cancer address issues of death and dying, unresolved relationships, coping with physical symptoms such as pain control, and reminiscence about life (Skaggs, 1997; Wylie, & Blom, 1986). Moreover, in one case study with an oncology

patient with uncontrolled pain, music therapy was successful in reducing the level of the pain (Towers, 2000). Evidently, music therapy sessions can address the diverse needs of oncology patients.

Empirical research provides further support to the above statement. A comparative study with adults diagnosed with cancer reported better psychological and immunological scores for adults who participated in individual or group music therapy sessions than those who did not participate in music therapy (Cai, Qiao, Li, Jiao, & Lu, 2001). Using the Profile of Mood States to assess mood states, Waldon (2001) found that involvement and active participation in music therapy sessions improved mood scores of adult oncology patients. Other studies indicated that guided imagery and music (GIM) improved mood and quality of life (Burns, 2001), music imagery in combination with progressive muscle relaxation improved quality of life and reduce psychological symptoms during chemotherapy (Xie, Wang, Yin, Liao, Lin, Yu, & Liu, 2001). Participating in music therapy sessions stimulated verbalizations regarding hospital experiences, resolving anxiety and facilitating positive affect (Brodsky, 1989) increased communication between pediatric oncology patients and relatives (Aasgaard, 2001), create supportive environments and increase children's active engagement behaviors (Robb, 2000).

Music therapy can support palliative care goals and have a significant effect on common symptoms (Gallagher, & Steele, 2001; O' Callaghan, 2001). For example, it provides a non-pharmacological strategy that actively involves patients in managing cancer pain. A variety of music therapy interventions can be used for pain management including vocal, listening, or instrumental techniques (Magill, 2001). Techniques utilized

are selected according to the patient's physical, emotional, and psychological needs, coping abilities, prior musical experiences and preferences (Bailey, 1986). Song writing is an intervention commonly used with patients in a medical setting. It can be a significant experience for patients with cancer or patients in palliative care and their families. Themes that occur in song writing in palliative care include self-reflections, reflections upon significant others, compliments, memories, and messages to other people (O'Callaghan, 1996). Song writing may be used to improve family communication by addressing anxiety, feelings, death and loss (Bailey, 1984). Additionally, a music therapist may utilize interventions designed to prevent muscle atrophy associated with prolonged hospitalization and fatigue. Oncology patients are often reluctant to exercise due to treatment effects. In a study with patients undergoing bone marrow transplant Bolt (1996) found that music therapy increased: (a) adherence with exercise protocol, (b) self reported relaxation and comfort levels, and (c) endurance. Patients participated in ten sessions that included relaxation and imagery, progressive muscle relaxation exercises, range of motion and aerobic exercises in conjunction with live or recorded music.

As evidenced in research finding, music therapy is an efficacious complementary treatment for oncology patients. The purpose of this study was to evaluate if music therapy is beneficial for oncology patients undergoing radiation therapy. NIH (2001) defines radiation therapy as "the treatment of disease using penetrating beams of high energy waves or streams of particles... [directed] at tumors or other areas of body where there is disease" (p. 5). The total dose and the number of treatments depend on the medical diagnosis and other medical treatments that a patient is receiving. Radiation

therapy destroys cancer cells or prevents them from dividing. The radiation however, also affects healthy cells. Therefore, it is important to protect as much normal tissue as possible. The radiation oncology doctor and other health care professionals define the exact body area to aim the radiation beam during a process called simulation.

Simulations involve scanning the body using imaging techniques such as CT scans or special x-ray machines. Simulations take from half to two hours; during that time, the patient has to lie still on an examining table. The radiation therapist often marks the treatment area with tattoos of permanent ink in order to make sure that the radiation should target the same area every time. Often patients experience distress prior, during, and following the simulation process. The research question of this study was if music therapy sessions provided prior to the simulation process would help alleviate some of the experienced distress.

## Method

### *Participants*

Four adult female patients scheduled for radiation therapy simulation volunteered to participate. The ages and the cancer diagnosis varied.

### *Design and procedure*

Patients receiving radiation therapy have two or three simulation appointments before beginning treatment. Using a within-the-subjects design, the participants in this study were randomly assigned to receive the 30-minute music therapy intervention prior to their first or second simulation process appointment. Thus, the participants functioned as their own controls; the control day being the one they did not receive music therapy. The participants completed the Profile of Moods Scale (POMS) as a pre-test before

entering the radiation therapy room on the control day, and prior to beginning the music therapy session on the experimental day. For a post-test the participants completed the POMS scale at the end their simulation appointment, prior to leaving the hospital, on both the control and the experimental day.

The researcher met the participants at the reception of radiation-oncology 40 minutes before their simulation appointment, and used one of the private exam rooms to administer the pre-test and conduct the music therapy session. On the control day, the researcher met the participants five minutes prior to their appointment to administer the pre-test. The participants completed the post-test on their own, on both the control and experimental day and left it at the reception desk for the researcher.

Once a week, the researcher obtained the simulation schedules from the appointment secretary at radiation oncology. Every week, she conducted by phone all the patients who were scheduled for their first simulation process. The researcher explained the purpose and benefits of participating in the music therapy project and asked for consent. A sample of the phone-contact script use is included in appendix A. She then conducted a phone interview to determine musical preferences, discuss intervention procedures with patient, identify favorite songs, and develop an individualized patient imagery/relaxation script. The interview script is included in appendix A.

### *Materials*

Materials needed for the session included: (a) an acoustic guitar, (b) song lists and song books, (c) participant's imagery/relaxation script, (d) a Yamaha flute, (e) CD-player, and (f) various CDs that matched participant's listening preferences.

### *Measurements*

The Profile of Mood States (POMS), originally published by McNair, Lorr and Droppleman in 1971 is a 65 item adjective checklist rated by the participant on a five point Likert scale. They are combined and divided in six independent sub-scale factors: tension-anxiety, depression-defection, anger-hostility, vigor-activity, fatigue-inertia, and confusion-bewilderment. The means and standard deviations for each sub-scale can be calculated and converted to *t*-scores in order to make a comparison to the general population's norm measures. The total score indicates total mood disturbance. In previous research, POMS was used as a sensitive measure of affect following a behavior modification intervention or pharmacological treatment (EdITS, 2002; McNair, Lorr, Droppleman, 2002).

### *Intervention*

The intervention consisted of five music therapy applications: (a) improvisation using the flute, (b) singing songs that participant selects from song lists, while providing guitar accompaniment, (c) vocal improvisation with guitar accompaniment using lyrics from the participant's imagery/relaxation script developed following the phone interview, (d) relaxation and deep breathing using imagery/relaxation script with background music, (e) listening to pre-recorded music that the researcher provided, or listening to music that the participant brought from their own collection. The music therapy intervention emphasized providing choices and allowing the participant to structure the session according to preferences. Therefore, during the session, the participants chose the music therapy applications they preferred, repeated applications, and choose the amount of time they spent within each. The imagery/relaxation scripts for each participant are included

in appendix B.

Results

*Participant 1*

Participant 1 was in her early forties and was diagnosed with colon cancer. She liked classical music (especially flute and guitar), reggae, new age (Enya and Yiannis). The first simulation was the control day, and the second simulation was the experimental day. The participant forgot to complete the POMS post-test on the control day. Following a question by the researcher regarding how she felt at the end of the session, she said that she found music therapy to be beneficial and that the session helped her to relax, gain energy, and feel warmer. She reported that the application she liked the most was the imagery/relaxation script, and the improvisation on the guitar using lyrics based on the script. Figure 1 depicts the sub-scale scores for participant 1.

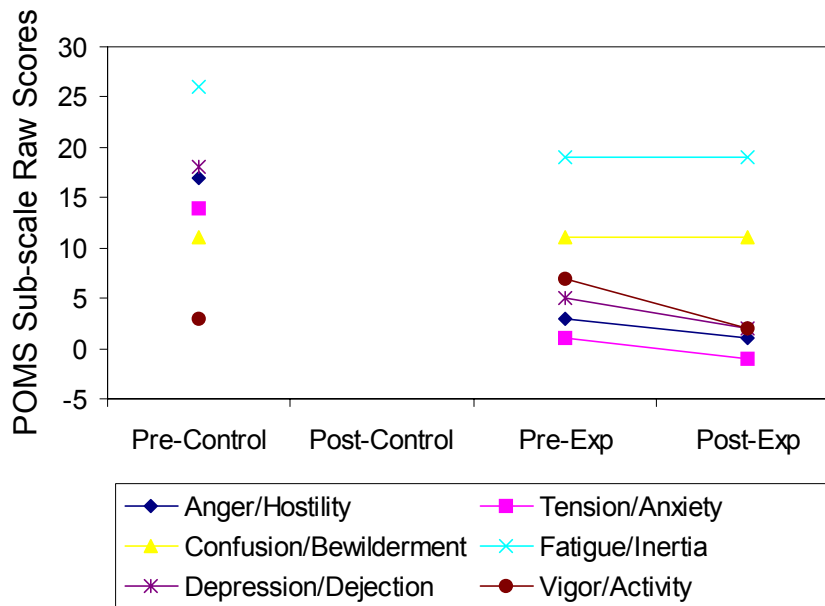


Figure 1. POMS sub-scale raw scores for participant 1.

*Participant 2*

Participant 2 was in her late thirties and was diagnosed with breast cancer. She liked gospel and jazz music. In addition, she liked classical piano music. The music therapy intervention was implemented on the day of the first simulation. The day of the second simulation was the control. The participant informed the researcher that she liked the intervention. She said: ‘the imagery with my room helped me relax and think of home’. The participant also reported she enjoyed the flute improvisation. Her husband observed the session. POMS results are presented in figure 2

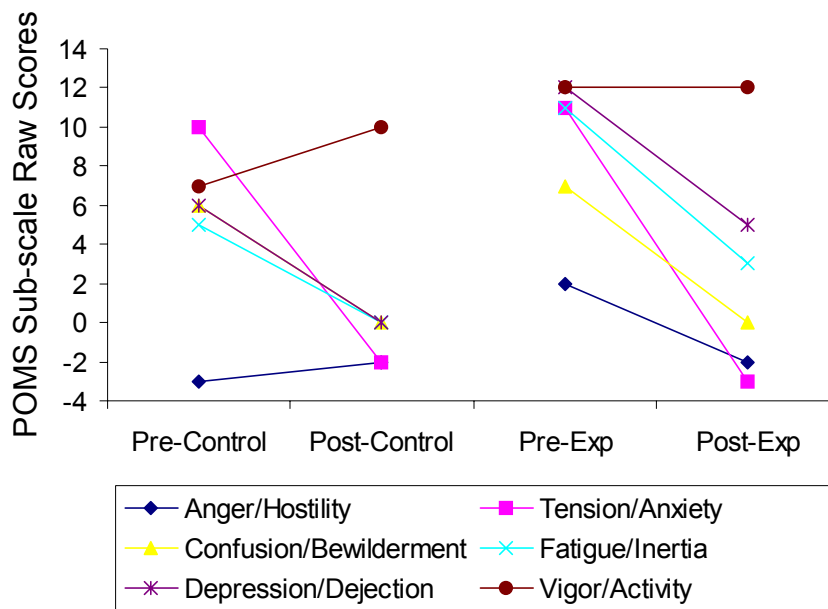


Figure 2. POMS sub-scale raw scores for participant 1.

*Participant 3*

Participant 3 was in her early forties and was diagnosed with breast cancer. She also liked reggae, classical music (violin), and new age music. The intervention was implemented on the day of the second simulation. The participant reported to the researcher that the intervention relieved some of her tension and anxiety. The music therapy applications she liked best were the live flute improvisation and the

relaxation/imagery script. Participant left the hospital without completing the post-test POMS form on the experimental day. Figure 3 depicts the POMS results for participant 3.

3.

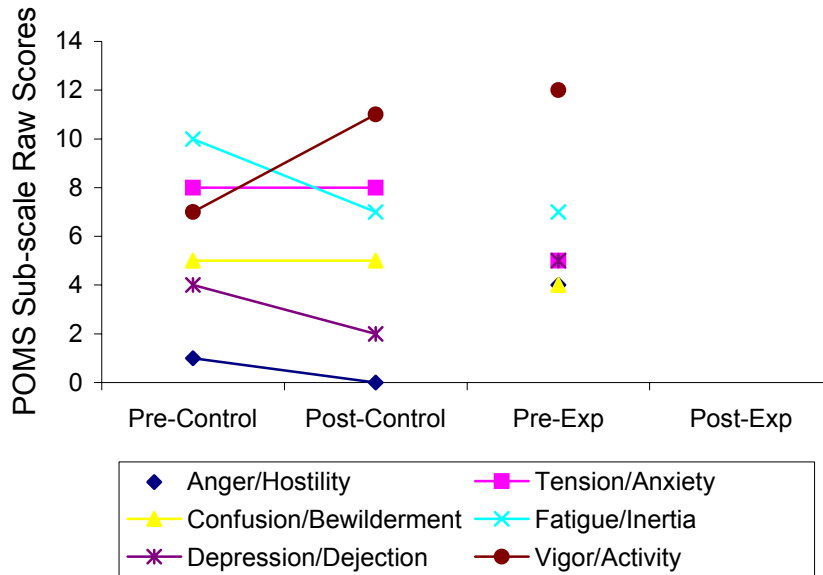


Figure 3. POMS sub-scale raw scores for participant 3.

*Participant 4*

Participant 4 was in her late sixties and was diagnosed with lung cancer. She liked gospel and jazz music; two of her favorite singers were Nat King Cole and Frank Sinatra. She also liked classical music as long as the intensity was not loud. She declined to complete all 65 items of the POMS scale; therefore, the researcher could not create a POMS profile for participant 4. She said that she felled worn-out and bushed. Following the music therapy intervention on her second simulation appointment, she said she felt more ready for the simulation because of music therapy. She also indicated that the applications she liked the most were the live music improvisation and the imagery script.

## Discussion

The purpose of this study was to investigate the benefits of providing music therapy sessions for patients receiving radiation therapy. Specifically, it was hypothesized that patients who receive individual 30-minute music therapy sessions before their scheduled simulations would experience less distress and fewer mood disturbances. The POMS scale and verbal reports by the participants were used to assess the effectiveness of the intervention.

The POMS raw score profiles for three of the participants indicate that fatigue/inertia, tension/anxiety and depression/dejection factor were high. The higher the raw score, the higher the distress experienced within each factor. (The vigor/activity factor is an exemption; the higher the score, the more “energetic” the person is feeling). Graphed result, however, should be interpreted with caution, since some of the participants did not complete the total number of required pre and post tests. Another factor that makes it impossible to control for confounding variables resulting in a lack of clear evidence indicating treatment efficiency is the timing of completing the post-test. The participants completed the POMS post-test after their simulation process was over. Therefore, the researcher cannot conclude whether it was the music therapy intervention or simply finishing the simulation process that alleviated mood disturbances. Some evidence regarding treatment effectiveness comes from the verbal statements of the participants. All four reported that music therapy reduced their anxiety and distress.

Further research is necessary to determine whether music therapy is effective in alleviating distress with patients undergoing radiation therapy. Research using larger samples and a repeated-measures design to track the effect of receiving sessions over

time may yield results that are more definite.

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## Appendix A

### *Interview Script*

I am going to ask you the following questions in order to determine what is your favorite music. What kind of music do you like? Favorite groups singers?

I will develop an imagery script to use for a relaxation intervention. The following questions would help me determine what auditory-visual-tactile sensations make you relax, safe, and less distressed:

What kind of scenery or are there any special places, or any images that make you feel the most comfortable? Prompted participant to respond by giving suggestions such as do you prefer: beach, sunset, lake, vacation favorite place, where, what time of year, special place in house, special room in house, what type of sounds (i.e. birds, waves, children laughing), what season, what tastes, what smells (looked for extremes).

In order to prevent adverse reactions I am going to ask you what I am likely to see of you are anxious? Do you become talkative, do you turn inwards, do you cry?

## Appendix B

### *Imagery/Relaxation Script for participant 1*

Try to sit as comfortably as you can. Start to breathe slowly and deeply. Close your eyes. Try to breathe in rhythm with the music. Imagine that you are feeling warm and relaxed. I am going to read a script. Try to imagine and feel the images and sensations that the script implies. You are walking down a long wooden stairway to a very beautiful, expansive beach. It looks almost deserted and stretches off into the distance as far as you can see. The sand is very fine and light... almost white in appearance. You step into the sand and you begin walking along the beach. It feels wonderful to walk slowly along this beautiful beach. The sun is warming all the parts of your body. You feel comfortable, happy and relaxed. The sun is bright and there are no clouds in the sky. The sunrays are covering everything giving shades of golden colors to everything around you. The sun is warm enough but not too warm, so that it does not cause any sunburn. The sea is calm and you can hear the waves. As they wash off along the shore, the waves are trying to have a conversation with you. They know you like the sound they make. It is a constant, reoccurring sound... like a murmur. It feels reassuring. Some waves are small, other are bigger. The bigger waves crash louder, and the smaller waves crash softer. This creates an amazing nature sounds music ensemble. The roaring sound of the surf is so soothing that you can just let go of anything on your mind. You are watching the waves ebb and flow... they are slowly coming in... braking over each other... and then slowly flowing back out again. The ocean itself is a very beautiful shade of blue.. a shade of blue that I so relaxing just to look at. You look out over the surface of the ocean all the way to the horizon, and then follow the horizon as far as you

can see, noticing how it bends slightly downward as it follows the curvature of the earth.. You continue to walk along the beach. You gradually begin to relax more. As you walk you find an air mattress. Slowly, you begin to approach the mattress.. and when you finally reach it you notice that it is very big and wide. You can use it to float on the water. Because the mattress is big and wide, and the sea is very calm, no seawater will go with you. You lie on the air mattress and you push it slightly into the water. You begin floating on the calm seawaters. Nothing is troubling your mind. You are slipping into a deep stage of relaxation as you safely float with your mattress. You feel the sea breeze blowing gently against your cheek and the warmth of the sun overhead penetrating your neck and shoulders. The warm, soft sensation of the sun just relaxes you even more and you are beginning to feel perfectly content. You take in a deep breath... breathe out and feel very refreshed. Just listen to the sound of the surf that will carry you even deeper.. deeper still ... into a wonderful state of quietness, warmth, and peace.

***Imagery/Relaxation Script for participant 2***

Try to sit as comfortably as you can. Start to breathe slowly and deeply. Close your eyes. Try to breathe in rhythm with the music. Imagine that you are feeling warm and relaxed. I am going to read a script. Try to imagine and feel the images and sensations that the script implies. You are at home. You feel at ease. You decide to go upstairs to your bedroom. You slowly begin to go up the stairs. You are not in a hurry. You walk slowly. As you walk, you take deep breaths. You reach the top of the staircase. You see your bedroom two large double doors. You reach, and slowly, you open the door and enter your room. It is a large, colorful room. Its color, gray, it is calming. You look around and enjoy all the colors of the room. You take deep breaths

and you become more and more relaxed. The comforter of your bed has two shades of color, gray, a darker gray, and black. The bed and the comforter are inviting and you head towards the bed. Imagine your self walking towards the bed, and lying on it. You can lie either on your stomach or on your back, whatever position is the most comfortable for you. It feels very cozy and comfortable on the bed. You gradually begin to relax more. The big half moon window catches your eyes and you look outside. The trees outside are visible through the window. It is beginning of spring and the green leaves are just popping out. A new season is beginning. You look at the trees and you feel as strong as they do, as if you can draw strength from their energy. You take in a deep breath of fresh air and breathe out, and you feel that you are taking all that energy inside you. Outside, you can see the birds. They are either sitting on the tree branches or flying around playfully. All your worries fly away with them. As you listen to the birds and look at the trees outside, you more relaxed, and you are beginning to feel perfectly content. You take in a deep breath... breathe out and feel very refreshed. The bird singing will carry you even deeper.. deeper still ... into a wonderful state of quietness, warmth, safeness and peace.... Return: Now in a moment you can begin to come back to an alert, wakeful state of mind. Pay attention as I count from one up to five. When I get up to five, You can open your eyes and feel awake, alert, and refreshed. One-gradually beginning to come back up to an alert, wakeful state. Two-more and more awake. Three-perhaps you might move your hands and feet as you become even more alert. Four-almost back to a fully alert state. And five-opening your eyes now, finding yourself fully awake, alert, and refreshed.

***Imagery Relaxation Script for Participant 3***

Try to sit as comfortably as you can. Start to breathe slowly and deeply. Close your eyes. Try to breathe in rhythm with the music. Imagine that you are feeling warm and relaxed. I am going to read a script. Try to imagine and feel the images and sensations that the script implies. Picture yourself in a safe, beautiful place outdoors by the lake. Overhead you can see a beautiful blue sky and some white clouds. Shining directly overhead is the sun. You can feel it shining down, in and through your entire body. It begins to relax and soothe every part of your body. You begin walking along the lake. It feels wonderful to walk slowly along this beautiful lake. It is morning and the lake looks mystical, foggy, soft, and misty. You experience and you become part of the mystical atmosphere that surrounds you. You take deep breaths and you become more and more relaxed. As you walk, you notice how clear the water is. It has a very beautiful shade of blue.. a shade of blue that is so relaxing just to look at. It looks just like the ocean. You look out over the surface of the lake all the way to the horizon, and then follow the horizon as far as you can see, noticing how it bends slightly downward as it follows the curvature of the earth. You continue to walk along the lake. You gradually begin to relax more. A warm, gentle breeze is blowing over your body. It makes you feel safe, happy, and relaxed. Nothing is troubling your mind. The breeze has blown away all your worries and troubles. You are getting a little tired just walking. Imagine sitting down, looking at the lake and making yourself very comfortable. You might sit down on a flat rock up against a tree or you might even decide to lay down on a bench or a grassy area. You take in a deep breath of fresh air and breathe out, finding that the smell of the lake reminds you the smell of the ocean. Above you, you can see birds

flying. All your worries fly away with them. As you listen to the birds and you feel the lake breeze blowing gently against your cheek and the warmth of the sun overhead penetrating your neck and shoulders. The warm, soft sensation of the sun and the comforting sounds of the birds just relax you even more and you are beginning to feel perfectly content. You take in a deep breath... breathe out and feel very refreshed. The bird singing will carry you even deeper.. deeper still ... into a wonderful state of quietness, warmth, and peace.

***Imagery Relaxation Script for Participant 4***

Try to sit as comfortably as you can. Start to breathe slowly and deeply. Close your eyes. Try to breathe in rhythm with the music. Imagine that you are feeling warm and comfortable. I am going to read a prayer script. I will pause several times to allow you to reflect, and silently pray, whatever comes to your mind. Remember: Much prayer, much power. Little prayer, little power. --Peter Deyneka-- And we can be confident that he will listen to us whenever we ask him for anything in line with his will. And if we know he is listening when we make our requests, we can be sure that he will give us what we ask for. 1John 5:14. The great people of the earth today are the people who pray. I do not mean those who talk about prayer: nor those who can explain prayer: but I mean those people who take time and pray. They have not time. It must be taken from something else. This something else is very important--very important and pressing, but still less important and less pressing than prayer. *S. D. Gordon*

Show the wonder of your great love,  
you who save by your right hand  
those who take refuge in you from their foes.

Keep me as the apple of your eye;  
hide me in the shadow of your wings.

Psalm 17:7-8 NIV

Imagine you are in the shadow of his wings..... , take in a deep breath of fresh air and breathe out, and you feel that you are taking all the energy inside you. Prayer will carry you into a wonderful state of quietness, warmth, safeness and peace.... Return: Now in a moment you can begin to come back to an alert, wakeful state of mind. Pay attention as I count from one up to five. When I get up to five, You can open your eyes and feel awake, alert, and refreshed. One-gradually beginning to come back up to an alert, wakeful state. Two-more and more awake. Three-perhaps you might move your hands and feet as you become even more alert. Four-almost back to a fully alert state. And five-opening your eyes now, finding yourself fully awake, alert, and refreshed.