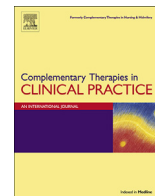




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Development and efficacy of music therapy techniques within palliative care



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ABSTRACT

Music therapy is increasingly becoming an intervention used in palliative care settings around the globe. While the specialty of palliative care music therapy is relatively young having emerged in the late 1980s, there is a strong and growing body of evidence demonstrating its efficacy in assisting a variety of issues common at end-of-life. There are multiple music therapy techniques that are implemented with clients in palliative care and they can be categorized in four broad areas: receptive, creative, recreative and combined. These techniques will be presented with respect to their development by clinicians as supported by the descriptive and research literature. Information is also provided on the use of music therapy in facilitating the grieving and bereavement process.

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1. Introduction

Music and medicine have enjoyed linkages throughout history Davis, Gfeller and Thaut [1] noted a few such examples which include: music being played in Cairo hospitals in the middle ages; Renaissance physicians using music as preventative medicine; Baroque musicians writing about the curative effects of music; and in the 17th century, the surfacing of writings on the psychological benefits of music. Music therapy as a discipline has a relatively young but growing history. As a formalized profession, it came into existence after World War II when music educators and musicians were playing music in the veteran hospitals in an attempt to boost morale.

With respect to palliative care music therapy, the Royal Victoria hospital in Montreal, Canada emerged as the pioneering facility that provided this type of therapy [2]. A landmark event in launching palliative care music therapy was a symposium held in New York city where 40 music therapists who were working with the terminally ill came together to discuss their work. The subsequent proceedings served as an important initial grounding of the work, as well as a launching point for research studies in the 1980s and 1990s [3]. Early research and descriptive palliative care music therapy articles primarily came out of Australia, the United States, Canada and the United Kingdom [4–11]. Such articles addressed a number of topics including: lyrical themes written by palliative care patients [10]; pain and symptom management [6]; and music

and emotion in palliative care [11].

This paper will provide an overview of the development of music therapy techniques used in palliative care, and will also take a look at research demonstrating the efficacy of music therapy with this population within the framework of said music therapy techniques. Lastly, it will also provide additional information on the use of music therapy to facilitate grieving and bereavement.

2. Development of music therapy techniques in palliative care

Palliative care music therapy techniques have primarily developed from therapists describing their work and approaches/techniques in the literature Peters [12] states: “as they have worked with dying patients and their families, music therapists have discovered many ways in which various music activities can help meet the physical, psychological, emotional, social, and spiritual needs of terminally ill clients” (p. 111). These early depictions of useful and appropriate techniques have informed the practices of today's music therapists.

The ways that music approaches are used in therapy are helpful in providing a framework for understanding how techniques have developed over time. For example three principles that guide how music is used in therapy were outlined by music therapy pioneer Gaston [13] as:

- (1) the establishment or reestablishment of interpersonal relationships,

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- (2) the bringing about of self-esteem through self-actualization, and
- (3) the utilization of the unique potential of rhythm to engage and bring order (p. v).

Similarly Sears [14], identified the following classification system for processes occurring in music therapy as: “(1) experience within structure, (2) experience in self-organization, and (3) experience in relating to others” (p. 31). These principles and classification systems shed light on how goals are accomplished using music, and how they are exhibited and demonstrated in the techniques.

Music is one modality that provides a large number of expressive and learning experiences ranging from singing, to moving to music, to discussing music, etcetera [12]. As with other clinical populations, music therapy techniques in palliative care may be categorized in one of four categories: receptive, creative, recreative, and combined [15]. Receptive methods are common at end-of-life considering the patient may have decreased energy levels and involve more passive responses on the part of the client; typically involving the patient listening to music. Approaches that fit in the creative category include things such as: music and lyric composition, and other music creation on voice or instruments. Performing previously composed music either on instruments or by singing are considered recreative approaches, and combined approaches involve various fusions of music with other modalities such as movement, art or drama.

Clements-Cortés [16] categorized various techniques that were useful to her participants in examining relationship completion at end-of-life (see Table 1).

Brief definitions of the techniques, which require further description, are provided below. The receptive technique of song choice is where the therapist invites the client to select a piece of music based on certain criteria, or to freely choose any song that might be important, present or preferred. Song choice which often involves verbal processing of the selections, may help uncover and reveal various aspects of the patient such as their feelings, and present or enduring thoughts. Lyric analysis is the choice of songs by either the patient or the therapist followed by listening to said song and the having a verbal discussion of the lyrics.

Entrainment is another common technique in palliative care and involves the therapist playing music to facilitate changing a patient's heart rate, brain waves and breathing pattern. The therapist often includes this technique to help slow down rapid breathing or to calm a racing heart rate. The therapist begins by matching the heart rate of the patient musically and gradually changes and slows the tempo so that the patient's heart rate and breathing will resonate and change to the slower tempo. This is known as the *iso-principle*.

Music and imagery involves the therapist providing either live, improvised or recorded music accompanied by descriptions of scenery, a journey, or other imagery. A specialized approach that involves music and imagery implemented by a trained practitioner in the approach is known as The Bonny Method of Guided Imagery

and Music (BMGIM). The BMGIM involves the use of a detailed protocol and specifically designed music programs to assist a client in reaching a deep relaxed state in order to access their unconscious and work through ‘material’ (issues, feelings) they may or may not be acutely aware of. When this method is used at end-of-life it can produce powerful results quickly.

Songwriting remains a highly effective and important technique in palliative care. Refs. [17–19] first described songwriting for persons with emotional and psychiatric problems; and songwriting in palliative care has its roots in these early writings. O’Callaghan [20] who has written extensively on songwriting in palliative care provided early guidelines in the form of 10 therapeutic opportunities associated with music and songwriting in palliative care, which are:

- (1) Songwriting offers patients opportunities to express creativity through both the words and music.
- (2) Songwriting may be less threatening than other forms of creative writing.
- (3) Songwriting offers varied opportunities to promote physical and social well-being.
- (4) The music accompaniment may enhance one's learning of the lyrics.
- (5) Songwriting allows people to make creative choices that encompass both musical and verbal dimensions.
- (6) Songwriting may offer opportunities for counseling.
- (7) The song melodies may inadvertently offer comfort.
- (8) Songwriting verbally and musically validates emotional expression.
- (9) Helping patients to create new lyrics for well-known music may encourage their expression of thoughts and feelings.
- (10) When writing songs one may feel pride about both the lyrics and musical setting (p. 13–15).

Improvisation of music can either be done by the therapist and the client individually or together. O’ Kelly [21] acknowledges the importance of this technique in facilitating therapist support, reflection and encouragement of patient expression in music rather than in verbal discussion and processing. Song dedications and the creation of music or song legacies involve the patient selecting and/or writing a song that expresses a thought, feeling or sentiment to another person, and when these are recorded individually or as part of a group of songs they are known as song legacies.

To conduct a music life review the therapist may help the patient to identify music from various time periods in their life to stimulate discussion about their life story. However, assembling music that the patient identifies as representative of important life events or times is categorized as a musical autobiography.

3. The role of music therapists within palliative care interdisciplinary health care teams

Around the world music therapists are increasingly being included in palliative care interdisciplinary health care teams. This

Table 1
Music therapy techniques for relationship completion.^a

Receptive	Creative	Recreative	Combined
Music listening	Songwriting	Instrument playing	Music and movement
Song choice	Instrumental improvisation	Singing pre-composed songs	Music and other arts experiences
Lyric analysis	Vocal improvisation	Conducting music	Musical life review
Entrainment	Toning		Musical Autobiography
Music and imagery	Song dedications		
	Music/song legacies		

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