

Music Therapy in Hospice Palliative Care **By Mary H. Rykov (2009)**

This writing provides information about music therapy in hospice palliative care in Canada. Music is discussed and the music therapy profession is explained. Reasons for using music therapy in hospice palliative care are given. The content and outcomes of music therapy sessions is outlined.

Background Information about Music Therapy

Music is the art of sound (Sessions, 1950). Many qualities render it conducive to therapeutic processes. Extrapolating from Sears (M. S. Sears, 2007; W. W. Sears, 1968), these are:

- Music affects physiological responses.
- Music is time-ordered; it has an organizing effect.
- Music is social behaviour; it is an agent for interaction and a stimulus for participation.
- Music has the capacity to stimulate memory, images and modify mood.
- Music is holistic and integrative; melody (intellect), rhythm (somatic energy), timbre (sensory experience) and harmony (emotions) speaks to, and elicits a response from, the whole person.
- Music communication that may be used directly in nonverbal dialogues; and/or it may be used indirectly as an analogue language that bridges inner and outer experience.

The experience of music is personal and social. Through music we access, explore, and express inner worlds to and with others (Bonny & Savory, 1990; Bruscia & Grocke, 2002; DeNora, 2000; Priestly, 1994; Smeijsters, 2005).

Music therapy involves the planned, systematic application of music and the relationships that grow between people through the music. The combined use of music and medicine may be traced back to ancient shamanic and Biblical practices (Horden, 2000; Moreno, 1988). More recently, music therapists have practised in clinical settings where they and other health care professionals have employed music to decrease the perception of pain, increase soothing, and increase communication.

Music therapists in Canada are trained in a minimum of a four-year undergraduate degree in music therapy, plus a six-month clinical internship. This training consists of academic coursework, musicianship, and supervised clinical fieldwork. The Canadian Association for Music Therapy is the accrediting body for music therapists in Canada; Canadian accredited music therapists are designated by the “MTA” (Music Therapist Accredited) title (www.musictherapy.ca).

Music Therapy in Hospice Palliative Care

An extensive body of literature pertains primarily to the practice of music therapy in hospice palliative care (Aldridge, 1998; Dileo & Loewy, 2005; Hartley & Payne, 2008; Krout, 2000; O'Callaghan, 1993, , 1996; Rykov & Salmon, 1998). The results of palliative care music therapy studies (Gallagher, Lagman, Walsh, Davis, & LeGrand, 2006; Hilliard, 2005; Hogan, 1999; Krout, 2001; O'Callaghan & McDermott, 2004) and a preliminary Cochrane Intervention Protocol (Dileo & Bradt, 2008) are promising.

The purpose of palliative care is to enhance the remaining quality of life for terminally ill patients and their families. Music therapists contribute to this mandate by bringing the joy and beauty of music during a time of great pain and loss. The reasons for doing so are:

- To minimize suffering by facilitating grieving and emotional well-being;
- To relieve physical symptoms (e.g., pain, shortness of breath, dyspnea, nausea);
- To elicit positive and comprehensive life review whereby integrity, values and relationships are emphasized;
- To enable individuals to achieve peace, acceptance and resolution with their lives and relationships; and
- To access the “well,” intact aspects of the individual, thereby enabling families to mourn the whole person.

Hospice palliative care music therapy referrals are made for one or more of the following reasons:

- The person has a history of music and/or cultural interests;
- The person has a long-term prognosis with need for diversion, motivation, support;
- The person is experiencing chronic pain or adjustments to pain management;
- The person experiences anxiety, restlessness, respiratory difficulties or distress;
- The person experiences sleep disturbance;
- The person is depressed or withdrawn;
- The person lacks a support system or is isolated;
- The person has difficulty expressing feelings or interacting with others;
- The person experiences loss of speech or has other language barriers;
- The person has unresolved family issues.

The content of music therapy sessions is determined by these preceding objectives along with the person's needs, interests, preferences and energy level, and may include one or more of the following:

Songs

The person chooses to listen to or sing precomposed songs which often leads to discussion of issues or memories; lyric interpretation is initiated by them. Songs may be written for or with the person, setting poems to music, using parodies or creating original music and lyrics.

Active music-making

The person plays instruments as a means of self-expression and enjoyment; music may be improvised or precomposed.

The therapist plays precomposed or improvised music for the individual.

The therapist writes and/or improvises music with or for the individual.

Recorded music

Individuals have access to preferred music day and night; the music therapist provides recorded music, as needed.

The person may wish to be involved in making personalized recordings of music for their own use, to give/send to family members and friends, or for use at their funeral.

Imagery combined with recorded and live music may be used to facilitate relaxation, meditation, life review and legacy work.

Adapted music psychotherapy techniques (e.g., Bonny Method) may be used.

Adapted music with relaxation techniques (e.g., progressive muscle relaxation, autogenic training) or energy work, for example reflexology (Magill Levrault & Berenson, 2008) or therapeutic touch (Rykov, 1995).

Related expressive art materials

Pastel drawing, pain, clay, plasticene or collage may be used with and without music.

Family involvement

Family involvement during hospice palliative care music therapy sessions naturally occurs, depending on the comfort level of all involved. Family involvement tends to decrease as the individual's active participation decreases, and may continue following death into bereavement, depending on this availability within specific programs.

The effects of music therapy in hospice palliative care vary among individuals. Outcomes that may be expected include:

Feelings of personal meaningfulness;

Emotional release;

Self-expression and communication;

Reminisces about life and relationships;

Pleasant and meaningful diversion from pain and illness;

Opportunities for choice, mastery and control;

Relaxation, decreased stress and anxiety;

Increased self-esteem and self-acceptance;

Opportunities for meaningful social interaction;

Family support for anticipatory grief by mourning the whole person;

Family and staff support in their communications with the individual who is dying;

Family and friendship relationship bonds are strengthened;

Grief support after death through bereavement follow-up.

Concluding Statement

Music is personal and intimate, as well as universal; and so is death personal and intimate, as well as universal. Music is a vessel for containing human experience and

through music we are, perhaps, more humane. Herein lies the rationale for using music therapy in palliative care.

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