Music Therapy

Jenole M. Peacock
Consumer Civics
Val Hellar
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What runs through a person's head when they are close to death? Anxiety, fear, perhaps regret? Death is inevitable. That is an unarguable fact. But how does it feel to be told that death is near…and how are those feelings dealt with? Palliative care is a form of care that is directed at providing relief to people suffering from a terminal illness. Through symptom management, pain management, mental health management, and spiritual needs management the goal of the interdisciplinary team is to provide comfort and to maintain the highest possible quality of life through compassionate specialized care. The goal of palliative care is to comfort, not to cure. The aim of the interdisciplinary team, which includes, but is not limited to, doctors, social workers, and music therapists, is to provide support for the patient, as well as those who are sharing the patient's journey such as family members and friends. Palliative care can make the difference of providing a gentle death as opposed to one in which the suffering is so severe and drawn out that assisted suicide becomes an attractive alternative (Palliative Care, 2005). There are many forms of effective palliative care that aid in improving the quality of life of end-of-life patients; there is drug therapy, social therapy, psychological therapy, animal assisted therapy, and music therapy among others. While all of these have their own benefits, music therapy is the most holistic approach to improving the quality of life of people diagnosed with terminal illness.

Music is known as the universal language. It is defined as being *"the art or science of combining vocal or instrumental (or both) to produce beauty of form, harmony, and expression of emotion.*" Most people do not understand a foreign

language, but when music is played, that which is at its heart, no matter what the composer's nationality, is understood. *"When words fail, music speaks," (Hans Christian Anderson)*. Music is the expression of emotion that is universally understood. This is true because music is intimately interconnected and basic to our existence—like the beat of music, our bodies are made up of rhythmic systems (Continuum Hospice Care, 2005).

This universal language has become a mainstream therapy in the health care profession. Therapy is defined as *"treatment intended to relieve or heal a disorder."* Music has been an effective tool used to address social, emotional, cognitive, physical, and spiritual needs of a patient. It is the clinical and evidence-based use of music interventions to accomplish individualized goals such as promoting wellness, managing/reducing stress, promoting relaxation, alleviating pain, expressing feelings, enhancing memory, improving communication, counteracting depression, anger, pain, insomnia, boredom, and loneliness, reducing pain and treatment related symptoms such as nausea, vomiting, and confusion, and promoting physical rehabilitation (Music Therapy, 2005).

Music therapy is an established healthcare profession in which the use of music is a growing service provided in end-of-life care. Because of its effectiveness, it is being used with increasing frequency in the treatment of those with terminal illness. With new music therapy programs being put into practice in hospice and palliative care, more patients and families now have access to this service. Needs often treated by music therapy in end-of-life care include the social, emotional, cognitive, physical, and spiritual (Hilliard, 2005).

The idea of music for healing is not a new one. The use of music can be traced to three thousand years ago in biblical history, when King Saul, the anxiety-ridden monarch that suffered from episodes of melancholia, was soothed into rest by the harmonious playing of the shepherd boy David's harp (I Samuel 16:14-23) (Kerr, 2004). The 20th century discipline of music therapy as a health care profession began after World War I when community musicians voluntarily spent time playing at Veteran hospitals around the country for the thousands of veterans suffering from war inflicted traumas, both physical and emotional. The impact the music had on the patients led the doctors and nurses to request the hiring of musicians in hospitals. From there, it became apparent that some prior training was necessary for the musicians entering into the hospital scene so the demand for college curriculum grew. Michigan State University established the first music therapy degree program in the world in 1944. In 1998, The American Music Therapy Association (AMTA) was founded as a union of the National Association of Music Therapy and the American Association for Music Therapy (The Canadian Association for Music Therapy, 2005).

Practitioners of music therapy are trained to meet high clinical standards (The Official Stanley Jordan Homepage, 2005). Music therapy has become so important in clinical settings that professional music therapists are now required to hold a bachelors degree or higher in music therapy from an approved college and university program. The bachelors degree in music therapy is designed to inform basic level competencies in three major areas: musical foundation, clinical foundation, and music therapy foundations and principles. In other words, a music therapist typically receives training in music, basic medical knowledge, and behavioral science (Rossi, 2005). These standards are instructed

in the AMTA Professional Competencies. Next, a music therapist must enter into a clinical internship that averages about 1040 hours. Upon completion of the bachelor's or master's degree and a clinical internship, music therapists are then eligible to sit for the credential MT-BC (Music Therapist – Board Certified), a national examination offered by the Certification Board for Music Therapists. This credential recognizes music therapists who have demonstrated the knowledge, skill, and abilities necessary to practice at the current level of the profession (Music Therapy, 2005).

Music Therapists assess emotional well-being, physical health, social functioning, cognitive skills, and spiritual status in order to design their treatment plan. They accomplish this by assessing emotional well-being by noting depression, anxiety, anger, and fear; physical health by taking into account pain, shortness of breath, and nausea; social functioning by observing isolation, loneliness, and boredom; cognitive skills by examining neurological impairments, disorientation, and confusion; and spiritual status by taking into consideration lack of spiritual conviction and need for spiritually-based rituals all through musical responses. Music therapists design specific treatment goals and music sessions based on client need. Sessions include and are not limited to singing, receptive music listening, playing instruments, music performance, learning through music, lyric analysis/discussion, music-prompted reminiscence, songwriting/composition, improvisation, guided imagery with music, and rhythmic based activities (The Canadian Association for Music Therapy, 2005/ Music Therapy, 2005).

Singing in itself is a technique used to help people with speech impairments improve their articulation, rhythm, and breath control, people with asthma or breathing difficulties to improve oxygen saturation rates, people with dementia to encourage

reminiscence and discussions of the past, while reducing anxiety and fear, and people lacking social skills to improve them and to foster a greater awareness of others (The Canadian Association for Music Therapy, 2005).

Playing instruments aids in improving gross and fine motor skills as well as developing increased well-being and self-esteem. Rhythmic based activities can be used to smooth the progress of and improve a person's range of motion, and joint mobility, agility, and strength, balance, coordination (The Canadian Association for Music Therapy, 2005).

Improvising is a means of creative, nonverbal expression of thoughts and feelings, which is neutral and easily approachable—*"where words fail or emotions are too hard to express, music can fill the void (anonymous)."* Composing allows patients to share their feelings, ideas, and experiences in a supportive and non-threatening environment that provides opportunities to address fears and to identify and perhaps resolve personal issues. For people with terminal illness, composing is a way to explore feelings about the meaning of life and death. It also may provide an opportunity to create a legacy or to share an experience with a loved one before death (The Canadian Association for Music Therapy, 2005).

Music therapists work in psychiatric hospitals, rehabilitative facilities, medical hospitals, outpatient clinics, day care treatment centers, agencies serving developmentally disabled persons, community mental health centers, drug and alcohol programs, senior centers, nursing homes, hospice programs, correctional facilities, halfway homes, private practices, schools, prisons, in the obstetrics unit during childbirth, and in the hospice unit during deaths, interestingly enough, at the beginning and the end of life. Music therapy is

not reserved for terminally ill patients. It is a highly effective and versatile modality that can help many different types of people in many different types of places (Continuum Hospice Care, 2005/The Canadian Association for Music Therapy, 2005).

Music therapy is used on a wide variety of individuals regardless of age, ability, and background. Patients include, but are not limited to, those that suffer from the following: brain injury, AIDS, autism and other pervasive development disabilities, developmental disabilities, emotional traumas, hearing impairments, mental disabilities, physical disabilities, speech and language impairments, substance abuse, age related conditions, visual impairments, and terminal illness. Patients who are victims of abuse, teens at risk, and those that are in palliative, neonatal, geriatric, and/or critical care are also often treated with music therapy (The Canadian Association for Music Therapy, 2005).

There is limited empirical research literature supporting the use of music therapy in end-of-life care, yet it is being used with increasing frequency in the treatment of those diagnosed with terminal illness. Things that are positively affected by music therapy as shown in the empirical research literature include pain, physical comfort, fatigue and energy, anxiety and relaxation, time and duration of treatment, mood, spirituality, and quality of life. (Hilliard, 2005)

In one empirical study by Russell E. Hilliard, a music therapist with a PhD, LCSW, and MT-BC, an evaluation was made on the effects of music therapy on the quality of life of people diagnosed with terminal cancer. All participants received home care hospice services while the experimental group received music therapy and the control group did not (Hilliard, 2003). Results indicated that those receiving music

therapy had a significantly higher level of quality of life than those who had not received music therapy.

Despite the limited amount of empirical research literature, there is a plethora of qualitative studies. Most provide descriptions of music therapy programs that are in hospices or hospital-based palliative care units that make use of case examples to show how music therapy addresses patient and family needs (Hilliard, 2004). In 1999, a survey by Emma O'Brien, a music therapist at Melbourne Royal Hospital, was carried out to determine the nature of the experience of song writing and song sharing (Melbourne Health, 1999). Eight adult cancer patients, four undergoing bone marrow transplants and four undergoing chemotherapy treatments were interviewed on their experience of song writing and all responses were quite positive. The overwhelming consensus was that song writing in music therapy was a pleasurable experience with nothing stressful about it. It acted as a record of a significant time in the patients' life, was helpful to clarify the patients' thoughts, was a unique experience not usually expected in the hospital environment, facilitated a positive experience of self expression, was a calming experience, and was an easy process, despite illness.

In another study, the nature of the interaction between patient and therapist when writing a song in a bone marrow transplant ward was investigated (Melbourne Health, 2005). Six bone marrow transplant ward patients participated. Overall, nine songs were written and the sessions were recorded and transcribed. The interaction between client and therapist when writing a song in this setting proved to be very constructive, self affirming, pleasurable, expressive, and musically creative.

O'Brien carried out a quantitative research survey in 1999 in which she surveyed 52 patients who rated the effectiveness of a music therapy program in a cancer ward. Patients rated music therapy methods by physical, emotional, and psychosocial therapeutic objectives (Melbourne Health, 1999). All the participants who were involved in this survey were patients with cancer undergoing various aggressive treatments and some were in the palliative stages of their treatment…in other words, terminally ill. The participants were asked to identify the most effective music therapy methods they received during their treatment including live and taped music, song writing, music and movement, and vocal and instrumental improvisation. The most commonly rated methods were live music (96%), taped music (78%), song writing (60%), and music and gentle movement (58%). The results from O'Brien's patient evaluation of music therapy programs in cancer care were as follows: The majority at 45% said that the music therapy methods were extremely helpful in facilitating in relaxation and stress reduction and 33% said it was extremely helpful in facilitating in treatment tolerance. Majorities of 54% said that it was both an extremely helpful distraction from medical procedures and an extremely helpful creative experience. Majorities of 45% said it was an extremely helpful means of self-expression, it was extremely helpful at alleviating anxiety, and it was extremely helpful at reducing pain perception. The majority at 66% said it was extremely helpful at relieving boredom. Lastly, a minority of 11% said it was extremely helpful at relieving treatment symptoms, 33% said it was helpful, 34% said it was quite helpful, and 22% said it was not applicable. So, from this study, the majority of participants asserted that music therapy methods were extremely helpful in facilitating in relaxation and stress reduction, in facilitating in treatment tolerance, in being a distraction

from medical procedures, in reducing pain perception, in relieving boredom, and in some cases, it was helpful at relieving treatment systems.

Phenomenological research has been used to document the process of music therapy with patients who have a terminal illness. Struggles in coming to terms with the terminal illness, relationships between patients and their loved ones, expressions of feelings in words and music, and music as a form of expressing thoughts and feelings were the main subject matter that emerged in music therapy sessions under the direction of Michele Forinash, a MT-BC certified music therapist and director of Lesley University in Massachusetts (Hilliard, 2004). Music therapy provides for a supportive and non-threatening atmosphere that offers opportunities to address fears and to recognize and even settle personal issues. For the terminally ill, music therapy can function not only as a vehicle to enhance the quality of life, but it also addresses the reality of death (Music Therapy and Palliative Care, 2005).

While there are many different types of palliative care that are beneficial to the end-of-life patient and that aid in improving the quality of life, music therapy takes the most holistic approach. Drug therapy is a very helpful physiological tool because it can take away the physical pain for periods of time, but it cannot take away the fear of death, the reality of a person's situation in life, and it does not address a person's cognitive, social, emotional, and spiritual state. Social workers who play an integral part in a typical interdisciplinary team for the most part only address case management needs. Social workers rarely address physiological, cognitive, emotional, and spiritual needs if at all. Doctors and nurses, other professionals that are characteristic of an interdisciplinary team, only satisfy they physiological needs of terminally ill patients. Doctors and nurses

are all about the medicine; they do not deal with social, emotional, and spiritual needs (Hilliard, 2004).

Animal assisted therapy is another form of therapy. Animal assisted therapy is a program in which trained animals help people by visiting them. Visiting with animals can help people feel less lonely and depressed, it can provide entertainment and distraction from pain, and it allows people the opportunity to share their thoughts, feelings, and memories comfortably. Because animals pay little attention to age, physical ability, and health status, they accept people as they are making the patient feel more at ease (Blackman, 1998). Animal assisted therapy has been proven to improve range of motion, strength and endurance, balance, and mobility and sensation because petting an animal encourages use of hands and arms, stretching and turning. It addresses cognitive and perceptual deficits and patients receive psychosocial benefits such as building rapport and increasing self-esteem (Stewart, 2003). Although animal assisted therapy can be very beneficial, it fails to encompass spiritual and case management needs. Music therapy is the only modality that fulfills all the needs of patients.

In a post-hoc analysis of music therapy services for residents in nursing homes receiving hospice care by Russell E. Hilliard (2004), it was found that music therapists are the only members of the hospice interdisciplinary team that consistently treat the whole person. In this analysis, music therapy was the only hospice profession treating all of the following: physiological, cognitive, social, emotional, case management, and spiritual issues of the patients. On the whole, the music therapists reliably treated multiple issues of patients whereas nurses mainly treated physiological issues, and social workers mainly addressed case management needs. It is Hilliard's conclusion that music

therapy is the best option for residents in nursing homes who are dying and cannot actively engage in therapeutic sessions or in visits with loved ones because music allows for both active and passive participation. He notes that too often, terminally ill patients are left in their rooms alone and have only brief encounters with their healthcare professionals because of their inability to engage actively. He brings up the fact that music therapists are able to treat the emotional, spiritual, social, and physiological needs of these residents as music allows for both active and passive participation. Music therapists treat the whole person and spend more time in direct care of the patient than other hospice professionals (Hilliard, 2004).

It has been proven through various studies and surveys that music therapy improves the quality of life of people diagnosed with terminal illness and there is a strong basis for the argument that music therapy is the most holistic approach to accomplishing this end. Although other therapies have their own benefits, music therapy is the only healing modality treating all aspects of wellbeing: physiological, cognitive, social, emotional, case management, and spiritual issues.

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